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Reporting Use of Production of Carcinogenic Substances

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Minimum Standards for Approval of Public Health Laboratories

Sec. 19-4-1. Minimum standards

Section 19a-36-A33 provides that a registered laboratory may be given a certificate of approval for making certain specified public health laboratory examinations, determinations or tests in a manner conforming with the requirements and standards required by the state department of health. In accepting approval, heads of laboratories shall agree to abide by these minimum standards upon which approval of public health laboratories is based, as follows:

(1) Adequate housing of the laboratory as determined by inspection before the certificate of approval is issued and by reinspection at any time.

(2) Equipment complete and in good order at all times as considered necessary for making each examination, determination or test for which approval is extended according to the method or methods which the person in charge has agreed to follow under subparagraph (b) of subdivision (4).

(3) Operation of the laboratory under the direct supervision of an individual designated by the owner of the laboratory to be in charge of the work for which approval is extended.

(4) Agreement on the part of the person, firm or corporation operating or maintaining the laboratory, or of the duly authorized agent thereof, that the individual designated by the owner to be in charge of the laboratory shall: (a) Conduct the laboratory strictly in accordance with recognized standards and to carry out the provisions of the general statutes and of the public health code pertaining to the performance and reporting of the examinations, determinations or tests for which approval has been extended; (b) report no public health laboratory examination, determination or test unless based upon a method or procedure which meets the approval of the state department of health and, upon request, to furnish the state department of health with a complete description of any method used in making any specified examination, determination or test for which approval is extended or requested; (c) notify the state department of health before undertaking any new type of public health laboratory examination, determination or test not already included in the list for which approval has been extended; (d) assume responsibility for the reliability of the laboratory findings made by any person employed in the laboratory, and for any interpretation based upon those findings.

(5) Agreement on the part of the person, firm or corporation operating or maintaining the laboratory, or of the duly authorized agent thereof: (a) To notify the state department of health in writing without delay if the person designated by the owner to be in charge of the laboratory severs or is about to sever connection with the laboratory and to surrender the certificate of approval on or before the day such person leaves; to give notice in writing prior to the taking of a leave-of-absence of more than four weeks' duration by such person; if approval has been conditioned upon the performance of a given type of test by a specified person, to give prompt notice in writing when the specified person severs or is about to sever connection with the laboratory; (b) to inform the state department of health without delay and in writing; (i) Of any change in the amount of time given to his position by the person designated by the owner to be in charge of the laboratory; (ii) of any contemplated removal of the laboratory to new quarters; (iii) of any major changes, alterations or additions to the laboratory quarters; (iv) of any change in ownership of the laboratory; (v) of any changes in personnel of the laboratory; (c) to permit

the use of no statement, made orally or appearing on any advertising or laboratory forms, which expresses or implies that approval of the state department of health is extended beyond that specified on the certificate of approval.

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CHAPTER II

ENVIRONMENTAL HEALTH

Sec. 19-13-B1. Conditions specifically declared to constitute public nuisances

The following conditions are specifically declared to constitute public nuisances:

(a) Bakeries, restaurants and other places where food is prepared or served that are not kept in a clean and sanitary condition; or in which persons who have any communicable disease are employed; or for which suitable toilet facilities are not provided; or in which there is evidence that rats, mice or vermin are present.

(b) Spoiled or diseased meats, whether exposed and offered for sale or being transported or kept for sale.

(c) Barns or stables, hogpens, chicken yards or manure piles or accumulations of organic material so maintained as to be a breeding place for flies.

(d) The discharge or exposure of sewage, garbage or any other organic filth into or on any public place in such a way that transmission of infective material may result thereby.

(e) Privies not screened against flies in populous districts and privies likely to pollute the ground or surface water from which water supply is obtained.

(f) Transportation of garbage, night soil or other organic filth except in tight, covered wagons which prevent leakage or access of flies.

(g) Stagnant water likely to afford breeding places for mosquitoes within a residential district or within a distance of one thousand feet therefrom.

(h) Bone boiling, fat rendering establishments, or tallow or soap works, or other trades, when they can be shown to affect public health or produce serious offense.

(i) Buildings or any part thereof which are in a dilapidated or filthy condition which may endanger the life or health of persons living in the vicinity.

Sec. 19-13-B2. Abatement of nuisance

(a) Any local director of health, upon information of the existence of a nuisance or any pollution occurring within his jurisdiction, or when any such nuisance or pollution comes to his attention, shall, within a reasonable time, investigate and, upon finding such nuisance or pollution exists, shall issue his order in writing for the abatement of the same.

(b) Such order shall specify the nature of such nuisance or pollution and shall designate the time within which such abatement or discontinuance shall be accomplished; and if such order is not complied with within the time specified, the facts shall be submitted to the prosecuting authority. Copies of all orders shall be kept on file by the director of health in his office and copies of the same shall be furnished the state commissioner of health on request.

Septic Tanks, Privies, Cesspools and Other Receptacles for Domestic Sewage; Public Toilet Accommodations

Secs. 19-13-B3—19-13-B20.

Repealed, January 13, 1970.

Subsurface Sewage Disposal

Secs. 19-13-B20a—19-13-B20s.

Repealed, August 16, 1982.

Sec. 19-13-B21. Garbage and refuse

(a) The owner of premises upon which persons reside or which are frequented for pleasure or business shall keep such premises free from accumulations of garbage, rubbish, rags, tin cans, paper, empty barrels, boxes or any material which, because of its character, condition or improper storage, may invite the breeding or collection of flies, mosquitoes or rodents, or which may in any other manner prejudice the public health.

(b) In populous districts stable manure shall be kept in a covered water-tight pit or chamber and shall be removed at least once a week during the period from May first to October first and during the other months at intervals sufficiently frequent to maintain a sanitary condition satisfactory to the director of health. Manure on farms or isolated premises other than dairy farms need not be so protected and removed unless ordered by the director of health.

Sec. 19-13-B22. Manufacturing and other wastes

No materials or waste products from any mill, factory, slaughterhouse, rendering or fertilizing works, junk establishment, common carrier or other industry or utility shall be stored or deposited so as to cause the surrounding atmosphere, land or water to be contaminated or polluted in such a manner as to injure the public health or create offensive conditions.

Sec. 19-13-B23. Keeping of animals

(a) No pigsty shall be built or maintained on marshy ground or land subject to overflow, nor within three hundred feet of any inhabited house or public meeting house upon property other than that of the proprietor of the pigsty.

(b) The carcass of any dead animal not killed for food shall be removed and disposed of within twenty-four hours after death by burial, incineration or other method approved by the local director of health.

Sec. 19-13-B24.

Repealed, June 7, 1966.

Sec. 19-13-B24a.

Repealed, April 22, 1976.

Sec. 19-13-B25. Vacant or abandoned property

No person shall permit any vacant or abandoned property owned or controlled by him to be or to remain in such a condition as to permit or invite the creation of nuisance or other abuses prejudicial to public health.

Sec. 19-13-B26. Sanitation of family campgrounds, including trailer camps, mobile home parks, motels and overnight cabins

No city, town, borough, institution, person, firm or corporation shall operate, maintain or offer for use, or permit to be used, within the state of Connecticut any tract of land on which persons may camp or on which any mobile home park, motel or overnight cabins are maintained except after full and literal compliance with sections 19-13-B26 to 19-13-B29, inclusive and 19a-2a-29 of the Regulations of Connecticut State Agencies.

(Effective June 26, 1972; amended December 27, 2005)

Sec. 19-13-B27.

Repealed, May 19, 1970.

Sec. 19-13-B27a. Youth camps

(a) **Water supply.** A water supply of sanitary quality shall be provided for each youth camp in ample quantity to meet all requirements of the maximum number of persons using such a camp at any time. Whenever water is obtained from other than an approved public water supply, it shall be of safe, sanitary quality approved by the state department of health. Any well shall conform with the requirements of sections 19-13-B51a to 19-13-B51*l*, inclusive. Such water supply shall be easily obtainable from its source or from a distributing system within a distance of not more than three hundred feet of any camping spot within such tract. In cases where it can be shown that the approved water supply is not adequate to satisfy all demands of the camp, chlorinated lake water may be used for toilets and showers but shall not be supplied to the kitchen or to any sinks.

(b) **Drinking facilities.** Drinking fountains shall be sanitary as prescribed in section 19-13-B35 and no common drinking utensils shall be provided or used.

(c) **Toilet facilities.** Chemical toilets, fly tight privy pits or water flushed toilets shall be provided and shall be maintained in a clean and sanitary condition. Separate toilets for men and women shall be provided. In a residential camp at least one toilet seat for each fifteen persons or fraction thereof shall be provided. At least one toilet seat for each twenty persons or fraction thereof shall be provided in each day camp. Urinals may be substituted for not more than one-half of the total requirement for male campers. No unit site within a camp shall be at a greater distance than three hundred feet from the toilets. The location of all toilets shall be plainly indicated by signs. Privies shall be located at least two hundred feet from a kitchen or food service area.

(d) **Disposal of sewage and refuse.** The method of final sewage or refuse disposal utilized in connection with the operation of a camp shall be such as to create no nuisance and shall conform with the requirements of sections 19-13-B20a to 19-13-B20r, inclusive, and plans for such disposal shall be approved by the state department of health.

(e) **Plumbing.** The plumbing facilities within each camp shall conform with requirements of section 19-13-B45.

(f) **Washing facilities.** Adequate hand washing facilities shall be provided with at least one facility for each twenty persons or fraction thereof. Wash basins and water shall be readily accessible to the toilet rooms. In a residential camp at least one shower house shall be provided with one shower head for each twenty persons or fraction thereof.

(g) **Control of refuse litter.** Supervision and equipment sufficient to prevent littering of the grounds with rubbish, garbage or other refuse shall be provided and maintained. Fly tight depositories for such material shall be provided and conspicuously located. Each unit site within a camp shall be within a distance of not over two hundred feet of such depository. Such depositories shall not be permitted to become foul smelling or unsightly or a breeding place for flies.

(h) **Facilities for dispensing foods or beverages.** Facilities for dispensing foods or beverages shall meet the requirements of section 19-13-B42. Day camps shall collect and store potentially hazardous food in appropriate refrigeration facilities.

(i) **Swimming and bathing facilities.** Swimming and bathing facilities when provided shall comply with the provisions of sections 19-13-B33a, 19-13-B34 and 19-13-B36.

(j) **Health care.** A physician shall be on call and responsible for all health care including first aid. Annually the physician shall sign and date standing orders to

be carried out in his absence by the camp nurse or by a person over age twenty-one having American Red Cross Standard First Aid and Personal Safety Training certification, or the equivalent. Physicians and nurses employed in camps shall hold current Connecticut licenses and registrations. Additional aides under age twenty-one may be employed if they possess American Red Cross Standard First Aid and Personal Safety Training certification or its equivalent but shall not be in charge of health care. All camp health care personnel shall present current proficiency certification in cardiopulmonary resuscitation as evidenced by examination by the American Red Cross or American Heart Association. For residential camps having two hundred fifty or more campers or staff in residence a registered nurse shall be required to be in charge of first aid and emergency medical care activities. First aid equipment and supplies shall be specified by the camp physician in his standing orders. Only nonprescription drugs shall be available in stock containers in camps. Prescription drugs shall be available only on individual prescription unless locked and in the sole custody of a physician. Proof of use records as required under section 19-461 of the general statutes shall be kept by the physician.

(k) **Communicable disease control requirements.** Communicable disease control shall meet the requirements of sections 19-13-A2 to 19-13-A24, inclusive.

(*l*) **Records.** Records of both staff and campers shall be kept on file at camp and shall include the personal data concerning each member of the staff and camper kept in any reasonable form the camp director may choose, including therein the name, age and address of the individual, the name, address and telephone number including the business telephone number of the parent, guardian, or in the case of an adult next of kin, who shall be notified in an emergency, the date of first attendance at camp and the date of leaving camp permanently in the case of residence camps, or the last date of attendance at camp in the case of day camps, and a physical examination or health status certification by a physician, an advanced practice registered nurse or registered nurse licensed pursuant to chapter 378 or a physician assistant licensed pursuant to chapter 370 dated within thirty-six months prior to the date of arrival at camp. A physical examination, including a complete immunization history, that is required for school purposes may also be used to satisfy this requirement provided it is dated within thirty-six months prior to the date the camper arrives at camp. The physical examination requirement may be waived where such procedure is contrary to the religious beliefs of the camper. A statement requesting such exemption shall be submitted annually and shall be kept on file at the camp. This statement shall be signed by a parent or guardian, shall include affirmation of church membership by an appropriate church authority, and shall grant permission to camp authorities to authorize physical examination or other appropriate measures when medical emergencies occur. The parent or guardian shall certify that he/she accepts complete responsibility for the health of the camper and that to the best of his/her knowledge the camper is in good health. All staff and campers shall be adequately immunized as specified in Sections 10-204a-1-4 of the Regulations of Connecticut State agencies against diphtheria, tetanus, pertussis, polio, measles, rubella, and any other diseases specified in Section 10-204a. The physical examination or health status certification shall include a complete immunization history. Where the individual because of medical or religious reasons does not have such immunizations these reasons shall be so specified in writing in accordance with Section 10-204a(a) of the General Statutes.

(m) **Emergency medical care.** (1) For resident camps there shall be on file a memorandum of understanding between the camp director and the nearest hospital with regard to arrangements for emergency medical care. (2) There shall be on file

a memorandum of understanding with the on-call or resident physician concerning the provision of medical care for emergencies and of routine care to be carried out at camp, including standing orders for the nurse, if there is one, and instructions for the director of first aid in lieu of a resident physician or nurse, for both day and residential camps. (3) There shall be a telephone line available to the first aid area for the use of the first aid staff, with posting of the telephone numbers of the camp physician, camp director, camp nurse, nearest hospital, local director of health in whose jurisdiction the camp falls, local fire department in whose jurisdiction the camp falls, local police department in whose jurisdiction the camp falls, the poison control center, the nearest state police barracks which is the source of snake anti-venom or other emergency assistance, and of ambulance services. (4) An abstract record of all cases treated at camp shall be kept in a bound volume noting the date, the condition, the disposal and the persons responsible for the care. At least once a week these cases shall be reviewed by the camp physician who shall sign and date the bound volume indicating his review of cases. (5) There shall be available a defined area where ill or injured individuals may rest and receive care until they are either removed to their homes or recovered. This area shall be adequate to provide for the temporary isolation of any suspected communicable diseases and shall have its own toilet facilities not used for other purposes within the camp.

(n) **Qualifications of management and staff.** (1) No person shall establish, conduct or maintain a youth camp without adequate and competent staff. (2) The camp director shall be over the age of twenty-one and of good character, shall not have been convicted of any offense involving moral turpitude, shall be certified as mentally competent by a physician, shall not use improperly any narcotic or controlled drug, and shall uphold and maintain the standards required under the Youth Camping Act. Except for those persons who have already served at least one summer as a camp director, a camp director shall have had at least sixteen weeks administrative or supervisory experience, in an organized camp or in lieu thereof equivalent training or experience in camping satisfactory to the commissioner. (3) (a) The director of each individual waterfront or swimming area, including areas devoted to the practice of aquatics, shall be over age twenty and shall possess an American Red Cross Lifeguard Training current rating or its equivalent. (b) The director of each small craft waterfront area shall possess current certification in American Red Cross Lifeguard Training or its equivalent and current certification in the small craft safety program of the American Red Cross or its equivalent for the type of small craft used in the camp. Each such director shall comply with the provisions of the Connecticut boating safety laws and laws relating to scuba diving. (4) the director of the Rifle Range shall be at least twenty-one years of age and shall possess a current National Rifle Association Instructor's card or equivalent. (5) The director of the archery range shall be over age eighteen and possess evidence satisfactory to the State Department of Public Health of appropriate training and experience in archery. (6) The director of horseback riding activities shall be over age eighteen and possess evidence satisfactory to the State Department of Public Health of appropriate training and experience. (7) The camp director provided he meets the requirement Section 1, subsection (n) (5) and (n) (6) may serve as director of archery or horseback riding activities in addition to his duties as camp director. Counselors shall be over age sixteen. Counselors in training shall be over age fourteen. (8) In resident camps the ratio of staff, exclusive of cooks, clerical and maintenance personnel, to campers shall be at least one person over age sixteen to six campers under age eight and to eight campers eight years and older. In day camps the ratio

shall be at least one person age sixteen or older to each nine children under age six, and to each twelve children over six years.

(o) **Safety of grounds and program practices.** (1) Fields intended for athletic activities or use shall be maintained free of hazards. (2) The waterfront and aquatic activities shall be laid out and conducted in accordance with the American Red Cross Water Safety Aquatics and Small Craft Activities Standards or equivalent. (3) The rifle range shall be laid out and operated in accordance with standards of the National Rifle Association or its equivalent. (4) Vehicles used for the transport of campers both on and off the camping premises shall have a motor vehicles safety sticker for the current year and shall be licensed including, if necessary, licensure for their specific use. (5) Boats and small crafts shall be licensed or registered under the boating laws, if so required, and this information shall be available upon request to agents of the state department of health. Water safety equipment shall meet United States Coast Guard standards where applicable. (6) When any out of camp outings or trips are planned, advance information shall be kept on file which will include permission of the campers to participate, signed by the parent or guardian, the purpose of the trip and the itinerary, the names of the campers, trip director and staff. The trip director shall be an adult who shall have had experience or hold certification in the activity in which the trip is being conducted, if this is applicable, e.g. Maine Guide's license, Red Cross Water Safety Instructor, etc.

(p) **Arrangements for camp inspection.** The camp director shall make arrangements either personally or through one of the members of the senior camp staff to conduct the state inspector around the camp premises and to supply him with any information, documents or materials necessary in order to comply with the inspection process.

(q) **General sanitation requirements.** The camp site shall be owned by the operator or the operator shall have a written lease giving permission to use the site for a youth camp. The location of the camp shall be such as to provide for adequate drainage of all areas occupied by campers, the food preparation and service area and other activity areas. Buildings shall be maintained in a safe and sanitary condition. When the state department of health or the local director of health so directs, a certificate of approval shall be obtained from the local or state fire marshal. All hot water and space heaters shall be properly located and vented.

(r) **Trailer coaches.** In every camp where space for trailer coaches is rented or offered for rent or on which free occupancy or camping of trailers is permitted to trailer owners or users, sanitary facilities shall be provided for the disposal of wastes from trailer sinks and toilets. Trailer facilities and parking shall comply with the provisions of section 19-14-B44.

(s) **Responsibility of management.** The camp director shall be responsible at all times for the health, comfort and safety of campers and staff and shall have responsibility for maintaining in good repair all sanitary appliances on the camp ground. He shall promptly prosecute or cause to be ejected from such ground any person who willfully or maliciously damages such appliances.

(t) **Exceptions.** Exceptions to the requirements of subsection (a), (c) and (f) may be made by the commissioner of health at his discretion in the case of primitive or pioneer camps. Exceptions to the requirements of subsection (*l*) may be made by the commissioner of health at his discretion in the case of day camps where the requirements of a physical examination or health memorandum for campers would impose a hardship on the administration of such a camp. Application for such exemptions shall be made in writing by the camp director thirty days before the opening of camp.

(u) **Accident or illness.** Any fatality which occurs at camp or which results from camping activities or any injury or illness which occurs at camp or which results from camping activities and which is attended by a physician, nurse, or person in charge of health care at the camp, and as a result of which the person (1) is sent home, or (2) is admitted to a hospital, or (3) has a clinical report, laboratory analysis, or x-rays performed which result in a positive diagnosis, shall be reported to the state department of health services within twenty-four hours by telephone by the camp director. This verbal report shall be confirmed in writing within seventy-two hours of the verbal report on a form provided by the state department of health services. The original report form shall be maintained at the camp or sponsoring organization for a minimum of two years. A copy shall be forwarded to the state department of health services upon completion of the form. For day camps, such reports are not required for any injury or illness where the individual as a result of such injury or illness is sent home and for which there is no hospital admission or positive diagnosis by clinical report, laboratory analysis, or x-ray.

(v) **Administration of Medications and the Monitoring of Diabetes in Youth Camps**

(1) Definitions as used in this subsection:

(A) ''Administration of medication'' means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;

(B) ''Advanced practice registered nurse'' means an individual licensed pursuant to section 20-94a of the Connecticut General Statutes;

(C) ''Authorized prescriber'' means a physician, dentist, advanced practice registered nurse, physician assistant, optometrist, or podiatrist;

(D) ''Commissioner'' means the Commissioner of Public Health or the commissioner's designated representative;

(E) ''Department'' means the Connecticut Department of Public Health or any duly authorized representative thereof;

(F) ''Medication'' means any medicinal preparation including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;

(G) ''Medication error'' means failure to administer medication to a child, or failure to administer medication within one (1) hour of the time designated by the authorized prescriber, or failure to administer the specific medication prescribed for a child, or failure to administer the medication by the correct route, or failure to administer the medication according to generally accepted standards of practice, or failure to administer the correct dosage of medication;

(H) ''Optometrist'' means an individual licensed pursuant to section 20-127 of the Connecticut General Statutes;

(I) ''Parent(s)'' means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;

(J) ''Pharmacist'' means a person with a license to practice as a pharmacist in Connecticut in accordance with section 20-590 of the Connecticut General Statutes;

(K) ''Physician'' means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;

(L) ''Physician assistant'' means an individual who has two (2) years of pediatric experience and functions under the direction of the consulting physician for the youth camp and meets the requirements of sections 20-12b of the Connecticut General Statutes;

(M) ''Podiatrist'' means an individual licensed pursuant to chapter 375 of the Connecticut General Statutes;

(N) ''Program staff'' means those persons responsible for the direct care of children;

(O) ''Registered nurse'' means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;

(P) ''Self administration of medication'' means that the child is able to identify and select the appropriate medication by size, color, amount, or other label identification; knows the frequency and time of day for which the medication is ordered; and consumes the medication appropriately;

(Q) ''Significant medication error'' means a medication error, which is potentially serious or has serious consequences for a child, such as, but not limited to, the administration of medication by the wrong route; for which the resident has a known allergy; which was given in a lethal or toxic dosage; or which causes serious medical problems resulting from the error. Refusal of a medication is not considered a significant medication error if appropriate follow up action is taken; and

(R) ''Staff'' means personnel, including volunteers, who provide a service to a youth camp.

(2) Administration of Medications

Youth camps are not required by this subsection to administer medications to children. If a youth camp permits the administration of medications of any kind by unlicensed program staff, the youth camp shall comply with all requirements of this subsection and shall have a written policy and procedures at the youth camp governing the administration of medications which shall include, but not be limited to, the types of medication that will be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect current best practice. No program staff member under eighteen (18) years of age shall administer any medication at a youth camp.

Children enrolled at youth camps may self administer medications with documented parental and authorized prescriber's permission. Children may request and receive assistance from staff in opening containers or packages or replacing lids.

(A) Administration of Nonprescription Topical Medications Only

(i) Description

For the purposes of this subparagraph, nonprescription topical medications shall include:

(I) diaper changing or other ointments free of antibiotic, antifungal, or steroidal components;

(II) medicated powders; and

(III) gum or lip medications available without a prescription;

(ii) Nonprescription Topical Medications Administration/Parent Permission Records

The written permission of the parent shall be required prior to the administration of the nonprescription topical medication and a medication administration record shall be written in ink and kept on file at the youth camp for each child administered a nonprescription topical medication. The medication administration record and parent permission shall become part of the child's health record when the course of medication has ended. Any medication error shall be documented in the record. This information shall include:

(I) the name, address, and date of birth of the child;

(II) the name of the medication;

(III) the schedule and site of administration of the medication, as applicable, according to the manufacturer's directions;

(IV) the name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;

(V) the date and time the medication is started and ended;

(VI) the name of the person who administered the nonprescription topical medication; and

(VII) the signature of the camp director or the camp director's designee receiving the parent permission form.

(iii) Nonprescription Topical Medications, Labeling and Storage

(I) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:

(a) the individual child's name;

(b) the name of the medication; and

(c) directions for the medication's administration.

(II) The medication shall be stored away from food and inaccessible to children and unauthorized persons. External and internal medications shall be stored separately from each other.

(III) Any unused portion of the medication shall be returned to the parent. Any expired medication shall be destroyed by the program staff member in a safe manner or returned to the parent.

(B) Administration of Medications Other Than Nonprescription Topical Medications

(i) Training Requirements

(I) Prior to the administration of any medication by program staff members, the program staff members who are responsible for administering the medications shall first be trained by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer indicating that the trainee has successfully completed a training program as required herein. A program staff member trained and approved to administer medication shall be present whenever a child who has orders to receive medication is enrolled and present at the youth camp, and the youth camp permits the administration of medication by unlicensed program staff.

(II) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:

(a) statement of objectives;

(b) a description of methods of administration including principles and techniques, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines, with respect to specific age groups;

(c) techniques to encourage children who are reluctant or noncompliant to take their medication and the importance of communicating the noncompliance to the child's parent and to the authorized prescriber;

(d) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;

(e) recognition of side effects and appropriate follow up action;

(f) avoidance of medication errors and the action to take if a medication error or a significant medication error occurs, or if a dosage is missed or refused;

(g) abbreviations commonly used;

(h) required documentation including parent permission, written orders from the authorized prescriber, and the record of administration;

(i) safe handling, including receiving medication from a parent, safe disposal, and universal precautions; and

(j) proper storage including controlled substances, in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(III) Injectable Medications

In addition to the above training, before program staff members may administer injectable medications, they shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The certifying trainer who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the program staff members shall have their skills and competency in the administration of injectable medication validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department as specified in section 19-13-B27a(v)(2)(B)(vi).

(IV) A program staff member currently certified by the State of Connecticut Department of Mental Retardation to administer medications shall be considered qualified to administer medications at youth camps.

(ii) Training Approval Documents and Training Outline

(I) Upon completion of the required training program, the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each program staff member who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, inhalant medications shall remain valid for three (3) years.

Approval for the administration of injectable medications shall be valid for one (1) year. A copy of the approval shall be on file at the youth camp where the program staff member is employed and shall be available to the department upon request.

(II) The written approval shall include:

(a) the full name, signature, title, license number, address and telephone number of the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

(b) the location and date(s) the training was given;

(c) a statement that the required curriculum areas listed in Sec.19-13-B27a(v)(2)(B)(i)(II) and Sec. 19-13-B27a(v)(2)(B)(i)(III) when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(d) the name, date of birth, address and telephone number of the program staff member who completed the training successfully; and

(e) the expiration date of the approval.

(III) The trainer shall provide the trainee with an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the youth camp where the trainee is employed for department review. The department may require at any time that

the youth camp licensee obtain the full curriculum from the trainer for review by the department.

(iii) Order From An Authorized Prescriber and Parent's Permission

(I) Except for nonprescription topical medications described in Section 19-13-B27a(v)(2)(A)(i), no medication, prescription or nonprescription, shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent which shall be on file at the youth camp. Such medications may include:

(a) oral medications;

(b) topical medications, including eye and ear preparations;

(c) inhalant medications; and

(d) injectable medications, by a premeasured, commercially prepared syringe, to a child with a medically diagnosed condition who may require emergency treatment.

(II) The written order from an authorized prescriber shall contain the following information which may be on the prescription label or on supplemental information provided by the authorized prescriber or pharmacist;

(a) the name, address and date of birth of the child;

(b) the date the medication order was written;

(c) the medication or drug name, dose and method of administration;

(d) the time of the day the medication is to be administered;

(e) the date(s) the medication is to be started and ended as applicable;

(f) relevant side effects and the authorized prescriber's plan for management should they occur;

(g) notation if the medication is a controlled drug;

(h) a listing of any allergies, reactions to, or negative interactions with foods or drugs;

(i) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;

(j) the name, address and telephone number of the parent;

(k) the name, address and telephone number of the authorized prescriber ordering the drug; and

(*l*) the authorized prescriber's signature.

(III) If the authorized prescriber determines that the training of the program staff member is inadequate to safely administer medication to a particular child, or that the means of administration of medication is not permitted under this subsection, that authorized prescriber may order that such administration be performed by licensed medical staff with the statutory authority to administer medications.

(IV) The program staff member shall administer medication only in accordance with the written order of the authorized prescriber. The parent shall be notified of any medication errors immediately by telephone and in writing within seventy-two (72) hours, and the error shall be documented in the medication administration record.

(iv) Required Records

(I) Except for nonprescription topical medications described in Section 19-13-B27a(v)(2)(A)(i), individual written medication administration records for each child shall be written in ink, reviewed prior to administering each dose of medication and kept on file at the youth camp. The medication administration record shall become part of the child's health record when the course of medication has ended.

(II) The individual written medication administration record for each child shall include:

(a) the name, address, and date of birth of the child;

(b) the name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the program staff member;

(c) the name of the medication or drug;

(d) the dosage ordered and method of administration;

(e) the date, time, and dosage at each administration;

(f) the signature in ink of the program staff member giving the medication at the time of each administration; and

(g) any refusal by the child in accepting the medication, and any follow-up action taken as a result of the refusal.

(III) Medication errors shall be logged and recorded in the individual written medication administration record of the child. Significant medication errors, identified by the camp director or the camp director's designee, shall be reported in writing within seventy-two hours to the department, by the camp director or the camp director's designee. The camp physician shall review all logs of medication errors on a weekly basis, and a record of the review shall be kept on file at the youth camp.

(v) Storage and Labeling

(I) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:

(a) the child's name;

(b) the name of the medication;

(c) directions for the medication's administration; and

(d) the date of the prescription.

(II) Except for nonprescription topical medications described in Section 19-13-B27a(v)(2)(A)(i), medication shall be stored in a locked area or a locked container, in a refrigerator in keeping with the label or manufacturer's directions, away from food and inaccessible to children and unauthorized personnel. External and internal medications shall be stored separately from each other. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(III) All unused or expired medication, except for controlled drugs, shall be returned to the parent or destroyed by the camp director or the camp director's designee if it is not picked up within one (1) week following the camper's departure at the end of camp. Medications that need to be destroyed shall be flushed into sewerage or a septic system in the presence of at least one witness. The youth camp shall contact the CT Department of Consumer Protection for direction on the proper method of disposing of a controlled drug, and shall carry out the direction as required. The youth camp shall keep a written record of the medications destroyed which shall be signed by the person destroying the medication and the witness to the destruction.

(vi) Petition For Special Medication Authorization

(I) The youth camp licensee may petition the department to administer medications to a child cared for at the youth camp by a modality that is not specifically permitted under this subsection by submitting a written application to the department including the following information:

(a) a written order from an authorized prescriber containing the information for the specific child set forth in Section 19-13-B27a(v)(2)(B)(iii) and a statement that the administration by the requested modality is the only reasonable means of providing

medication and that the administration must occur during hours of the child's attendance at the youth camp;

(b) a written training plan including the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant, registered nurse, or pharmacist who will provide the training, a detailed outline of the curriculum areas to be covered in training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication will be administered safely and appropriately to the particular child;

(c) the name, date of birth, address and telephone number of the person(s) who shall participate in the training;

(d) written permission from the child's parent; and

(e) such other information that the department deems necessary to evaluate the petition request.

(II) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular child can be provided in a manner to assure the health, welfare and safety of the child, it may grant the petition. The department may grant the petition with any conditions or corrective measures the department deems necessary to assure the health, safety and welfare of the child. The department will specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written approval from the physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training is submitted to the department. The approval shall include:

(a) the full name, signature, title, license number, address and telephone number of the physician, advanced practice registered nurse, physician assistant, registered nurse or pharmacist who provided the training;

(b) the location and date(s) the training was given;

(c) a statement that the curriculum approved by the department was successfully mastered by the participant. The statement shall also include the modality of administration of medication that the participant has been approved to administer; and

(d) the name, date of birth, address and telephone number of the person(s) who successfully completed the training.

(III) Copies of all documentation required under this subsection shall be maintained at the facility. The requirements of Sections 19-13-B27a(v)(2)(B)(iv) and 19-13-B27a(v)(2)(B)(v) shall apply to the administration of medication authorized by petition.

(3) The Monitoring of Diabetes in Youth Camps.

(A) Policy and Procedures

(i) All youth camps at which designated program staff members will be administering finger stick blood glucose tests shall have written policies and procedures governing the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall address at least the following areas:

(I) parental responsibilities;

(II) staff training and responsibilities;

(III) proper storage, maintenance, and disposal of test materials and supplies;

(IV) record keeping;

(V) reporting test results, incidents, and emergencies to the child's parent and the child's physician, physician assistant, or advanced practice registered nurse; and

(VI) a location where the tests occur that is respectful of the child's privacy and safety needs.

(ii) Said policies and procedures shall be available for review by the department during inspections or upon demand.

(B) Training

(i) Prior to the administration of finger stick blood glucose tests, the program staff member(s) shall have completed the following training requirements:

(I) a course approved by the department in first aid, as verified by a valid first aid certificate on file at the youth camp; and

(II) additional training given by a physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician, or the child's parent according to written guidelines provided by the child's physician, physician assistant, or advanced practice registered nurse. The additional training shall include, but not be limited to:

(a) the proper use, storage and maintenance of the child's individual monitoring equipment;

(b) reading and correctly interpreting test results; and

(c) appropriate actions to take when test results fail to fall within specified ranges indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse.

(ii) The training shall be updated at least every three years when a child with diabetes mellitus who requires finger stick blood glucose testing is present at the youth camp.

(iii) Documentation that program staff member(s) have been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the department. Such documentation shall indicate:

(I) the subjects covered in training;

(II) the signature and title of the instructor;

(III) the signature and title of the trainee; and

(IV) the date the training was given.

(C) Administration of Finger Stick Blood Glucose Test

(i) Except as provided in subclause (iii) of this subparagraph, only program staff members trained in accordance with subparagraph (B) of this subdivision may administer the finger stick blood glucose test in youth camps. No program staff member under eighteen (18) years of age shall administer finger stick blood glucose tests to another person at a youth camp.

(ii) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a program staff member designated and trained to administer finger stick blood glucose tests shall be present at the youth camp.

(iii) Upon the written authorization of the child's physician, physician assistant or advanced practice registered nurse, and the child's parent, a child may self administer the finger stick blood glucose test under the direct supervision of the designated staff member who has met the training requirements in subparagraph (B) of this subdivision.

(iv) Only those staff trained to administer injectable medications as described in section 19-13-B27a(v)(2)(B)(i)(III) of the Regulations of Connecticut State Agencies and authorized to do so in writing by the child's parent and physician, physician

assistant, or advanced practice registered nurse may administer glucagon in a prefilled syringe in emergency situations only.

(D) Equipment

(i) The child's parent shall supply the youth camp licensee with the necessary equipment and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:

(I) the child's blood glucose meter and strips;

(II) an appropriate retracting lancing device used in accordance with infection control procedures;

(III) tissues or cotton balls; and

(IV) fast acting carbohydrates to be given to the child as indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse for hypoglycemia.

(ii) Such equipment and supplies shall be labeled with the child's name and shall remain in a locked storage area when not in use.

(iii) The youth camp licensee shall obtain a signed agreement from the child's parent that the parent agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restock supplies, and remove material to be discarded from the facility. All materials to be discarded shall be kept locked until it is given to the child's parent for disposal. The youth camp may dispose of medical waste if it has a contract with a medical waste disposal contractor, in accordance with local, state, and federal laws.

(E) Record Keeping

The youth camp licensee shall keep the following records at the facility as part of the child's medical record, and shall update them annually or when there is any change in the information:

(i) A current, written order signed and dated by the child's physician, physician assistant, or advanced practice registered nurse indicating:

(I) the child's name;

(II) the diagnosis of diabetes mellitus;

(III) the type of blood glucose monitoring test required;

(IV) the test schedule;

(V) the target ranges for test results;

(VI) specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;

(VII) diet requirements and restrictions;

(VIII) any requirements for monitoring the child's recreational activities; and

(IX) conditions requiring immediate notification of the child's parent, emergency contact, the child's physician, physician assistant, or advanced practice registered nurse.

(ii) An authorization form signed by the child's parent which includes the following information:

(I) the child's name;

(II) the parent's name;

(III) the parent's address;

(IV) the parent's telephone numbers at home and at work;

(V) two adult, emergency contact people including names, addresses and telephone numbers;

(VI) the names of the program staff member(s) designated to administer finger stick blood glucose tests and provide care to the child during testing;

(VII) additional comments relative to the care of the child, as needed;

(VIII) the signature of the parent;

(IX) the date the authorization is signed; and

(X) the name, address and telephone number of the child's physician, physician assistant or advanced practice registered nurse.

(iii) The youth camp director or the youth camp director's designee shall notify the child's parent in writing of the results of all blood glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.

(w) **Emergency Distribution of Potassium Iodide.** Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a youth camp licensed in accordance with section 19a-421 of the Connecticut General Statutes and located within a 10-mile radius of the Millstone Power Station in Waterford, Connecticut shall permit designated staff members to distribute and administer potassium iodide tablets to adults present or to a child in attendance at the youth camp during such emergency, provided that:

(1) Prior written consent has been obtained by the youth camp for such provision. Written consent forms shall be provided by the youth camp to the parent(s) or guardian(s) of each child currently enrolled or employees currently employed at the youth camp promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the youth camp to the parent(s) or guardian(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the youth camp that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the youth camp about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;

(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;

(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,

(D) side effects may include minor upset stomach or rash.

(4) Youth camps shall have designated staff members to distribute and administer potassium iodide to those individuals and minor children for whom prior written consent has been obtained. Such designated staff members shall be eighteen (18) years of age or older and shall have been instructed by the youth camp in the administration of potassium iodide. Such instruction shall include, but not be limited to the following:

(A) the proper use and storage of potassium iodide;

(B) the recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration.

(5) Potassium iodide tablets shall be stored in a locked storage area or container, inaccessible to children.

(Effective April 2, 1984; amended August 6, 1996, January 30, 2001, December 4, 2002, January 4, 2005)

Sec. 19-13-B28.

Repealed, June 2, 1997.

Sec. 19-13-B29. Motels and overnight cabins

(a) **Registration.** The management of a motel or any area where overnight cabins are rented for living purposes shall register in writing, with the local director of health of the town, city or borough in which such motel or area is located, a description of the motel or area with its location, and such registration shall be

made annually in January or in advance of the opening of the motel or overnight cabin area for use.

(b) **Water supply.** A water supply of sanitary quality shall be provided in ample quantity to meet all requirements of the maximum number of persons using such a tract at any time. Wherever water is obtained from other than an approved public water supply, it shall be of safe, sanitary quality approved by the state department of health.

(c) **Plumbing.** The plumbing facilities within each motel or cabin shall conform with the requirements of section 19-13-B45.

(d) **Drinking facilities.** Multi-use drinking cups or glasses furnished by management shall be thoroughly cleaned and effectively subjected to an approved bactericidal process after each change of occupancy and single service containers shall be protected against contamination by sanitary covering or storage before use.

(e) **Emergency sanitary facilities.** Sewage disposal facilities for each motel or cabin or group of cabins shall be approved by the local director of health. They shall be laid out on the basis of nonresidential buildings as set forth in sections 19-13-B20h (b) and 19-13-B20*l* (b), or, if such facilities include complete sanitary facilities for residential use such as cooking and washing, the size and design of such facilities shall be on the basis of number of bedrooms for residential buildings as set forth in sections 19-13-B20a to 19-13-B20r, inclusive. In no case shall septic tanks be installed with a liquid capacity of less than one thousand gallons. The methods of sewage or refuse disposal utilized in connection with a motel or an overnight cabin area, shall be such as to create no nuisance. Where public sewers exist, connection shall be made to such sewers in lieu of private sewage disposal facilities.

(f) **Washing and toilet facilities.** Adequate washing and toilet facilities shall be provided. If individual washing and toilet facilities are not provided in each rental unit, central facilities shall include separate toilets for men and women with at least one toilet seat for each fifteen men or fraction thereof, and at least one toilet seat for each fifteen women or fraction thereof, and at least one wash basin for each twenty men or fraction thereof, and at least one wash basin for each twenty women or fraction thereof. Wash basin and water shall be readily accessible to toilet rooms. Soap and individual towels shall be provided.

(g) **Swimming and bathing facilities.** Swimming and bathing facilities, if provided, shall comply with the provisions of sections 19-13-B33a, 19-13-B34 and 19-13-B36.

(h) **General sanitation requirements.** Buildings shall be maintained in a safe and sanitary condition. When the state department of health or the local director of health so directs, a certificate of approval shall be obtained from the local or state fire marshal. All hot water and space heaters shall be properly located and vented.

(i) **Responsibility of management.** The management of every motel or area for overnight cabins shall assume responsibility for maintaining in good repair all water and sanitary facilities.

(Effective April 11, 1973)

Sec. 19-13-B30. Schoolhouses

In every public, private and parochial school toilet accommodations, water supply, drinking cups, washing facilities, heating, lighting and ventilation shall be maintained in sanitary condition.

Sec. 19-13-B31. Stagnant water

No person shall maintain or permit to be maintained any pond, cesspool, well, cistern, rain barrel or other receptacle containing water or accumulation of stagnant

water in such a condition that mosquitoes may breed therein or may injure health or cause offense to other persons.

Sec. 19-13-B32. Sanitation of watersheds

Unless specifically limited, the following regulations apply to land and watercourses tributary to a public water supply including both surface and ground water sources.

(a) As used in this section, ''sewage'' shall have the meaning found in section 19-13-B20 (a) of the public health code: ''Toxic mentals'' shall be arsenic, barium, cadmium, chromium, lead, mercury and silver and the salts thereof: ''high water mark'' shall be the upper limit of any land area which water may cover, either standing or flowing, at any time during the year and ''watershed'' shall mean land which drains by natural or man-made causes to a public drinking water supply intake.

(b) No sewage disposal system, cesspool, privy or other place for the deposit or storage of sewage shall be located within one hundred feet of the high water mark of any reservoir or within fifty feet of the high water mark of any stream, brook, or watercourse, flowing into any reservoir used for drinking purposes.

(c) No sewage disposal system, cesspool, privy or other place for the deposit or storage of sewage shall be located on any watershed, unless such facility is so constructed that no portion of the contents can escape or be washed into the stream or reservoir.

(d) No sewage shall be discharged on the surface of the ground on any watershed.

(e) No stable, pigpen, chicken house or other structure where the excrement of animals or fowls is allowed to accumulate shall be located within one hundred feet of the high water mark of a reservoir or within fifty feet of the high water mark of any watercourse as above mentioned, and no such structure shall be located on any watershed unless provision is made in a manner acceptable to the commissioner of health for preventing manure or other polluting materials from flowing or being washed into such waters.

(f) No toxic metals, gasoline, oil or any pesticide shall be disposed of as a waste into any watercourse tributary to a public drinking water supply or to any ground water identified as supplying a public water supply well.

(g) Where fertilizer is identified as a significant contributing factor to nitrate nitrogen occurring in excess of 8 mg/*l* in a public water supply, fertilizer application shall be made only under current guidelines established by the commissioner of health in cooperation with the state commissioner of agriculture, the college of agriculture of the University of Connecticut and the Connecticut agricultural experiment station in order to prevent exceeding the maximum allowable limit in public drinking water of 10.0 mg/*l* for nitrite plus nitrate nitrogen.

(h) Where sodium occurs in excess of 15 mg/*l* in a public drinking water supply, no sodium chlorine shall be used for maintenance of roads, driveways, or parking areas draining to that water supply except under application rates approved by the commissioner of health, designed to prevent the sodium content of the public drinking water from exceeding 20 mg/*l*.

(i) The design of storm water drainage facilities shall be such as to minimize soil erosion and maximize absorption of pollutants by the soil. Storm water drain pipes, except for crossing culverts, shall terminate at least one hundred feet from the edge of an established watercourse unless such termination is impractical, the discharge arrangement is so constructed as to dissipate the flow energy in a way that will minimize the possibility of soil erosion, and the commissioner of health finds that a discharge at a lesser distance is advantageous to stream quality. Special protections shall be taken to protect stream quality during construction.

(Effective August 2, 1977)

Swimming Pools and Bathing Places

Sec. 19-13-B33.

Repealed, April 20, 1971.

Sec. 19-13-B33a.

Repealed, October 26, 1984.

Sec. 19-13-B33b. Public pools

The following requirements shall apply to any public pool.

(a) **Definitions.**

(1) ''Public Pool'' means an artificial basin constructed of concrete, steel, fiberglass or other relatively impervious material intended for recreational bathing, swimming, diving, or therapeutic purposes which is located either indoors or outdoors and is provided with a controlled water supply and which is not used or intended to be used as a pool at a single family residence. The term also includes a pool located at a single family residence which is used or intended to be used for commercial or business purposes. The term ''public pool'' includes any related equipment, structures, areas, and enclosures that are intended for the use of the pool patrons or pool staff such as toilet, dressing, locker, shower, and pool equipment rooms. Public pools shall be classified as follows:

(A) ''Public Swimming Pools'' are conventional pools used or intended to be used for recreational bathing, swimming and water recreation activities.

(B) ''Public Wading Pools'' are pools principally used or intended to be used for wading and recreational bathing by small children.

(C) ''Public Spas,'' ''Whirlpools,'' or ''Hot Tubs'' are pools used for recreational bathing which are used in conjunction with high velocity air systems, high velocity water recirculation systems, hot water, cold water, mineral baths or any combination of these items.

(D) ''Public Diving Pools'' are pools used only for diving or the training and practice of diving techniques.

(E) ''Special Purpose Public Pools'' are pools used exclusively for a particular purpose, including but not limited to water flumes, pools for scuba diving instruction, therapeutic pools, hydrotherapy pools, floatation vessels and pools used in aquatic programs for handicapped persons.

(2) ''Commissioner'' means the commissioner of health services or his designee.

(3) ''Depth Markers'' means numerals of four inches minimum height which are of a contrasting color with the background of the pool and denote water depth in the immediately adjacent portion of the pool.

(4) ''One Unit of Lifesaving Equipment'' shall consist of a ring buoy not more than fifteen inches inside diameter to which shall be attached a fifty foot length of one-quarter inch line, and a life pole or shepard's crook with blunted ends which is a minimum of twelve feet in length.

(b) **General requirements for public pools.**

(1) Construction. No person shall construct a public pool or shall substantially alter or reconstruct any public pool except after the plans for such have been approved in accordance with the specifications contained in the most recent edition of the Connecticut Public Swimming Pool Design Guide as adopted and amended by the commissioner. Such plans shall be prepared by and bear the seal of an engineer or architect licensed to practice in the state of Connecticut and shall be approved by the commissioner. The applicant shall forward copies of the approved plans to the director of health or his authorized agent. All public pools shall be constructed or substantially altered or reconstructed in accordance with the plans

and specifications approved by the commissioner unless prior approval of changes has been granted in writing. The danger of disease, drowning or injury to bathers shall be reduced to a practical minimum.

The commissioner may evaluate public pools constructed without the required plan approval to assess conformance with specifications of the Connecticut Public Swimming Pool Design Guide. The commissioner may issue a ''certificate of approval for use'' to public pools on which construction was completed prior to January 1, 1980 and which are found to comply substantially with the aforementioned criteria. No such certificate shall be issued where deviations from design criteria may substantially increase the risk to public health and safety.

(2) Supervisory Personnel. A person knowledgeable in the operation of the pool and in pool water chemistry and testing shall be on duty on the premises where the pool is located whenever the pool is open for use. Names of supervisory personnel shall be submitted to the local health department annually and whenever a change in such personnel occurs.

(3) Pool Water Quality. Not more than fifteen per cent of the samples of pool water covering a consecutive period of one month or more shall either (1) yield more than two hundred bacterial colonies per milliliter, as determined by the standard (35°C) agar plate count, or (2) show positive test (confirmed test) for coliform organisms in any of five 10-mL portions innoculated into fermentation tubes or contain more than 1.0 coliform colonies per 50 mL. when the membrane filter test is used. All samples shall be collected, the residual disinfectant removed, and the examination conducted in accordance with the procedures outlined in the latest edition of ''Standard Methods for the Examination of Water and Wastewater'' (American Public Health Association, American Water Works Association, and Water Pollution Control Federation).

(4) Pool Water Clarity. At all times when the pool is in use the water shall be sufficiently clear to permit a secchi disc or a black disc six inches in diameter on a white field, placed on the bottom of the pool at the deepest point, to be clearly visible from the pool deck.

(5) Pool Water Disinfection and Test Kits. Pool water shall be disinfected by an automatic disinfectant feeder which imparts a measurable residual at all times when the pool is in use. These chemical feeders shall comply with the standards of the National Sanitation Foundation or other standards approved by the commissioner of health services. When chlorine is used, a free available chlorine residual of at least 0.8 mg/l as measured by an approved method listed in ''Standard Methods for the Examination of Water and Wastewater'' as described in subsection 3 above shall be maintained throughout the pool whenever it is open or in use. If cyanuric acid is used to stabilize the free available residual chlorine, or if chlorinated isocyanurate compounds are used, the concentration of cyanuric acid in the water shall not exceed 100 mg/l and a free available chlorine residual of at least 1.5 mg/l shall be maintained throughout the pool whenever it is open or in use. If other halogens are used, residuals of equivalent disinfecting strength shall be maintained. Other disinfecting materials or methods may be used when they have been demonstrated to the commissioner to provide satisfactory disinfection.

A test kit for measuring the concentration of the disinfectant, accurate within 0.1 mg/l shall be provided, at each pool. If the cyanuric acid or chlorinated isocyanurates are used, proper testing equipment for measuring cyanuric acid concentration shall be provided. Chemicals in test kits shall be replaced yearly unless shown to produce accurate test results.

(6) Pool Water pH and Alkalinity. The pool water shall be maintained at a pH value of not less than 7.2 and not over 7.8. Testing equipment for measuring pH value shall be available at each pool. Caustic alkalinity shall not be present.

(7) Records and Testing. A pool operation record including all test results shall be maintained on a daily basis by the pool operator. Immediately prior to the daily opening of the pool for use, tests shall be made to determine the amount of residual disinfectant and the pH. These tests shall be repeated at sufficient frequency during periods of bather use to assure that an adequate disinfectant level and pH value are maintained. Whenever tests indicate that an inadequate disinfectant level or inappropriate pH value are present, immediate action shall be taken to reestablish an appropriate disinfectant level and pH value.

(8) Decks, Dressing Rooms, Toilet Rooms, Shower Requirements. The dressing rooms, hallways, toilet rooms, shower rooms or other rooms to which patrons of pools have access shall be kept clean, in good repair, and well ventilated at all times. The floors of the pool deck and all shower rooms and locker rooms shall be treated with a 0.5% chlorine solution, or an equivalent fungicide, daily. Combs or brushes for common use shall not be provided. All persons shall bathe with warm water and soap before entering the pool. Warm water at a temperature of 90°F to 105°F, shall be furnished at showers convenient to the pool for this purpose. Adequate and convenient toilet facilities shall be available for the use of swimmers. Toilet, lavatory sink, and shower fixtures shall be maintained in proper repair so as to be available in ratios required by Design Criteria in effect at the time of plan approval.

(9) Equipment Rooms, Equipment Areas, and Equipment. Equipment rooms, areas, and equipment shall be kept in good repair and in a clean and sanitary condition. Drain grates shall be vandal proof, designed to prevent hand entrapment, and shall be secured in place in a manner that will prevent removal by bathers.

(10) Deck Equipment. Handrails shall be provided at all steps, stepholes, and ladders. When provided diving stands, lifeguard stands, handrails, and ladders shall be properly secured to the pool deck or pool, as appropriate. Deck accessories and equipment shall be properly maintained and stored.

(11) Pool Chemical Storage. Pool chemicals shall be stored in cool, dry, clean, and well ventilated areas and so as to preclude accidental mixing of different chemicals. Containers shall be tightly closed when not in use.

(12) Vacuuming. Pool bottoms shall be vacuumed or mechanically cleaned as frequently as required to maintain pool cleanliness.

(13) Accessibility to Pool Area. All outdoor pools shall be surrounded by a barrier which shall be a minimum of four feet high and designed to discourage access by unauthorized persons. Entry gates shall be self closing and self latching. When the pool is not open for use, access to the pool shall be prevented.

(14) Lifeguards. When no lifeguard service is in effect a warning sign shall be placed in plain view and shall state ''Warning—No Lifeguard on Duty'' with legible letters, at least four inches high. This warning shall be easily visible from all entry points into the pool area.

(15) First Aid Kit. Every public pool shall be equipped with an American National Red Cross standard 24-unit first aid kit or equivalent. This first aid kit shall be kept filled and ready for use.

(16) Emergency Telephone. There shall be a telephone or other suitable device for emergency communication readily available in the immediate vicinity of each pool. This telephone or device shall be on the premises where the pool is located.

(17) Signs. Signs shall be conspicuously posted at the pool and in public dressing rooms stating the following:

(A) All persons shall bathe with warm water and soap before entering the pool.

(B) Any persons known or suspected of having a communicable disease shall not use the pool.

(C) Spitting or blowing the nose in the pool is prohibited.

(D) Running, boisterous or rough play (except supervised water sports) is prohibited.

(18) Emergency Communications. Instructions regarding emergency calls shall be prominently posted. All pools shall have posted at their entrance (a) directions to the nearest telephone and the nearest first aid unit and resuscitation equipment; (B) the telephone numbers, in print at least one-quarter inches high, of the nearest police and fire departments, emergency medical service provider, hospital and physicians on call in the immediate area. Additionally these telephone numbers shall be posted at the nearest telephone.

(19) Registration. No person, firm, or corporation shall operate or maintain, within any town, city or borough, any public pool without local permits or licenses if such permits or licenses are required by local ordinance. If such local permits or licenses are not required, the person, firm or corporation shall register the name of the owner or owner's agent, business address, and pool location with the local director of health of the town, city, borough, or district where the public pool is located.

(c) **Additional requirements for public swimming pools and public diving pools**

(1) Depth Markers. Depth markers shall be provided on the pool rim at points of minimum and maximum depths, at all points where the pool floor changes slope, and at appropriate points in between. Depth markers at these points shall be visible from within the pool and while standing on the pool deck.

(2) Lifeguard Stands. When a lifeguard is on duty, there shall be a raised stand 4 feet minimum height for the lifeguard, located at pool side adjacent to the deep end of the pool, so that all areas of the pool are visible to the lifeguard.

(3) Lifesaving Equipment. Each public swimming pool and public diving pool shall be provided with one unit of lifesaving equipment for each one hundred feet of perimeter of the pool. Life poles or shepherd's crooks shall be mounted in permanent sockets toward the deep area of the pool. Lifesaving equipment shall be mounted in conspicuous places around the pool such as on lifeguard stands, fences or barriers of outdoor pools, and room walls of indoor pools.

(4) Sign. A sign stating the following shall be conspicuously posted at the pool: ''No diving is permitted off the deck into shallow areas of the pool.''

(d) **Additional requirements for public wading pools.**

Depth Markers. A minimum of one depth marker shall be provided on the pool rim on each side of public wading pools.

(e) **Additional requirements for public spas.**

(1) Pool Water Disinfection. When chlorine is used, a free available chlorine residual of at least 1.0 mg/l shall be maintained throughout the public spa whenever it is open or in use.

If other halogens are used, residuals of equivalent disinfecting strength shall be maintained.

(2) Pool Water Temperature. Pool water temperature shall not exceed 104°F in public spas.

(3) Depth Markers. All public spas shall have a minimum of two depth markers indicating maximum water depth. These depth markers shall be located on the spa rim or deck immediately adjacent to the pool.

(4) Precaution Sign. A precaution sign is to be mounted in a clearly visible location, adjacent to the spa. This precaution sign shall contain the following warnings:

CAUTION

(A) Elderly persons and those suffering from heart disease, diabetes, high or low blood pressure should not enter the spa.

(B) Unsupervised use by children is prohibited.

(C) Do not use while under the influence of alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, narcotics or tranquilizers.

(D) Do not use alone.

(E) Observe a reasonable time limit, (preferably not longer than 15 minutes) then shower, cool down and, if you wish, return for another brief stay. Long exposures may result in nausea, dizziness or fainting.

(5) Oils, Body Lotions and Soaps. Oils, body lotions and soaps shall be completely removed by the bather prior to use of public spas.

(f) **Special purpose public pools.**

Special purpose public pools shall meet all applicable requirements for public pools.

(g) **Responsibility of director of health.**

When any public pool is found not to meet the requirements of these regulations, or when a condition is found which constitutes a public health or safety hazard or a health nuisance to bathers or pool patrons, the director of health may order such public pool closed until corrections are made. The director of health shall order such closure when there is significant evidence of communicable disease being transmitted through use of the pool, when the public pool is being operated in such manner as to constitute a significant health nuisance, or when imminent safety hazards exist.

Inspections shall be conducted by the director of health or his authorized agent to evaluate conformance with these regulations and to protect the public health and safety.

Any person aggrieved by an order issued by a director of health, may within forty-eight hours after the making of such order, appeal to the commissioner of health services in accordance with Section 19a-229 of the General Statutes and Sections 19-2-1 to 19-2-43 inclusive of the Regulations of Connecticut State Agencies.

(Effective October 26, 1984)

Sec. 19-13-B34. Artificial bathing place without controlled water supply

''Artificial bathing place'' means an artificially constructed impounding basin for surface water which is to be used for bathing or swimming by any considerable number of persons other than the immediate family of the owner or proprietor. No artificial bathing place shall be constructed until the location is approved by the local director of health of the town, city or borough in which it is located.

(a) Each such bathing place shall be marked on its rim or otherwise at no greater than eight foot intervals from the shallow end of the area to indicate the depth of the water at such intervals. Where there is a lifeguard on duty there shall also be a raised stand for the life guard, so placed that all areas of the bathing place are visible to the lifeguard on duty.

(b) Each such bathing place shall have minimum equipment consisting of the following: A ring buoy not more than fifteen inches in diameter to which shall be attached a fifty foot length of one-quarter inch line; four pineapples (tightly rolled balls of rope) composed of one-quarter inch line each fifty feet in length; a life pole or shepherd's crook with blunted end, a minimum of twelve feet in length, for each one hundred running feet of perimeter of the area, such poles to be mounted in

permanent sockets, on opposite sides towards the deep area of the bathing place and attached to the fencing or barrier.

(c) All bathing places have posted at their entrance (1) directions to the nearest telephone and the nearest first aid unit and resuscitation equipment; (2) the telephone numbers, in print at least one-quarter inches high, of the nearest police and fire departments, rescue squad, ambulance service, hospital and physicians on call in the immediate area.

(d) When no lifeguard service is in effect, a warning sign shall be placed in plain view and shall state ''Warning—No Lifeguard on Duty'' with legible letters, at least four inches high.

(e) The quality of the water shall meet bacterial standards approved by the commissioner and the amount of diluting water shall be not less than 1,000 gallons per day per bather. If the bacterial standard is maintained, the flow requirement may be reduced for short periods of time to no less than 500 gallons per day per bather, with approval of the director of health. This dilution water may be from stream flow or from natural circulation in a large body of impounded water.

(f) The dressing rooms, hallways, toilet rooms, shower rooms or other rooms to which patrons of pools shall have access shall be kept clean and well ventilated at all times. The floors of all shower rooms and locker rooms shall be treated with chlorine solution or other fungicide daily. No combs or brushes for common use shall be provided.

(Effective June 28, 1973)

Sec. 19-13-B35. Drinking cups and drinking fountains

Sanitary drinking fountains shall be installed or individual drinking cups, stored in such a manner as to be protected from contamination, shall be provided, where drinking water is made generally available upon the premises of any building, hotel, restaurant, theatre, hall, schoolhouse, industrial or mercantile establishment or in any park, street, railroad station, railroad car or ship. Where drinking water facilities are provided by any person, firm or corporation for the use of employees engaged in outdoor work or construction work, sanitary drinking fountains shall be installed or water storage containers and individual drinking cups shall be provided by such person, firm or corporation and such cups and the contents of such containers shall be protected against contamination. Such drinking fountains shall be constructed with a slanting jet issuing from a nozzle of non-oxidizing impervious material with a non-oxidizing guard to prevent the mouths and noses of persons using the fountain from coming in contact with the nozzle. The jet shall be located so as not to touch the guard and shall be discharged at such an angle that the water can neither fall back nor be forced back on to the point of discharge. The fountain jet and all openings in the water supply piping shall issue above the level of the fountain bowl. The drainage from the bowl shall be adequate and so constructed as to prevent fouling of the bowl. The drain from the fountain shall not have a direct physical connection to a waste pipe unless the drain is trapped. The waste opening and pipe from the fountain shall be of sufficient size to carry off the water promptly. The opening shall be provided with a strainer. All drinking fountains installed after January 12, 1954, shall be provided with their own receiving bowls and shall not be installed over sinks used for hand washing or other purposes.

Sec. 19-13-B36. Public bathing establishments

A public bathing establishment, as used in this section, shall include the grounds, bath houses, toilets and other appurtenances of any bathing establishment on or near any stream, natural or artificial pond, or tidal water where bath houses for the use of the public are maintained either free or for hire. No city, town, borough,

institution, person, firm or corporation shall operate or maintain any public bathing establishment except after full and literal compliance with the following requirements:

(a) Adequate numbers of fly-tight privies or water-flushed toilets and sewage disposal systems shall be constructed and located in such a way as not to contaminate the waters used by the bathers. These accommodations shall be installed with the approval of the local director of health and shall be maintained at all times in a sanitary condition. Separate toilets for men and women shall be provided. The location of all toilets shall be plainly indicated by signs.

(b) No water supply shall be available for drinking unless of safe, sanitary quality.

(c) The dressing rooms, hallways, toilet rooms, shower rooms or other rooms to which patrons have access shall be kept clean and well ventilated at all times. The floors shall also be treated with chlorine solution or other fungicide daily. No combs or brushes for common use shall be provided for the use of patrons.

(d) All persons known or suspected of being afflicted with communicable diseases shall be excluded.

(e) No bathing suits or towels shall be furnished to patrons unless such bathing suits or towels have been thoroughly washed with soap and hot water and dried after previous use.

(f) Fly-tight depositories shall be provided where necessary for the reception of rubbish, garbage or other refuse or contaminated material and shall be maintained in a sanitary condition.

(Effective June 28, 1973)

Sec. 19-13-B37. Cross connections between water supplies prohibited

No physical connection between the distribution system of a public water system and that of any other water supply shall be permitted, unless such other water supply is of safe sanitary quality and the interconnection of both supplies is approved by the State Department of Public Health. No officer, board, corporation or other person or group of persons, owning, managing or controlling any public water system, shall provide new water service to a site where any person, firm or corporation either maintains such connection or is not in compliance with Section 19-13-B38a of the Regulations of Connecticut State Agencies at this location. Upon written order by the local health department or the Department of Public Health, an officer, board, corporation or other person or group of persons, owning, managing or controlling any public water system, shall terminate existing water service to a site where any person, firm or corporation either maintains such connection or is not in compliance with Section 19-13-B38a of the Regulations of Connecticut State Agencies at this location.

(Effective July 7, 1993; amended December 5, 2001)

Sec. 19-13-B38.

Repealed, April 8, 1980.

Sec. 19-13-B38a. Permissible arrangements for connections to public water supply lines

(a) **Definitions.** As used in this section:

(1) ''Air gap'' means the unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or outlet supplying water to a tank plumbing fixture, or other device, and the flood level rim of the receptacle. The vertical physical separation shall be at least two times the inside diameter of the water inlet pipe above the flood rim level but shall not be less than one inch;

(2) ''Air vent type backflow preventer'' means a device containing two independently operating check valves separated by a chamber which can automatically vent to the atmosphere if backflow occurs;

(3) ''Atmospheric vacuum breaker'' means a mechanical device which automatically air vents a pipeline to prevent backsiphonage;

(4) ''Double check valve assembly'' (DCVA) means a device which contains two independently acting check valves located between two tightly closing shut-off valves and fitted with properly located test cocks;

(5) ''Fire sprinkler system'' for fire protection purposes means an integrated system of underground and overhead piping designed to provide fire protection for a building or structure. The installation includes one or more automatic water supplies. The portion of the sprinkler system above-ground is a network of specially sized or hydraulically designed piping installed in a building, structure, or area generally overhead, and to which sprinklers are attached in a systematic pattern. The valve controlling each system riser is located in the sprinkler riser or its supply piping. Each sprinkler system riser includes a device for actuating an alarm when the system is in operation. The system is usually activated by heat from a fire and discharges water over the fire area;

(6) ''Hose bibb vacuum breaker'' means an atmospheric vacuum breaker designed to be attached to an outlet having a hose connection thread;

(7) ''Owner'' means the customer of a public water system;

(8) ''Pressure vacuum breaker'' means a device which contains a spring loaded check valve and a spring loaded atmospheric vent which opens when the pressure approaches atmospheric. The unit shall include two tightly closing shut-off valves located at each end of the device and two test cocks properly located for testing the device;

(9) ''Reduced pressure principle backflow preventer'' (RPD) means a device containing within its structure a minimum of two independently acting, approved check valves, together with an automatically operating pressure differential relief valve located between the two check valves. The first check valve reduces the system pressure a predetermined amount so that during normal flow and a cessation of normal flow the pressure between the checks shall be less than the system pressure. In case of leakage of either check valve, the differential relief valve, by discharging to atmosphere, shall operate to maintain the pressure between the checks less than the system pressure. The unit shall include tightly closing shut-off valves located at each end of the device and each device shall be fitted with properly located test cocks;

(10) ''Siamese connection'' means an inlet equipped with one or more couplings to which a fire hose can be attached and through which water can be delivered by a fire department pumper to a sprinkler system; and

(11) ''Toxic or objectionable substance'' means any compound which could affect the public health, the potability, or the aesthetic quality of the water.

(b) **Air Gap.** An air gap is required between all potable water lines and equipment or systems which may be subject to contamination.

(c) **Reduced pressure principle backflow preventer.**

(1) A reduced pressure principle backflow preventer (RPD) is required on a line to all facilities where toxic or objectionable substances are used in addition to the required air gap, vacuum breaker or RPD on individual pieces of equipment unless the public water system has determined that an RPD is not necessary. Where such substances are used in a specific area, an RPD on the line to that area may be used in place of the RPD on the line to the facility.

(2) The owner shall install a reduced pressure principle backflow preventer (RPD) or an air gap in the following instances:

(A) On a line to fire sprinkler systems (including tanks) where chemicals are added or to foam fire fighting systems;

(B) On a line to pressurized water systems on ships;

(C) On a line used to supply car wash facilities where pressure is boosted;

(D) On a line to irrigation or lawn sprinkler systems where chemicals are added;

(E) On a line to all boiler systems where chemicals are added;

(F) On a line to heat exchangers where chemicals are added;

(G) On a line to solar heating systems where chemicals are added;

(H) On a line to plating tanks or areas. No potable water use will be allowed downstream of the device pursuant to section 19-13-B38a(e)(2) of the Regulations of Connecticut State Agencies.

(3) Unless otherwise required by sections 19-13-B38a(b) or 19-13-B38a(c) of the Regulations of Connecticut State Agencies, the owner shall install either an RPD or an air vent type backflow preventer or an air gap in the following instances:

(A) Water supply lines to all boiler systems where chemicals are not added;

(B) Water supply lines to carbonators for beverage machines, water conditioning systems, and commercial ice making equipment;

(C) Water supply lines connected to solar heating systems where chemicals are not added and heat exchangers where chemicals are not added;

(D) Water supply lines to storage tanks used for fire protection where chemicals are not added.

(d) **Double Check Valve Assembly.** The owner shall install a double check valve assembly (DCVA) on public water supply lines to fire sprinkler systems with siamese connections unless chemicals are added to the fire sprinkler system. Where chemicals are added to such systems, the owner shall install an RPD pursuant to Section 19-13-B38a(c)(2)(A) of the Regulations of Connecticut State Agencies. An owner may install an RPD instead of a DCVA on public water supply lines to fire sprinkler systems with siamese connections.

(e) **Vacuum breaker.** The owner shall install either an atmospheric vacuum breaker or a pressure vacuum breaker or an air gap in the following instances:

(1) Irrigation or lawn sprinkler systems where chemicals are not added;

(2) Flush valve toilets;

(3) Inlets which are or may become submerged, except where an RPD is required pursuant to section 19-13-B38a(c)(2) of the Regulations of Connecticut State Agencies;

(4) Hemodialysis units;

(5) At marinas and docks on all hose bibbs or other outlets to which a hose may be connected.

(f) **Installation and maintenance.** The devices required by section 19-13-B38a of the Regulations of Connecticut State Agencies shall be purchased, owned, installed, and maintained by the owner in compliance with the following conditions:

(1) New devices shall conform to the revision of American Water Works Association Standard C510, C511 or the revision of the applicable standard of the American Society of Sanitary Engineering in effect at the time of building permit application.

(2) There shall be no connection made for potable water use downstream of an RPD and upstream of the equipment or systems subject to contamination except where the device is installed on the service line and the required air gap, vacuum breaker, or RPD is provided on all individual pieces of equipment.

(3) Each RPD, DCVA and pressure vacuum breaker shall be located in a room or structure that is well lighted, properly drained, and not subject to flooding. These devices shall be easily accessible for repair, testing and inspection.

(4) There shall not be any bypass around a device without appropriate protection as required by Section 19-13-B38a of the Regulations of Connecticut State Agencies.

(5) If an RPD or DCVA cannot be removed from service for maintenance and testing during normal working hours, then a second device of the same type shall be installed in parallel so as to permit inspection and repair of either unit.

(6) The owner shall notify the public water system prior to the installation of any RPD, DCVA or pressure vacuum breaker required by Section 19-13-B38a of the Regulations of Connecticut State Agencies. Immediately after installation of such devices, the owner shall arrange for the public water system to have each device tested by a person who has met the requirements of Section 25-32-11(e) of the Regulations of Connecticut State Agencies.

(7) The public water system shall have each RPD, DCVA and pressure vacuum breaker tested annually and shall maintain records of the test. Any malfunctioning device shall be promptly restored to proper operating condition by the owner. A summary of the results shall be forwarded to the Department of Public Health as a part of the annual cross connection survey report. All tests must be performed by a person who has met the requirements of Section 25-32-11(e) of the Regulations of Connecticut State Agencies.

(8) Atmospheric vacuum breakers shall be located beyond the last control valve prior to the first outlet. All vacuum breakers shall be installed at an elevation higher than any outlet according to manufacturer's instructions.

(9) An atmospheric vacuum breaker shall be installed so that it is not subject to backpressure or continuous operating pressure of more than twelve (12) hours duration. Where vacuum breakers are to be installed under section 19-13-B38a(d) of the Regulations of Connecticut State Agencies and a continuous operating pressure exists, a pressure vacuum breaker shall be used.

(10) An atmospheric vacuum breaker shall be installed in such a fashion that it will not be subject to corrosion which will render it inoperative.

(11) The owner is responsible for complying with all building, plumbing, fire safety or other applicable codes, regulations or requirements.

(g) **Civil Penalties.**

(1) Notice of violation. When the Commissioner determines that a violation of Section 19-13-B38a(d) of the Regulations of Connecticut State Agencies has occurred or is occurring, the commissioner may so notify the violator and may impose a civil penalty in accordance with this subsection if compliance is not achieved by the date specified in the notice of violation.

(2) Appeals. Within twenty days (20) after such notice is sent by the commissioner, an owner in receipt of a notice of violation issued pursuant to this subsection may petition the commissioner in writing, by U.S. mail, certified or registered, postage prepaid, return receipt requested, for an opportunity to contest the determination that a violation occurred, the determination a violation has not been corrected, the initial date of the imposition of the penalty, and the imposition of a penalty.

(3) Penalty. Failure to install a device required pursuant to Section 19-13-B38a(d) of the Regulations of Connecticut State Agencies shall result in a penalty of not more than $2000.

(Effective July 7, 1993; amended December 5, 2001)

Secs. 19-13-B38b—19-13-B38g.

Repealed, July 7, 1993.

Sec. 19-13-B39. Quality of water supplies made available for public and for employees

No water supply shall be used or rendered available for drinking and for other personal or domestic purposes in any industrial plan, mercantile establishment, hotel, lodging or boarding house, tenement house, hospital, theatre, park or public building, or on any outdoor or construction work, unless such supply is of safe sanitary quality

approved by the state department of health. If a water supply for industrial or fire protection purposes is obtained entirely or in part from a source not approved for drinking purposes, this supply shall be distributed through an independent piping system having no connection with the systems for drinking and for other domestic use.

Sec. 19-13-B40. Sanitation of foodstuffs

No person, firm or corporation shall sell, offer for sale or keep for sale any groceries, bakery products, confectioneries, meats, fish, vegetables or fruits except after compliance with the following requirements:

(a) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. All food and drink shall be so stored, displayed and served as to be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination. No animals or fowls shall be kept or allowed in any room in which food or drink is prepared or stored. All means necessary for the elimination of flies, roaches and rodents shall be used. All exposed food shall be stored at least eighteen inches above the floor and all food which may be contaminated by exposure when deposited at a food establishment on delivery shall be stored at least eighteen inches above the floor. Food cooking or processing operations shall be conducted in a sanitary manner.

(b) The floors, walls, windows and ceilings of rooms used for the preparation and sale of foods shall be kept clean and in good repair. During the season when flies are prevalent, all openings into the outer air shall be effectively screened and doors shall be provided to prevent the entrance of flies.

(c) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas. All equipment and utensils shall be kept clean. Equipment and utensils containing or plated with cadmium or lead shall not be used, provided solder containing lead may be used for jointing.

(d) Any food to be eaten without cooking shall not be stored directly in contact with ice. All refrigerators shall be kept in a clean and sanitary condition. All potentially hazardous food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, shall be maintained at safe temperatures at 45°F. or below, or 140°F. or above, except during necessary periods of preparation.

(e) All oysters, clams and mussels shall be from approved sources and, if shucked, shall be kept until sold in the containers in which they were placed at the shucking or packing plant.

(f) All drinking beverages not bottled shall be kept in fly-tight containers, from which the liquid may be removed only by faucets. The pouring lips of bottles or containers of milk or other beverages shall not be submerged for cooling.

(g) No decayed fruits, meats, fish, vegetables or other foods shall be allowed to remain in any receptacle wherein any fruits, meats, fish, vegetables or other foods intended for human consumption are kept for sale or other disposition. All garbage and rubbish containing food wastes shall, prior to disposal, be kept in a leak-proof, non-absorbent container which shall be kept covered with tight fitting lids when filled or stored, or not in continuous use; provided such containers need not be covered when stored in a xermin-proofed room or enclosure, or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an

approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(h) Any water supply available for drinking or for washing dishes or food-handling equipment or for hand-washing shall be of safe sanitary quality. Each establishment shall be provided with adequate conveniently located handwashing facilities for its employees within or immediately adjacent to all toilet rooms, equipped with hot and cold or tempered running water, hand cleansing soap or detergent dispensed in a sanitary manner, and approved sanitary towels or other approved hand drying device. Such facilities shall be kept clean and in good repair. The use of a common towel is prohibited. No employee shall resume work after using the toilet room without first washing his hands. In establishments constructed after October 8, 1963, and establishments which are extensively altered after said date, separate handwashing facilities shall also be located within the room where food is prepared.

(i) Each establishment shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet facilities, including rooms and fixtures, shall be sanitary and readily cleaned and shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet tissue shall be provided. Easily cleaned receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered.

(j) All parts of the establishment and its premises shall be kept neat, clean and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food contact surfaces. None of the operations connected with a food service establishment shall be conducted in any room used as living or sleeping quarters.

(Effective October 8, 1963)

Sec. 19-13-B41. Sanitation of public fair grounds, horse shows, horse races, and automobile races

No public fair grounds or grounds for horse shows, horse races and automobile races shall be used except after compliance with the following requirements:

(a) **Water supply.** Any water supply available for drinking or washing dishes shall be of safe sanitary quality. Any water found unsafe for human consumption on such grounds shall be either eliminated or purified by a process approved by the state department of health or shall be kept posted with placards definitely warning persons against its use. A safe water supply and handwashing and hand drying facilities shall be provided for the public where food is served.

(b) **Disposal of excreta.** Fly-tight privies or water-flushed toilets with a system of sewage disposal approved by the state department of health shall be provided and shall be maintained in a clean and sanitary condition. Separate installations for men and for women shall be provided and they shall be adequate for the accommodation of all persons attending or using the grounds. The location of all toilets shall be plainly indicated by signs.

(c) **Disposal of refuse.** Supervision and equipment sufficient to prevent littering of the ground with rubbish, garbage or other refuse shall be provided and maintained. Fly-tight depositories for such materials shall be provided and conspicuously located.

Such depositories and any final places of disposition shall not be permitted to become foul-smelling or unsightly or breeding places for flies.

(d) **Storage and service of food.** All food and drink while being stored, prepared, displayed, served or sold, or during transportation, shall be protected from dust, flies, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination. Raw fruits and vegetables shall be washed before use. All single service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped either individually or in pairs with a sanitary protective covering for individual use. All multi-use eating and drinking utensils shall be thoroughly washed and rinsed and sanitized after each use.

(e) **Drinking beverage.** All drinking beverages not bottled shall be kept in fly-tight containers, from which the liquid may be removed only by faucets. The pouring lips of bottles or containers of milk or other beverages shall not be submerged for cooling.

(Effective April 11, 1973)

Sec. 19-13-B42. Sanitation of places dispensing foods or beverages

No person, firm or corporation shall operate or maintain within the State of Connecticut any place where food or beverages are served to the public except in compliance with the following requirements:

(a) Definitions, as used in this section:

(1) ''Authorized agent'' means any individual certified by the commissioner to inspect food service establishments and enforce the provisions of section 19-13-B42 of the Regulations of Connecticut State Agencies under the supervision and/or authority of the director of health.

(2) ''Comminuted'' means reduced in size by methods including chopping, flaking, grinding, or mincing and includes fish or meat products that are reduced in size and restructured or reformulated such as gefilte fish, gyros, ground beef and sausage.

(3) ''Commissioner'' means the commissioner of public health.

(4) ''Department'' means the state of Connecticut Department of Public Health.

(5) ''Director of health'' means the director of a local health department or district health department approved by the commissioner as specified in Connecticut general statutes sections 19a-200 and 19a-242, respectively.

(6) ''Food employee'' means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.

(7) ''Food service establishment'' means any place where food is prepared and intended for individual portion service and includes the site at which individual portions are provided. The term includes any such place regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food. The term does not include a kitchen in a private home where food is prepared or served and not offered for sale, or a bed-and-breakfast operation that prepares and offers food to the guests if such operation is owner occupied and has the total building occupant load of not more than 16 persons including the owner and occupants, and has no provisions for cooking or warming food in the guest rooms, and breakfast is the only meal offered, and placards are posted at the registration area which read ''this establishment is exempt from section 19-13-B42 of the regulations of the public health code.''

(8) ''Full-time position'' means thirty (30) hours per week or the number of hours per week that the food service establishment is open for business, whichever is less.

(9) ''Hazard analysis'' means an evaluation of food handling operations to identify points of potential product contamination and assess the adequacy of hot processing and hot and cold storage methods for foods.

(10) ''Potentially hazardous food'' means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:

(A) the rapid and progressive growth of infectious or toxigenic microorganisms, or

(B) the slower growth of Clostridium botulinum.

(11) ''Qualified food operator'' means a food operator employed in a full-time position who has demonstrated a knowledge of safe food handling techniques.

(12) ''Ready-to-eat food'' means food that is in a form that is edible without washing, cooking, or additional preparation by the food service establishment or the consumer and that is reasonably expected to be consumed in that form.

(13) ''Supervisory position'' means the position of a person who directs and inspects the performance of food service workers.

(14) ''Temporary food service establishment'' means a food service establishment that operates at a fixed location for a temporary period of time, not to exceed two (2) weeks, in connection with a carnival, circus, public exhibition, festival, celebration, or similar transitory gathering.

(b) The floor surfaces in kitchens, in all other rooms and areas in which food or drink is stored or prepared, in which multi-use utensils are washed, and in walk-in refrigerators, dressing or locker rooms and toilet rooms, shall be of smooth nonabsorbent materials, and so constructed as to be easily cleaned. The floors of nonrefrigerated dry food storage areas need not be nonabsorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding type cleaning or where normal operations release or discharge water or other liquid waste on the floor. No sawdust or similar material shall be spread on the floors. All exterior areas where food is served shall be kept clean and properly drained, and the surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

(c) The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food or drink is prepared, or multi-use utensils or hands are washed, shall be easily cleanable, smooth, light colored, and shall have washable surfaces up to the level reached by splash or spray.

(d) (1) Effective measures shall be taken to protect against the entrance into the establishment or breeding on the premises of insects, rodents and other animals by:

(A) filling or closing holes and other gaps along floors, walls, and ceilings,

(B) closed, tight-fitting windows, and

(C) solid self-closing, tight-fitting doors; or

(2) if windows or doors are kept open for ventilation or other purposes, the openings shall be protected against the entrance of insects, rodents or other animals by:

(A) 16 mesh to 25.4 mm (16 mesh to 1 inch) screens,

(B) properly designed and installed air curtains, or

(C) other methods which are submitted for review and approval by the local director of health. The submission of an alternative method to those listed in (A) and (B) of this subdivision for review by the director of health shall be accompanied by documentation which the director of health finds demonstrates that the method

will be as effective in preventing the entrance of insects and rodents or other animals as those listed in (A) and (B) of this subdivision.

(3) Subdivision (2) of this subsection does not apply if flying insects and other pests are absent due to the location of the establishment, the weather, or other limiting condition.

(e) All areas in which food or drink is prepared or stored or multi-use utensils are washed, handwashing areas, dressing or locker rooms, toilet rooms and garbage and rubbish storage areas shall be well lighted. During all cleanup activities, adequate light shall be provided in the area being cleaned and upon or around equipment being cleaned. All rooms in which food or drink is prepared or served or multi-use utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping into food or onto food preparation surfaces. Filters, where used, shall be readily removable for cleaning or replacement. Ventilation systems shall comply with applicable state and local fire prevention requirements and shall, when vented to the outside air, discharge in such a manner as not to create a nuisance.

(f) Each food service establishment serving food or drink shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be sanitary and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet room walls shall be tight and extend from floor to ceiling. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Toilet and handwashing facilities accessible to the public shall be provided in conformance with sections 19-13-B105 through 19-13-B113 of the Regulations of Connecticut State Agencies. Where the use of non-water-carried sewage disposal facilities has been approved by the local director of health, such facilities shall be separate from the food service establishment. All sewage shall be disposed of in a public sewerage system or, in the absence thereof, in a manner approved by the local director of health. Plumbing shall be so sized, installed and maintained as to prevent contamination of the water supply; as to properly convey sewage and liquid wastes from the food service establishment to the sewerage or sewage disposal system; and as not to constitute a source of contamination of food equipment or multi-use utensils, or create an insanitary condition or nuisance.

(g) The water supply shall be adequate, of a safe, sanitary quality, be in conformance with section 19-13-B102 of the Regulations of Connecticut State Agencies and be from an approved source which is in conformance with sections 19-13-B51A through 19-13-B51M of the Regulations of Connecticut State Agencies. Hot and cold running water under pressure shall be provided in all areas where food or drink is prepared or equipment, multi-use utensils or containers are washed. Hot water supplied in all areas where food or drink is prepared and where multi-use utensils and equipment are washed, and for other general purposes shall be maintained at a temperature of at least one hundred and ten (110) degrees F. through a mixing valve or combination faucet. Hot water supplied at hand washing sinks available to the public shall be in conformance with section 19-13-B111 of the Regulations of Connecticut State Agencies. Ice used for any purpose shall be made from water which comes from an approved source; and shall be used only if it has been manufactured, stored, transported, and handled in a sanitary manner.

(h) Each food service establishment serving food or drink shall be provided with handwashing facilities located to allow for convenient use by employees in food

preparation, food dispensing, and warewashing areas, and within or immediately adjacent to all toilet rooms. The handwashing faciilties shall be equipped with hot and cold or tempered running water, hand cleansing soap or detergent dispensed in a sanitary manner, individual disposable towels or other hand drying device acceptable to the director of health. The use of a common towel is prohibited. A handwashing facility shall not be used for purposes other than handwashing. The handwashing facilities shall be maintained so that they are accessible at all times for employee use. Such facilities shall be kept clean and in good repair. No employee shall resume work after using the toilet room without first washing his hands.

(i) All equipment and multi-use utensils, and all show and display cases or window counters, shelves, tables, chairs, and refrigerating equipment shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable and shall be in good repair. The food contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, nontoxic, corrosion-resistant and relatively nonabsorbent. Sinks, dishtables and drainboards shall be constructed of galvanized metal or better, suitably reinforced, of such thickness and design as to resist denting and buckling, and sloped so as to be self-draining. Exceptions approved by the local director of health may be made to the above material requirements for equipment such as cutting boards, blocks and bakers' tables and containers for dry products.

(j)(1) All equipment shall be so installed and maintained as to facilitate the cleaning thereof and of all adjacent areas.

(2) Equipment in use on October 15, 1963, which does not fully meet the above requirements may be continued in use if it is in good repair, capable of being maintained in a sanitary condition and the food contact surfaces are nontoxic. Utensils containing or plated with cadmium or lead shall not be used, provided solder containing lead may be used for jointing. All cloths and towels used by waiters, chefs and other employees shall be clean.

(3) All multi-use eating and drinking utensils shall be thoroughly washed and rinsed and sanitized after each use, in accordance with the following approved sanitizing processes.

(A) When manual dishwashing is used, a three-compartment sink shall be provided and used wherever washing, rinsing, and sanitization of equipment or utensils are conducted; provided, that in food service establishments where the only utensils to be washed are limited to spatulas, tongs, and similar devices, and when the only equipment to be cleaned is stationary and does not require disassembly for proper cleaning, a two-compartment sink may be approved by the director of health for this purpose. At least a two-compartment sink shall be provided and used for washing kitchenware and equipment which does not require sanitization. A warewashing sink shall not be used for handwashing or dumping mop water. Sinks used to wash or thaw food shall be sanitized before and after using the sink to wash produce or thaw food. Utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(i) Immersion for at least one (1) minute in clean, hot water at a temperature of at least one hundred and seventy (170) degrees F. An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(ii) Immersion for at least one (1) minute in a sanitizing solution containing: at least fifty (50) mg/l of available chlorine at a temperature of not less than seventy-five (75) degrees F. The bath should be made up to a strength of one hundred (100)

mg/l or more of available chlorine and shall not be used after its strength has been reduced to fifty (50) mg/l; or at least twelve and one-half (12.5) mg/l of available iodine in a solution having a pH value not higher than five (5.0) and a temperature of not less than seventy-five (75) degrees F.; or any other chemical sanitizing agent that has been demonstrated to the satisfaction of the director of health to be effective and nontoxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in solutions used, shall provide the equivalent bactericidal effect of a solution containing at least fifty (50) mg/l of available chlorine at a temperature not less than seventy-five (75) degrees F.

(B) When dishwashing is done by machine hot water for sanitizing may be used provided that:

(i) Wash water shall be kept clean, and rinse-water tanks shall be so protected by distance, baffles or other effective means as to minimize the entry of wash water into the rinse water. All water inlets shall be protected against backflow.

(ii) The flow pressure shall be not less than fifteen (15) or more than twenty-five (25) pounds per square inch on the water line at the machine, and not less than ten (10) pounds per square inch at the rinse nozzles. A suitable gauge cock shall be provided immediately upstream from the final rinse sprays to permit checking the flow pressure of the final rinse water.

(iii) The temperature of the wash water shall not be less than:

(a) One hundred and sixty-five (165) degrees F. for a single temperature stationary rack machine;

(b) One hundred and sixty (160) degrees F. for a single tank, conveyor, dual temperature machine;

(c) One hundred and fifty (150) degrees F. for a single tank, stationary rack, dual temperature machine; and

(d) One hundred and fifty (150) degrees F. for a multitank, conveyor, multitemperature machine.

When hot water is relied upon for sanitization in a mechanical warewashing operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold shall not be less than one hundred and sixty-five (165) degrees F. for a stationary rack, single temperature machine; or one hundred and eighty (180) degrees F. for all other machines. The temperature of the fresh hot water sanitizing rinse shall not be more than one hundred and ninety-four (194) degrees F. as it enters the manifold. The item being sanitized shall attain a temperature of one hundred and sixty (160) degrees F. on its surface during the final rinse. When a pumped rinse is provided, the water shall be at a temperature of at least one hundred and sixty (160) degrees F.

(iv) Conveyors in dishwashing machines shall be accurately timed to assure proper exposure times in wash and rinse cycles.

(v) An easily readable thermometer shall be provided in each tank of the dishwashing machine which will indicate the temperature of the water or solution therein. In addition, a thermometer shall be provided which will indicate the temperature of the final rinse water as it enters the manifold.

(vi) Jets, nozzles and all other parts of each machine shall be maintained free of chemical deposits, debris and other soil. Automatic detergent dispensers, if used, shall be kept in proper operating condition.

(C) Dishwashing may be done by machines using chemicals for sanitization provided:

(i) The machines, chemical sanitizer, and method of drying utensils are approved by the commissioner.

(ii) The temperature of the wash water shall not be less than one hundred and twenty (120) degrees F.; and

(iii) the wash water shall be kept clean; and

(iv) Adequate amounts of chemicals for washing, sanitizing, and drying shall be available. Chemicals added for washing, sanitization, and drying purposes shall be automatically dispensed, compatible, not interfering with the effective purpose of each other; and

(v) Utensils and equipment shall be exposed to the final chemical sanitizing rinse in accordance with the manufacturer's specifications for time and concentration; and

(vi) The chemical sanitizing rinse water temperature shall be not less than seventy-five (75) F. nor less than the temperature specified by the machine's manufacturer; and

(vii) A test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used.

(4) All kitchenware and food contact surfaces of equipment that have been used in the preparation or serving of food and drink, and all multi-use food storage utensils, exclusive of cooking surfaces of equipment, shall be thoroughly cleaned at least every four (4) hours. Cooking surfaces of equipment shall be cleaned at least once a day. All food temperature measuring devices, multi-use utensils and food contact surfaces of equipment used in the preparation or storage of potentially hazardous food shall be thoroughly cleaned and sanitized prior to such use and following: a change from working with raw animal foods to working with ready-to-eat foods; a change in the type of raw animal food such as beef, fish, lamb, pork, or poultry; use with raw fruit or vegetables prior to use with potentially hazardous food; and at any time during the operation when contamination may have occurred. Unless approved by the director of health for a different frequency of cleaning, equipment, food contact surfaces and utensils that have been used with potentially hazardous food shall be cleaned and sanitized at least every four (4) hours.

Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

(5) No article, polish, or other substance containing any cyanide preparation or other poisonous material shall be used for the cleaning or polishing of utensils.

(k) After cleaning and until use, all food contact surfaces of equipment and multi-use utensils shall be so stored and handled as to be protected from contamination. All single-service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped either individually or in pairs with a sanitary protective covering for individual use. Food service establishments which do not have adequate and effective facilities for cleaning and sanitizing multi-use utensils shall use single-service articles.

(*l*) All garbage and rubbish containing food wastes shall, prior to disposal, be kept in a leak-proof, nonabsorbent container which shall be kept covered with tight fitting lids when filled or stored, or not in continuous use; provided such containers need not be covered when stored in a vermin-proofed room or enclosure or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in a manner approved by the director of health. The rooms, enclosures, areas

and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(m)(1) Except during necessary periods of preparation and service, potentially hazardous foods shall be maintained at forty-five (45) degrees F. or below, or one hundred forty (140) degrees F. or above, except beef roasts and pork roasts cooked to an internal temperature and time specified below may be held hot at one hundred thirty (130) degrees F. or above. The use of time only, rather than time in conjunction with temperature, may be permitted by the director of health and may be used as a public health control for a working supply of potentially hazardous food before cooking, or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption if: the food is marked or otherwise identified with the time within which it shall be cooked, served, or discarded; the food is served or discarded within 4 hours from the point in time when the food is removed from temperature control; the food in unmarked containers or packages, or for which time expires, is discarded; and written procedures that assure compliance are maintained in the food service establishment and are made available to the authorized agent upon request. Except as specified raw food shall be cooked as follows:

(A) Whole roasts, corned beef, and pork roasts shall be cooked to heat all parts of the food to the following minimum temperatures and corresponding minimum holding times: one hundred thirty (130) degrees F. for one hundred twenty-one (121) minutes; or one hundred forty (140) degrees F. for twelve (12) minutes; or one hundred forty-five (145) degrees F. for three (3) minutes;

(B) Shell eggs, fish, meat and pork (other than whole roasts, corned beef, and pork roasts) shall be cooked to heat all parts of the food to at least one hundred forty-five (145) degrees F. for fifteen (15) seconds;

(C) All meat and fish products that are ground or comminuted shall be cooked to heat all parts of the food to at least one hundred and forty-five (145) degrees F. for three (3) minutes, one hundred and fifty (150) degrees F. for one (1) minute, one hundred and fifty-five (155) degrees F. for fifteen (15) seconds, or one hundred and fifty-eight (158) degrees F. instantaneously;

(D) Game meats, poultry, ground or comminuted poultry, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, or stuffing containing potentially hazardous food ingredients shall be cooked to heat all parts of the food to at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds;

(E) Raw animal foods cooked in a microwave oven shall be: rotated or stirred throughout or midway during cooking to compensate for uneven distribution of heat; covered to retain surface moisture; heated to a temperature of at least one hundred sixty-five (165) degrees F. in all parts of the food; and allowed to stand covered for two (2) minutes after cooking to obtain temperature equilibrium;

(F) Pasteurized eggs or egg products shall be substituted for raw shell eggs in the preparation of foods that are not thoroughly cooked such as caesar salad, salad dressing; hollandaise or bearnaise sauce, mayonnaise, egg nog, ice cream, egg-fortified beverages, and in recipes requiring pooled eggs that are not cooked immediately. Exempted from the above is a raw animal food such as raw egg, raw fish, raw-marinated fish; raw molluscan shellfish; steak tartare; or partially cooked food

such as lightly cooked fish, rare meat, and soft cooked egg that is served or offered for sale in a ready-to-eat form. Pork and poultry products are not exempt from the required cooking times and temperatures. The consumer shall be informed of the risks involved with the consumption of raw or undercooked animal food by means of posters, brochures, menu advisories, label statements, table tents, placards, or other written means available at the food service establishment which state: ''thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness.'' Exemptions to the food temperature requirements shall not be allowed at food service establishments serving highly susceptible populations such as immunocompromised individuals or older adults in hospitals, nursing homes, or similar health care facilities as listed in Connecticut General Statutes section 19a-490 and that are subject to this section and preschool age children in a facility that provides custodial care and is subject to this section such as child day care centers as defined in Connecticut General Statutes section 19a-77(a)(1).

(2) Frozen food shall be kept at such temperatures as to remain frozen, except when being thawed for preparation or use. Potentially hazardous frozen food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, shall be thawed at refrigerator temperatures of forty-five (45) degrees F. or below; or under cool, potable running water seventy (70) degrees F. or below; or quick thawed as part of the cooking process; or by any other method satisfactory to the local director of health. Waste water from refrigeration equipment shall be disposed of in a proper manner.

(3) Cooked potentially hazardous foods shall be cooled from one hundred forty (140) degrees F. to seventy (70) degrees F. within two (2) hours, and from seventy (70) degrees F. to forty-five (45) degrees F. or below within four (4) additional hours. Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds, provided that remaining unsliced portions of roasts of beef that are cooked as specified in this subsection may be reheated for hot holding to one hundred forty-five (145) degrees F. for three (3) minutes. Reheating for hot holding shall be done within two (2) hours. Ready-to-eat food taken from a commercially processed, hermetically sealed container shall be heated to a temperature of at least one hundred forty (140) degrees F. for hot holding. Cooked, cooled, and refrigerated food that is prepared for immediate service in response to an individual consumer order may be served at any temperature.

(4) Food temperature measuring devices shall be provided and be readily accessible for use in ensuring attainment and maintenance of proper food temperatures. Food temperature measuring devices shall be accurate to ± two (2) degrees F.

(n) All food and drink in food service establishments shall be from sources approved or considered satisfactory by the director of health, based on a determination of conformity with principles, practices, and generally recognized standards that protect public health; shall be in compliance with applicable state and local laws and regulations; shall be transported and delivered at required temperatures; and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding and safe for human consumption. Any food or drink considered unsafe for human consumption shall be destroyed or disposed of in a manner satisfactory to the director of health. No hermetically sealed, non-acid or low-acid food which has been processed in a place other than a commercial food processing establishment shall be used.

Molluscan shellfish shall be from sources listed in the most recent publication of the interstate certified shellfish shippers list distributed by the Federal Food and Drug Administration and approved or considered acceptable by the Connecticut Department of Agriculture, Bureau of Aquaculture, and, if shucked, shall be kept until used in the containers in which they were received. Shell stock tags or labels shall be retained for 90 days from the date the container is emptied. Finfish shall be commercially and legally caught or harvested. Fluid milk and milk products shall be pasteurized and conform to Grade A standards, the requirements of the United States Public Health Service, Food and Drug Administration ''Grade A Pasteurized Milk Ordinance'' and ''Grade A Condensed Milk Ordinance.'' Shell eggs shall be from commercial, regulated sources inspected according to law and shall be received clean and sound, and shall be graded as required by law.

(o)(1) All food and drink while being stored, prepared, displayed, served or sold at food service establishments, or during transportation between such establishments, shall be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination. Raw fruits and vegetables shall be washed before use. If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

(2) Food once served to the customer shall not be served again. Wrapped non potentially hazardous food which has not been unwrapped and which is wholesome may be re-served.

(3) All means necessary for the elimination of flies, roaches and rodents shall be used. All exposed food shall be stored at least eighteen (18) inches above the floor.

(4) Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food service establishments. Poisonous and toxic materials shall be identified and shall be stored and used only in such manner and under such conditions as will not contaminate food and drink or constitute a hazard to employees or customers.

(p)(1) Food employees shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices. Food employees shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough. Food employees shall keep their fingers, nails, hands, and exposed portions of their arms clean by using a cleaning compound to lather hands and arms for at least 20 seconds, followed by thorough rinsing with clean water in a handwashing facility, and hand drying using approved sanitary towels or other approved hand drying device. Employees shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall clean their hands and exposed portions of their arms as often as may be required to remove soil and contamination; after touching bare human body parts; after using the toilet room; after caring for assistance animals; after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; after handling soiled equipment or utensils; when changing gloves; after handling money; immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles; during food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; when switching between working with raw foods and ready-to-eat foods; and after engaging in other activities that contaminate the hands. Employees shall not expectorate in rooms in which

food is prepared. All persons, while working in direct contact with food preparation, food ingredients or surfaces coming into contact therewith shall wear hairnets, headbands, caps or other effective hair restraints. Employees shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and multi-use utensil washing or food preparation areas. Designated locations in such areas may be approved by the local director of health for smoking, where no contamination hazards will result.

(2) Smoking is prohibited in all indoor public areas of a food service establishment. Signs shall be posted at each entrance stating that smoking is prohibited by state law.

(3) Outdoor seating areas maintained for the service of food that have no roof or other ceiling enclosure and that have a permit to sell alcoholic liquor shall have at least seventy-five per cent of the outdoor seating capacity in an area in which smoking is prohibited and such area shall be designated with written signage as a nonsmoking area.

(4) Outdoor temporary seating areas established for special events and not used on a regular basis shall not be subject to the smoking prohibition or signage requirements of this subsection.

(5) Outdoor seating areas of establishments that do not serve alcohol shall not be subject to the smoking prohibition or signage requirements of this subsection.

(q)(1) All parts of the establishment and its premises shall be kept neat, clean and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food contact surfaces. None of the operations connected with a food service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the storage, preparation or serving of food, or for the cleaning or storage of utensils, or in toilet rooms or employees' dressing rooms or areas, in vehicles used for transporting food, or in any other area or facility used in the conduct of food service establishment operations; provided guide dogs or assistance dogs accompanying blind, deaf, or mobility impaired persons and dogs accompanying persons training such dogs as guide or assistance dogs as defined pursuant to the Connecticut General Statutes Sections 46a-42 and 46a-44, may be permitted in dining rooms.

(2) Adequate facilities shall be provided for the orderly storage of employees' clothing and personal belongings. Where employees routinely change clothes within the food service establishment, one (1) or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage and serving areas, and the multi-use utensil washing and storage areas. When approved by the local director of health, such an area may be located in a storage room where only completely packaged food is stored. Such designated areas or dressing rooms shall be equipped with adequate lockers or other suitable facilities. Dressing rooms and lockers shall be kept clean and orderly.

(r) No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores or an acute respiratory infection, shall work in any area of a food service establishment in any capacity in which there is a likelihood of such person contaminating food, drink or food contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity. If the management of the food service establishment has reason to suspect that any

employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local director of health immediately. When the local director of health has reasonable cause to suspect possibility of disease transmission from any food service establishment employee, such director shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The director of health may require any or all of the following measures:

(1) the immediate exclusion of the employee from all food service establishments;

(2) the immediate closure of the food service establishment concerned until, in the opinion of the director of health, no further danger of disease outbreak exists;

(3) restriction of the employee's services to some area of the food service establishment where there would be no danger of transmitting disease; and

(4) adequate medical and laboratory examinations of the employee, or other employees, and of his and their body discharges; and

(5) food employees shall not contact exposed ready-to-eat food with bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use disposable gloves or dispensing equipment, except when washing raw fruits and vegetables to remove soil and other contaminants. Food employees shall minimize bare hand contact with exposed food that is not in a ready-to-eat form. Ready-to-eat food includes: unpackaged potentially hazardous food that is cooked to the temperatures and time required for the specific food under section 19-13-B42(m)(1); raw, washed, cut fruits and vegetables; whole, raw fruits and vegetables that are presented for consumption without the need for further washing, such as at a buffet; and other food presented for consumption for which further washing or cooking is not required and from which rinds, peels, husks, or shells are removed.

(s)(1) No person, firm or corporation shall operate or maintain any place where food or beverages are served to the public within any town, city or borough, without a local permit or license, or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted, if such permit or license is required by local ordinance. Permits for temporary food service establishments shall be issued for a period of time not to exceed fourteen (14) days.

(2) A temporary food service establishment serving food or drink shall comply with all provisions of this section which are applicable to its operation. The local director of health may augment such requirements when needed to assure the service of safe food, may prohibit the sale of potentially hazardous food or drink consisting in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, or may modify specific requirements for physical facilities when in his opinion no health hazard will result.

(3) Food service establishment classification. The director of health, registered sanitarian, or authorized agent shall classify each food service establishment by using the criteria outlined in this subdivision. Establishments shall be classified at the time of licensure, where licensure is required by local ordinance, or otherwise at the time of registration with the local director of health. The classification shall be reviewed by the director of health, registered sanitarian, or authorized agent during each inspection and in no case less than annually. The food service establishment shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the director of health, registered sanitarian, or authorized agent that the food service establishment has

changed to a different class the director of health, registered sanitarian, or authorized agent shall reclassify that food service establishment. No food service establishment shall change operations to a different classification without prior written approval by the director of health, registered sanitarian, or authorized agent. The classes of food service establishments are as follows:

(A) Class I is a food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

(B) Class II is a food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours, and commercially precooked hot dogs, kielbasa and soup may be heated if transferred directly out of the original package and served within four (4) hours.

(C) Class III is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

(D) Class IV is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

(4) Qualified food operator required. Each person owning, operating or managing any food service establishment designated either as class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Each food service establishment shall be in compliance with this subdivision by August 1, 1997. Satisfactory evidence of compliance with this subdivision shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, or other documentation satisfactory to the department attesting to the individual's knowledge of safe food handling techniques as specified in subdivision (6) of this subsection. Said documentation shall be maintained on file at the food service establishment and provided to the local director of health, registered sanitarian, or authorized agent on request. Any person who serves meals to individuals at registered congregate meal sites funded under Title III of the Older Americans Act of 1965, as amended, which were prepared under the supervision of a qualified food operator, shall be exempt from the examination requirement for qualified food operators. Any volunteer who serves meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators. Exempt from the requirements of this subdivision are: temporary food service establishments and special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league food booths, church suppers, and fairs. Soup kitchens that rely exclusively on services provided by volunteers are also exempt from the requirements of this subdivision.

(5) Criteria for approval of testing organizations. To be approved, a testing organization shall make application to the department on forms provided by the department and therein demonstrate responsibility for all aspects of the testing system from the development of the test, through test administration including test security system, documentation of successful test completion and record maintenance. Testing organizations must reapply for approval every five (5) years. Testing organizations shall demonstrate responsibility for all of the following areas:

(A) Test development. The test shall be based on an objective job analysis to determine content areas and shall include, but not be limited to, elements that test the qualified food operator's knowledge of food allergies. The test shall be developed based on generally accepted standards of test development. A passing score study to set the required passing scores shall be conducted. Content validation and examination field test studies shall be conducted.

(B) Test security. The testing organization shall have test security systems to ensure the integrity of the test during all phases of test development and handling. Test administrators must be trained in test security procedures. Where client based testing is conducted, proctoring agreements that establish examination handling and proctoring procedures are required between the testing organization and the proctor. Different forms of the test shall be maintained.

(C) Test administration. The testing organization shall serve as the primary contact for individuals interested in the test. Explanatory test materials shall be available to interested parties. Guidelines for test administration shall be developed. The test shall be readily available to meet the needs of Connecticut.

(D) Documentation and record keeping. All individuals taking the test shall be provided documentation indicating whether they passed or failed the test. Statistics on the test including an item analysis shall be maintained. A registry of all individuals who have taken the test shall be maintained. Statistical and registry information shall be made available to the department and local health departments upon request.

(6) Other documentation satisfactory to the department. In the absence of documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, a signed statement by the owner/operator of the food service establishment attesting that the qualified food operator has demonstrated knowledge of food safety as specified in subparagraphs (A) and (B) of this subdivision shall constitute satisfactory evidence of compliance with subdivision (4) of this subsection. The local director of health may require documentation to support the signed statement. The following specific elements of knowledge and competence are required:

(A) Elements of knowledge

(i) Identify foodborne illness - define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodborne illness; recognize how microorganisms cause foodborne disease.

(ii) Identify time/temperature relationship with foodborne illness - recognize the relationship between time/temperature and microorganisms (survival, growth, and toxin production); describe the use of thermometers in monitoring food temperatures.

(iii) Describe the relationship between personal hygiene and food safety - recognize the association between hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a foodhandler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.

(iv) Describe methods for preventing food contamination from purchasing to serving- define terms associated with contamination; identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.

(v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils- define terms associated with cleaning and sanitizing; apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing; identify frequency of cleaning and sanitizing.

(vi) Recognize problems and potential solutions associated with facility, equipment and layout - identify facility, design, and construction suitable for food service establishments; identify equipment and utensil design and location.

(vii) Recognize problems and potential solutions associated with, temperature control, preventing cross contamination, housekeeping and maintenance- implement self inspection program; implement pest control program; implement cleaning schedules and procedures; implement equipment and facility maintenance program.

(viii) Identify and recognize the foods most commonly associated with food allergies.

(B) Demonstrable elements of competency

(i) Assess the potential for foodborne illness in a food service establishment - perform operational food safety assessment; recognize and develop standards, policies and procedures; select and train employees; implement self audit/inspection program; revise policy and procedure (feedback loop); implement crisis management program.

(ii) Assess and manage the process flow- identify approved source; implement and maintain a receiving program; implement and maintain storage procedures; implement and maintain preparation procedures; implement and maintain holding/service/display procedures; implement and maintain cooling and post preparation storage procedures; implement and maintain re-service procedures; implement and maintain transportation procedures.

(7) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the food service establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

(8) Responsibilities of qualified food operators

(A) The qualified food operator is responsible for operating the food service establishment in compliance with all the provisions of section 19-13-B42 of the Regulations of Connecticut State Agencies. The qualified food operator of each food service establishment is responsible for ensuring training of food preparation personnel. The following are exempt from the examination requirement for qualified food operators but shall receive training from any qualified food operator:

(i) volunteers who serve meals for a nonprofit organization; and

(ii) persons who serve meals at registered congregate meal sites funded under Title III of the Older Americans Act of 1965, as amended, which were prepared under the supervision of a qualified food operator. All such personnel shall receive training that shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. The qualified food operator of each food service establishment shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health department upon request. The owner,

operator, manager or qualified food operator of a food service establishment at a nonprofit organization or registered congregate meal site for senior citizens shall maintain such documentation and make such records available to the local health department upon request.

(B) The owner or manager of the food service establishment shall designate an alternate person who has complied with section 19-13-B42(s)(6) to be in charge at all times when the qualified food operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section, and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

(t) Inspection of food service establishments. All food service establishments shall be inspected by the director of health, registered sanitarian, or an authorized agent of the director of health, if such director, sanitarian or agent has been certified by the commissioner. Candidates for certification must be sponsored by a local director of health, and possess as minimum requirements a bachelors degree or three years experience in a food safety or regulatory food protection program acceptable to the department. Candidates shall not be involved in the ownership or management of a food establishment located within his jurisdiction. The certification program shall consist of a two stage process: 1) successful completion of classroom training and passing score on a final written exam; and 2) completion of a series of inspections with a certification officer from the department food protection program. Upon completion of the certification process, the department shall notify the director of health and the candidate in writing specifying the issuance of certification and expiration date. The commissioner shall have the authority to renew certification of each person conducting such inspections every three years. Recertification may be granted upon the successful completion of sixteen (16) hours of approved food protection training every three (3) years. The department shall be responsible for approving and assuring the provision of such training. Failure to comply with recertification requirements shall result in the certification to conduct inspections not being renewed. The department shall notify the director of health and the chief elected official of the affected food service jurisdiction when a certification is not renewed. All food service establishments shall be inspected in accordance with this subsection.

(1) Class I food service establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.

(2) Class II food service establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.

(3) Class III food service establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.

(4) Class IV food service establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred and twenty 120 days may be allowed where one (1) of the inspections is a hazard analysis inspection.

(5) Access to establishments. The director of health, registered sanitarian or authorized agent after proper identification, shall be permitted to enter, at any reasonable time, any food service establishment for the purpose of making inspections to determine compliance with this section. He shall be permitted to examine the records of the establishment to obtain information pertaining to food and supplies purchased, received, or used, and persons employed, but not including financial records.

(6) Inspection records. Weighted values. Rating scores. Whenever the director of health, registered sanitarian or authorized agent makes an inspection of a food service establishment, he shall record his findings on an inspection report form included in this section and shall furnish a copy of such inspection report form to the owner or operator. Such form shall summarize the requirements of this section and shall set forth weighted point values for each such requirement. Forms, such as computer forms, which are substantially equivalent to the inspection form included in this section may be approved by the commissioner. Upon completion of an inspection, the director of health, registered sanitarian or authorized agent shall total the weighted point values for all requirements in compliance, such total becoming the rating score for the food service establishment. The total weighted point value shall be scored for each item in violation. The maximum rating shall be one hundred (100).

EHS-106-Rev. 06/01 **INSPECTION REPORT**
FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#51FDP, Hartford, CT 06134

☐ ROUTINE INSPECTION ☐ REINSPECTION
☐ PREOPERATIONAL ☐ OTHER

NAME OF ESTABLISHMENT	ESTABLISHMENT CLASS
STREET ADDRESS	TOWN
OWNER or OPERATOR	INSPECTION DATE and TIME

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FOOD PROTECTION		
3	**Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation**	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	**Unwrapped or potentially hazardous food not reserved**	**4**
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	**Toxic items properly stored, labeled, used**	**4**
PERSONNEL		
12	Personnel with infection restricted	4
CLEANLINESS OF PERSONNEL		
13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2
EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
16	Food-contact surfaces designed, constructed, maintained, installed, located	2
17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

EQUIPMENT & UTENSILS : CLEANLINESS		
21	Prefiushed, scraped, soaked and racked	1
22	Wash water clean, proper temperature	
23	Accurate thermometers provided, dish basket, if used	
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
WATER SUPPLY		
29	**Water source adequate, safe**	**4**
30	Hot and cold water under pressure, provided as required	2
SEWAGE DISPOSAL		
31	**Sewage disposal approved**	**4**
32	Proper disposal of waste water	1
PLUMBING		
33	Location, installation, maintenance	1
34	**No cross connection, back siphonage, backflow**	**4**
TOILET FACILITIES		
35	**Adequate, convenient, accessible, designed, installed**	**4**
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	
HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures – properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FLOORS, WALLS & CEILINGS		
44	Floors: floor covering installed, constructed as required, good repair, clean	1
45	Floors, graded, drained as required	
46	Floor, wall juncture covered	
47	Mats removable, good repair, clean	
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1
LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	
DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	1
56	Complete separation from living/sleeping quarters and laundry	1
57	Clean/soiled linens stored properly	1
58	No live birds, turtles, or other animals (except guide dogs)	1
SMOKING PROHIBITED		
59	Smoking prohibited, signs posted at each entrance	3
QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

DEMERIT SCORE

4	3	2	1

RISK FACTOR VIOLATIONS IN RED

TOTAL	RATING	Date Corrections Due

Signature of Person in charge

SIGNED (Inspector)

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

(u) **Enforcement** (1) Every food service establishment shall maintain a rating score of eighty (80) or higher and shall not have one (1) or more four (4) demerit point items in violation, regardless of the rating score. The four (4) demerit point items include: Food from approved source, wholesome, nonadulterated; potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation; unwrapped or potentially hazardous food not re-served; toxic material properly stored, labeled, used; personnel with infections restricted; adequate handwashing facilities, convenient, accessible, designed, installed, personnel hands washed, clean; water source, adequate, safe; sewage disposal approved and no nuisance; no cross-connection, back-siphonage, backflow; and adequate toilet facilities, convenient, accessible, designed, installed. If the rating score is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall order correction of the items in violation within two (2) weeks. After the two (2) weeks, the director of health, registered sanitarian or authorized agent shall make a reinspection and determine the new rating score.

(2) If the rating score at the time of the reinspection is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation, the director of health, shall take immediate steps to have the food service establishment closed.

(3) However, if there are insanitary or other conditions in the operation of a food service establishment which, in the judgment of the director of health, constitutes an immediate and substantial hazard to the public health, he may immediately issue a written notice to the permit holder or operator citing such conditions, specifying the corrective action to be taken, and specifying the time period within which such action shall be taken, and, if deemed necessary order immediate correction. If correction is not made in the stated time, a written order shall be issued to close the food service establishment.

(4) If the rating score is eighty (80) or above or if there are any three (3) demerit point items in violation, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. If a qualified food operator is not employed on-site, except as provided by the qualified food operator replacement provision in section 19-13-B42(s)(7), the food service establishment has thirty (30) days to comply. If correction has not been made after thirty (30) days, the director of health shall take immediate steps to close the food service establishment. The food service establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to ensure compliance with this section.

(5) The owner or operator of any food service establishment may at any time request an inspection for the purpose of improving the rating score of the food service establishment. Within ten (10) days following receipt of a request including a signed statement that the violations have, in the applicant's opinion, been corrected, the director of health, registered sanitarian or authorized agent shall make an inspection and thereafter as many additional inspections as he may deem necessary to assure himself that the applicant is complying with the requirements of this section.

(6) The owner or operator of a food service establishment aggrieved by an order, may, within forty-eight (48) hours after such order, appeal to the director of health, who shall thereupon immediately examine into the merits of such case and may vacate, modify or affirm such order. The owner or operator of a food service establishment who is aggrieved by such action of the director of health may, no later than three (3) business days after receipt of the order, appeal to the commissioner

who shall thereupon immediately notify the authority from whose order the appeal was taken and examine into the merits of such case and may vacate, modify or affirm such action.

(Effective April 25, 1994; amended April 25, 1997, August 15, 2000, July 6, 2001, October 3, 2005, July 3, 2007)

Sec. 19-13-B43.

Repealed, March 6, 1974.

Sec. 19-13-B43a. Artificial ice plants

No city, town, borough, institution, person, firm or corporation shall operate within the state any plant for the manufacture, processing or packaging of artificial ice for sale for domestic use or for any commercial use where the manufactured ice may be directly consumed or come in contact with food or drink, except after compliance with the following regulations:

(a) Water used in the manufacture of ice, including that used to clean surfaces that come in contact with the ice, shall be of a safe, sanitary quality from a public supply or from a private source approved by the state department of health or local director of health. Cross connections between water supply systems of approved quality with unapproved water supplies are prohibited, and piping and water supplied fixtures shall comply with section 19-13-B45.

(b) The manufacture, processing or packaging of ice shall be conducted in an area which is adequately lighted and ventilated and of proper construction. This area shall be used for no other purpose than the manufacture, processing or packaging of ice or for food storage, preparation, or service, and shall be physically separated from any other activity. All surfaces which come in contact with the ice must be maintained in a clean and sanitary condition at all times. All precautions must be taken to prevent contamination of surfaces which come into contact with the ice.

(c) All sewage shall be disposed of in a public sewer or in accordance with sections 19-13-B20a through 19-13-B20r, inclusive, of the Public Health Code of the state of Connecticut. There shall be no direct waste connection between any ice making or storage unit and a sewer. Overhead sewers shall be located so as not to directly or indirectly contaminate the ice.

(d) Air used in the processing of ice shall be free of dust, dirt, insects or other contaminants.

(e) All utensils and equipment used to handle or otherwise manufacture ice, must be kept in a clean and sanitary condition. These items must be made of such materials as to be smooth, impervious, nontoxic, anti easily cleaned.

(f) At all times during manufacture, storage, transportation and sale, ice shall be protected from contamination by dust, dirt or any other source of contamination.

(g) Toilet facilities shall be adequate and conveniently located. Toilet rooms shall be adequately lighted anti ventilated to the outside air. Doors shall be of the self-closing type and all openings to the exterior shall be properly screened to prevent the entrance of flies. Lavatories shall be conveniently located near the toilet facility. They shall he provided with hot and cold running water, a dispensed type soap and hand drying facilities. All toilet rooms and hand washing facilities shall he maintained in a clean and sanitary manner.

(h) All necessary measures must be taken to prevent the entrance of flies and vermin into ice manufacturing plants and transportation vehicles

(i) No person while affected with any disease in a communicable form, or while a carrier of such disease, shall work in any area of an ice plant in any capacity in

which there is a likelihood of such person contaminating water, ice or ice-contact surfaces with pathogenic organisms, or transmitting disease to other individuals. All employees shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to good hygienic practices while on duty. They shall wash their hands thoroughly with soap and warm water in an approved handwashing facility before starting work and as often as may be necessary to remove soil contamination. No employee shall resume work after visiting the toilet room without having washed his hands. Employees shall not use tobacco in any form in any room used for the manufacture, processing, packaging, or storage of ice.

(j) This section shall be printed and kept posted in a conspicuous place in the plant.

(k) No city, town, borough, institution, person, firm, or corporation shall operate within the state any plant for the manufacture of artificial ice for sale where the manufactured ice may be directly consumed or come in contact with food or drink without local permits or licenses if such permits or licenses are required by local ordinances or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted.

(Effective March 6, 1974)

Sec. 19-13-B44. Sanitation of trailer coaches

''Trailer coach'' is defined as any of the various types of vehicles with motor power or designed to be towed with an automobile and adapted to human habitation either for the purpose of sleeping or eating or preparation of meals or both or designed or adapted to the use of an office or for the purpose of carrying on business.

(a) All toilets in trailer coaches shall be provided with fly-tight, leak-proof receptacles for containing excrement. Toilet vents shall be screened. Trailer coaches equipped with flush toilets shall be provided with suitable underneath holding tanks of adequate capacity for storage of trailer discharges between emptying.

(b) No liquid wastes, garbage, refuse matter or other waste material from any trailer coach shall be deposited on or within the limits of public highways.

(c) No trailer coach shall be parked on land within two hundred fifty feet of, and draining toward, any source of public drinking water supply.

(d) Cleansing of receptacles for wastes any excreta from trailer coaches by dipping or rinsing in the water of any lake, pond or stream is prohibited.

(e) No liquid wastes or excreta from any trailer coach shall be disposed of other than by emptying into a public or camp sewerage system, a septic or chemical tank system or a cesspool, provided, in isolated localities remote from camps or habitations, such wastes may be disposed of by burying in the soil with an earth covering of not less than six inches. No wastes shall be thus disposed of at a point less than two hundred and fifty feet of, and draining toward, any source of public drinking water supply, nor within fifty feet from the banks of any lake, pond, stream or watercourse not a source of public drinking supply, nor within fifty feet from any highway gutter.

Sec. 19-13-B45. Minimum requirements for drainage and toilet systems

(a) Plumbing and drainage systems shall be so constructed as to avoid contamination of safe drinking water supplies in houses or buildings. There shall be no cross connections between such safe water supplies and unsafe water supplies nor shall such safe supplies be piped to refrigeration, air conditioning or other mechanical equipment provided with direct connections to drains or constructed in such a manner as to permit contaminated water to be siphoned or drawn into the water supply pipes. Storage of drinking water in buildings shall be only in covered tanks

so constructed as to avoid any possible contamination of the water in the tanks. Sewer or waste lines located above storage tanks and direct overflows and drains to sewer systems are expressly prohibited.

(b) Buildings in which water closets and other plumbing fixtures exist shall be provided with a supply of water adequate in volume and pressure for flushing purposes.

(c) The pipe system shall be of sufficient size to supply water for adequate flushing of toilet fixtures without unduly reducing the pressure at other fixtures.

(d) Devices for heating water and storing it in ''boilers'' or hot water tanks shall be so designed and installed as to prevent all dangers from explosion.

(e) Each tenement, lodging or boarding house located on premises abutting any street or alley where running water is available and through which there is a sewer with which connection may be had shall be provided with water closets connected with such sewer. All other buildings used or intended to be used for human habitation or occupancy on premises abutting a street in which there is a public sewer shall be connected with such sewer whenever required by the local authorities having jurisdiction.

(f) Tenement houses erected prior to September 1, 1930, and provided with house drainage systems shall be furnished with at least one water closet for each two apartments of three rooms or less each, and one such closet for each apartment of four or more rooms. Tenement houses erected after August 31, 1930, and prior to July 1, 1941, shall have a water closet in each apartment of three or more rooms and at least one water closet for each two apartments of less than three rooms each. In each tenement house erected or subdivided after June 30, 1941, there shall be a water closet in each apartment of two or more rooms.

(g) Plumbing fixtures shall be made of smooth nonabsorbent material, shall be free from concealed fouling surfaces and shall be set free of enclosures.

(h) The entire house drainage system shall be so designed, constructed and maintained as to conduct the waste water or sewage quickly from the fixture to the place of disposal with velocities which will guard against fouling and the deposit of solids and will prevent clogging.

(i) The drainage pipes shall be so designed and constructed as to be proof for a reasonable life of the building against leakage of water or drain air due to defective materials, imperfect connections, corrosion, settlements or vibrations of the ground or building, temperature changes, freezing or other causes.

(j) The drainage system shall be provided with an adequate number of cleanouts so arranged that in case of stoppage the pipes may be readily accessible.

(k) Each fixture or combination fixture shall be provided with a separate, accessible, self-scouring, reliable water-seal trap placed as near to the fixture as possible.

(*l*) The house-drainage system shall be so designed that there will be an adequate circulation of air in all pipes and no danger of siphonage, aspiration or forcing of trap seals under conditions of ordinary use.

(m) The soil stack shall extend full size upward through the roof and have a free opening, the roof terminal being so located that there will be no danger of air passing from it to any window and no danger of clogging of the pipe by frost or by articles being thrown into it or of roof water draining into it.

(n) The plumbing system shall be subjected to a water or air-pressure test and to a final air-pressure, smoke or peppermint test in such a manner as to disclose all leaks and imperfections in the work.

(o) No substances which will clog the pipes, produce explosive mixtures or destroy the pipes or their joints shall be allowed to enter the house drainage system.

(p) Refrigerators, ice boxes or receptacles for storing food shall not be connected directly with the drainage system.

(q) No water closet shall be located in a room or compartment which is not properly lighted and ventilated to the outer air.

(r) If water closets or other plumbing fixtures exist in buildings where there is no public sewer accessible, suitable provision shall be made for disposing of the sewage without nuisance. The location and construction of private sewage disposal systems shall conform to the requirements of sections 19-13-B20a to 19-13-B20r, inclusive.

(s) Where a house-drainage system may be subjected to back flow of sewage, suitable provision shall be made to prevent its overflow in the building.

(t) No plumbing fixture nor waste outlet shall be installed which will provide a cross connection between a distributing system of water for drinking and domestic purposes and a drainage system, soil or waste pipe and permit or make possible the back flow or siphonage of sewage or waste into the water supply.

Note: Attention is directed to the danger from underrim water inlet fixtures and flushometer valves without adequate vacuum breakers.

(u) All drinking fountain installations or replacements after January 12, 1954, shall be constructed with a slanting jet issuing from a nozzle of non-oxidizing impervious material with a non-oxidizing guard to prevent the mouths and noses of persons using the fountain from coming in contact with the nozzle. The jet shall be located so as not to touch the guard and shall be discharged at such an angle that the water can neither fall back nor be forced back on to the point of discharge. The fountain jet and all openings in the water supply piping shall issue above the level of the fountain bowl. The drainage from the bowl shall be adequate and so constructed as to prevent fouling of the bowl. The drain from the fountain shall not have a direct physical connection to a waste pipe unless the drain is trapped. The waste opening and pipe from the fountain shall be of sufficient size to carry off the water promptly. The opening shall be provided with a strainer. All drinking fountains installed after January 12, 1954, shall be provided with their own receiving bowls and shall not be installed over sinks used for hand washing or other purposes.

(v) Plumbing systems shall be maintained in a sanitary condition.

(Effective December 21, 1978)

Sec. 19-13-B46. Notification by water officials in water supply emergencies

Whenever the security of a public water system is threatened or suspicious activities are observed on or near water company land or the treatment of a public water supply is interrupted or the source of supply is damaged so as to impair the quality or the sufficiency of the supply, the person, firm or corporation in charge of such public water system shall immediately notify the state department of public health and the local directors of health of all cities, towns and boroughs where water from such systems is supplied. Such notification shall be made immediately either by telephone or messenger or whatever other means of rapid communication is available.

(Amended March 30, 2004)

Sec. 19-13-B47. Disinfection of water mains, valves and structures

After November 15, 1948, in the case of construction of or repairs to any system of water supply furnished to the public, precautions shall be exercised in the handling, laying or installing of water pipe, valves or other structures through which water for potable purposes is delivered, so as to reduce to a minimum the entrance of foreign material and contamination, before such pipe, valves or other structures are

placed in service. After said date no new main, standpipe, reservoir, tank or other pipe or structure through which water is delivered to consumers for potable purposes shall be put into service on any system of water supply furnished to the public, nor shall the use of any such structure or main be resumed after it has been cleaned or repaired, until such structure or main has been effectively disinfected; provided this shall not apply to mains, tanks, reservoirs or structures, the waters from which are subsequently adequately treated or purified.

Sec. 19-13-B48. Itinerant food vending

No person, firm or corporation shall operate or maintian within the state an itinerant food vending establishment serving food or drink from any establishment or conveyance without fixed location and without connections to water supply and sewage disposal systems, except in compliance with the following requirements:

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(a) **Definitions,** as used in this section:

(1) ''Authorized agent'' means any individual certified by the commissioner to inspect itinerant food vending establishments and enforce the provisions of section 19-13-B48 of the Regulations of Connecticut State Agencies under the supervision and/or authority of the director of health.

(2) ''Commissioner'' means the commissioner of public health.

(3) ''Department'' means the State of Connecticut Department of Public Health.

(4) ''Director of health'' means the director of a local health department or district health department approved by the commissioner as specified in Connecticut General Statutes sections 19a-200 and 19a-242, respectively.

(5) ''Full-time position'' means thirty (30) hours per week or the number of hours per week that the itinerant food vending establishment is open for business, whichever is less.

(6) ''Hazard analysis'' means an evaluation of food handling operations to identify points of potential product contamination and assess the adequacy of hot processing and hot and cold storage methods for foods.

(7) ''Itinerant food vending establishment'' means a food vending business serving food or drink from any establishment or conveyance without fixed location and without connection to water supply and sewage disposal systems.

(8) ''Potentially hazardous food'' means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:

(A) the rapid and progressive growth of infectious or toxigenic microorganisms, or

(B) the slower growth of Clostridium botulinum.

(9) ''Qualified food operator'' means a food operator employed in a full-time position who has demonstrated a knowledge of safe food handling techniques.

(10) ''Supervisory position'' means the position of a person who directs and inspects the performance of itinerant food vending workers.

(b) All food and drink while being stored, prepared, displayed, served or sold or during transportation shall be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage or other contamination, provided that the making of sandwiches or heating food to be placed in sandwiches or in single-service containers may be permitted by the local director of health with such sanitary provisions as he may require. All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. All oysters, clams and mussels shall be from approved

sources and, if shucked, shall be kept until used in the containers in which they were received.

(c) All single-service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped, either individually or in pairs, with a sanitary protective covering for individual use.

(d) All perishable food and drink shall be stored at such temperatures as will protect against spoilage. All potentially hazardous food and drink which consist in whole or in part of milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms, shall be maintained at safe temperatures at forty-five (45) degrees F. or below, or one hundred and forty (140) degrees F. or above, except during necessary periods of preparation and service. The pouring lips of bottles or containers of milk or other beverages shall not be submerged for cooling.

(e) This section shall not prevent an operator from preparing and dispensing drinking beverages from flytight and dustproof containers from which the liquid may be removed only by faucets or other sanitary methods and served in single-service containers.

(f) No employee shall resume work after using a toilet without first washing his hands. All employees shall wear clean outer garments and maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty. They shall wash their hands thoroughly in an approved handwashing facility before starting work. Employees shall not use tobacco in any form while engaged in food preparation or service.

(g) Adequate provision shall be made to collect, store and dispose of, without nuisance, all used containers, wrappings and other disposables connected with the operation, and all other wastes or waste materials.

(h) All vehicles shall have the name and address of the person, firm or corporation responsible for the operation legibly printed on both sides of the vehicle. Such vehicles shall be kept in a clean and sanitary condition at all times.

(i) No person while affected with any disease in a communicable form or while a carrier of such disease, or while afflicted with boils, infected wounds, sores or an acute respiratory infection, shall work in any itinerant food vending establishment nor shall any such person or persons suspected of being affected with any disease in a communicable form or of being a carrier of such disease to be employed. If the management of an itinerant food vending establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such a disease, he shall notify the local director of health immediately. When the local director of health has reasonable cause to suspect possibility of disease transmission from any food service employee, he shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The director of health may require any or all of the following measures: (1) The immediate exclusion of the employee from all food service; (2) the immediate closure of the food service concerned until, in the opinion of the director of health, no further danger of disease outbreak exists; and (3) adequate medical and laboratory examinations of the employee, or other employees, and of his and their body discharges.

(j) (1) No person shall conduct an itinerant food vending establishment in any town, city or borough without a local permit or license, or otherwise without

registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted; if such permit or license is required by local ordinance.

(2) Itinerant food vending establishment classification. The director of health, registered sanitarian, or authorized agent shall classify each itinerant food vending establishment by using the criteria outlined in this subdivision. Establishments shall be classified at the time of licensure, where licensure is required by local ordinance, or otherwise at the time of registration with the local director of health. The classification shall be reviewed by the director of health, registered sanitarian, or authorized agent during each inspection and in no case less than annually. The itinerant food vending establishment shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the director of health, registered sanitarian, or authorized agent that the operation has changed to a different class the director of health, registered sanitarian, or authorized agent shall reclassify the itinerant food vending establishment. No itinerant food vending establishment shall change food operations to a different classification without prior approval by the director of health, registered sanitarian, or authorized agent. The classes of itinerant food vending establishments are as follows:

(A) Class I is an itinerent food vending establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

(B) Class II is an itinerent food vending establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours and commercially precooked hot dogs, kielbasa, and soup may be heated if transferred directly out of the original package and served within four (4) hours.

(c) Class III is an itinerent food vending establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

(d) Class IV is an itinerent food vending establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

(3) Qualified food operator required. Each person owning, operating or managing any itinerant food vending establishment designated as class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Each itinerant food vending establishment shall be in compliance with this subdivision by August 1, 1997. Satisfactory evidence of compliance with this subdivision shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, or other documentation satisfactory to the department attesting to the individual's knowledge of safe food handling techniques as specified in subdivision (5) of this subsection. Said documentation shall be maintained on file at the itinerant food vending establishment and provided to the local director of health, registered sanitarian, or authorized agent on request. Exempt from the requirements of this subdivision are special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league, and fairs.

(4) Criteria for approval of testing organizations. To be approved, a testing organization shall make application to the department and therein demonstrate responsibility for all aspects of the testing system from the development of the test, through test administration including test security system, documentation of successful test completion and record maintenance. Testing organizations must reapply for approval every five (5) years. Testing organizations shall demonstrate responsibility for all of the following areas.

(A) Test development. The test shall be based on an objective job analysis to determine content areas and shall include, but not be limited to, elements that test the qualified food operator's knowledge of food allergies. The test shall be developed based on generally accepted standards of test development. A passing score study to set the required passing scores shall be conducted. Content validation and examination field test studies shall be conducted.

(B) Test security. The testing organization shall have test security systems to ensure the integrity of the test during all phases of test development and handling. Test administrators must be trained in test security procedures. Where client based testing is conducted, proctoring agreements that establish examination handling and proctoring procedures are required between the testing organization and the proctor. Different forms of the test shall be maintained.

(C) Test administration. The testing organization shall serve as the primary contact for individuals interested in the test. Explanatory test materials shall be available to interested parties. Guidelines for test administration shall be developed. The test shall be readily available to meet the needs of Connecticut.

(D) Documentation and record keeping. All individuals taking the test shall be provided documentation indicating whether they passed or failed the test. Statistics on the test including an item analysis shall be maintained. A registry of all individuals who have taken the test shall be maintained. Statistical and registry information shall be made available to the department and local health departments upon request.

(5) Other documentation satisfactory to the department. In the absence of documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, a signed statement by the owner/operator of the itinerant food vending establishment attesting that the qualified food operator has demonstrated knowledge of food safety as specified in subparagraphs (A) and (B) of this subdivision shall constitute satisfactory evidence of compliance with subdivision (3) of this subsection. The local director of health may require documentation to support the signed statement. The following specific elements of knowledge and competence are required.

(A) Elements of knowledge

(i) Identify foodborne illness - define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodborne illness; recognize how microorganisms cause foodborne disease.

(ii) Identify time/temperature relationship with foodborne illness - recognize the relationship between time/temperature and microorganisms (survival, growth, and toxin production); describe the use of thermometers in monitoring food temperatures.

(iii) Describe the relationship between personal hygiene and food safety - recognize the association between hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize

the association between health of a foodhandler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.

(iv) Describe methods for preventing food contamination from purchasing to serving - define terms associated with contamination; identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.

(v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils - define terms associated with cleaning and sanitizing; apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing, identify frequency of cleaning and sanitizing.

(vi) Recognize problems and potential solutions associated with facility, equipment, and layout - identify facility, design, and construction suitable for food establishments; identify equipment and utensil design and location.

(vii) Recognize problems and potential solutions associated with temperature control, preventing cross contamination, housekeeping and maintenance - implement self inspection program; implement pest control program; implement cleaning schedules and procedures; implement equipment and facility maintenance program.

(viii) Identify and recognize the foods most commonly associated with food allergies.

(B) Demonstrable elements of competency

(i) assess the potential for foodborne illness in a food establishment - perform operational food safety assessment; recognize and develop standards, policies and procedures; select and train employees; implement self audit/inspection program; revise policy and procedure (feedback loop); implement crisis management program.

(ii) Assess and manage the process flow - identify approved source; implement and maintain a receiving program; implement and maintain storage procedures; implement and maintain preparation procedures; implement and maintain holding/service/display procedures; implement and maintain cooling and post preparation storage procedures; implement and maintain re-service procedures; implement and maintain transportation procedures.

(6) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the itinerant food vending establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

(7) Responsibilities of qualified food operators

(A) The qualified food operator is responsible for operating the itinerant food vending establishment in compliance with all the provisions of section 19-13-B48 of the Regulations of Connecticut State Agencies. The qualified food operator of each itinerant food vending establishment shall be responsible for training of food preparation personnel. All such personnel shall receive training which shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. The qualified food operator shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health department upon request.

(B) The owner or manager of the itinerant food vending establishment shall designate an alternate person to be in charge at all times when the qualified food

operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

(k) Nothing in this section shall prevent the manufacture and sale of frozen desserts in mobile units operating under licenses issued by the commissioner of consumer protection.

(*l*) **Inspection of itinerant food vending establishments.** All itinerant food vending establishments shall be inspected by the director of health, registered sanitarian, or authorized agent, if such director, sanitarian or agent has been certified by the commissioner. Certification of each person conducting such inspections may be renewed every three (3) years by the commissioner. All itinerant food vending establishments shall be inspected in accordance with this subsection.

(1) Class I food vending establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.

(2) Class II food vending establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.

(3) Class III food vending establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.

(4) Class IV food vending establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred and twenty (120) days may be allowed where one (1) of the inspections is a hazard analysis inspection.

(5) Access to establishments. The director of health, registered sanitarian or authorized agent after proper identification, shall be permitted to enter, at any reasonable time, any itinerant food vending establishment for the purpose of making inspections to determine compliance with this section. He shall be permitted to examine the records of the establishment to obtain information pertaining to food and supplies purchased, received, or used, and persons employed, but not including financial records.

(6) Inspection records. Weighted value. Rating scores. Whenever the director of health, registered sanitarian or authorized agent makes an inspection of an itinerant food vending establishment, he shall record his findings on an inspection report form included in this section and shall furnish a copy of such inspection report form to the owner or operator. Forms, such as computer forms, which are substantially equivalent to the inspection form included in this section may be approved by the commissioner. Such form shall summarize the requirements of this section and shall set forth weighted point values for each such requirement. Upon completion of an inspection, the director of health, registered sanitarian or authorized agent shall total the weighted point values for all requirements in compliance, such total becoming the rating score for the itinerant food vending establishment. The total weighted point value shall be scored for each item in violation.

(m) **Enforcement**

(1) Every itinerant food vending establishment shall maintain a rating score of eighty (80) or higher and shall not have one (1) or more four (4) demerit point items in violation, regardless of the rating score. The four (4) demerit point items include: food from approved source, wholesome, nonadulterated; potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation; unwrapped and potentially hazardous food not re-served; toxic material properly stored, labeled, used; personnel with infections, restricted; personnel hands washed, clean; water source, adequate, safe; sewage disposal

approved and no nuisance; no cross-connection, back-siphonage, backflow; and adequate toilet and handwashing facilities, convenient, accessible, designed, installed. If the rating score is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall order correction of the items in violation within two (2) weeks. After the two (2) weeks, the director of health, registered sanitarian or authorized agent shall make a reinspection and determine the new rating score.

(2) If the rating score at the time of the reinspection is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation, the director of health shall take immediate steps to have the itinerant food vending establishment closed.

(3) However, if there are insanitary or other conditions in the operation of an itinerant food vending establishment which in the judgement of the director of

EHS-106-Rev. 06/01 **INSPECTION REPORT**
FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#51FDP, Hartford, CT 06134

☐ ROUTINE INSPECTION ☐ REINSPECTION
☐ PREOPERATIONAL ☐ OTHER

NAME OF STABLISHMENT
STREET ADDRESS
OWNER or OPERATOR

ESTABLISHMENT CLASS
TOWN
INSPECTION DATE and TIME

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FOOD PROTECTION		
3	**Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation**	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	**Unwrapped or potentially hazardous food not reserved**	**4**
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	**Toxic items properly stored, labeled, used**	**4**
PERSONNEL		
12	Personnel with infection restricted	4
CLEANLINESS OF PERSONNEL		
13	**Handwashing facilities provided, personnel hands washed, clean**	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2
EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
16	Food-contact surfaces designed, constructed, maintained, installed, located	2
17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

EQUIPMENT & UTENSILS : CLEANLINESS		
21	Preflushed, scraped, soaked and racked	1
22	Wash water clean, proper temperature	
23	Accurate thermometers provided, dish basket, if used	
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
WATER SUPPLY		
29	**Water source adequate, safe**	**4**
30	Hot and cold water under pressure, provided as required	2
SEWAGE DISPOSAL		
31	**Sewage disposal approved**	**4**
32	Proper disposal of waste water	1
PLUMBING		
33	Location, installation, maintenance	1
34	**No cross connection, back siphonage, backflow**	**4**
TOILET FACILITIES		
35	**Adequate, convenient, accessible, designed, installed**	**4**
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	
HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures – properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FLOORS, WALLS & CEILINGS		
44	Floors: floor covering installed, constructed as required, good repair, clean	1
45	Floors, graded, drained as required	
46	Floor, wall juncture covered	
47	Mats removable, good repair, clean	
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1
LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	
DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	1
56	Complete separation from living/sleeping quarters and laundry	1
57	Clean/soiled linens stored properly	1
58	No live birds, turtles, or other animals (except guide dogs)	1
SMOKING PROHIBITED		
59	Smoking prohibited, signs posted at each entrance	3
QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

DEMERIT SCORE			
4	3	2	1

TOTAL	RATING	Date Corrections Due

RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge

SIGNED (Inspector)

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

health constitutes an immediate and substantial hazard to the public health, he may immediately issue a written notice to the permit holder or operator citing such condition, specifying the corrective action to be taken, and specifying the time period within which such action shall be taken, and, if deemed necessary order immediate correction. If correction is not made in the stated time, a written order shall be issued to close the itinerant food vending establishment.

(4) If the rating score is eighty (80) or above, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. The itinerant food vending establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to ensure compliance with this section.

(5) The owner or operator of any itinerant food vending establishment may at any time request an inspection for the purpose of improving the rating score of the establishment. Within ten (10) days following receipt of a request including a signed statement that the violations have in the applicant's opinion, been corrected, the director of health, registered sanitarian or authorized agent shall make an inspection and thereafter as many additional inspections as he may deem necessary to assure himself that the applicant is complying with requirements of this section.

(6) The owner or operator of an itinerant food vending establishment aggrieved by an order may, within forty-eight (48) hours after such order, appeal to the director of health, who shall thereupon immediately examine into the merits of such case and may vacate, modify or affirm such order. The owner or operator of an itinerant food vending establishment who is aggrieved by such action of the director of health may, no later than three (3) business days after receipt of the order, appeal to the commissioner who shall thereupon immediately notify the authority from whose order the appeal was taken and examine into the merits of such case and may vacate, modify or affirm such action.

(Effective April 25, 1994; amended October 3, 2005, July 3, 2007)

Sec. 19-13-B49. Catering food service

No person, firm or corporation shall operate or maintain within the state a catering food service establishment, which involves the sale or distribution of food and drink prepared in bulk at one (1) geographic location for service in individual portions at another or which involves preparation and service of food on public or private premises not under the ownership or control of the operator of such service except in compliance with the following requirements:

(a) **Definitions,** as used in this section:

(1) ''Authorized agent'' means any individual certified by the commissioner to inspect catering food service establishments and enforce the provisions of section 19-13-B49 of the Regulations of Connecticut State Agencies under the supervision and/or authority of the director of health.

(2) ''Catering food service establishment'' means a business involved in the sale or distribution of food and drink prepared in bulk in one (1) geographic location for service in individual portions at another or which involves preparation and service of food on public or private premises not under the ownership or control of the operator of such service.

(3) ''Comminuted'' means reduced in size by methods including chopping, flaking, grinding, or mincing and includes fish or meat products that are reduced in size and restructured or reformulated such as gefilte fish, gyros, ground beef, and sausage.

(4) ''Commissioner'' means the commissioner of public health.

(5) ''Department'' means the state of Connecticut Department of Public Health.

(6) ''Director of health'' means the director of a local health department or district health department approved by the commissioner as specified in Connecticut General Statutes sections 19a-200 and 19a-242, respectively.

(7) ''Food employee'' means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.

(8) ''Full-time position'' means thirty (30) hours per week or the number of hours per week the catering food service establishment is open for business, whichever is less.

(9) ''Hazard analysis'' means an evaluation of food handling operations to identify points of potential product contamination and assess the adequacy of hot processing and hot and cold storage methods for foods.

(10) ''Potentially hazardous food'' means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:

(A) the rapid and progressive growth of infectious or toxigenic microorganisms, or

(B) the slower growth of Clostridium botulinum.

(11) ''Qualified food operator'' means a food operator employed in a full-time position who has demonstrated a knowledge of safe food handling techniques.

(12) ''Ready-to-eat food'' means food that is in a form that is edible without washing, cooking, or additional preparation by the catering food service establishment or the consumer and that is reasonably expected to be consumed in that form.

(13) ''Supervisory position'' means the position of a person who directs and inspects the performance of catering food service workers.

(b) The floor surfaces in kitchens, in all other rooms and areas in which food or drink is stored or prepared, in which multi-use utensils are washed, and walk-in refrigerators, dressing or locker rooms and toilet rooms, shall be of smooth nonabsorbent materials, and so constructed as to be easily cleaned. The floors of non-refrigerated dry food storage areas need not be nonabsorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid waste on the floor. No sawdust or similar material shall be spread on the floors. All exterior areas where food is served shall be kept clean and properly drained, and the surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

(c) The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food or drink is prepared, or multi-use utensils or hands are washed, shall be easily cleanable, smooth, light-colored, and shall have washable surfaces up to the level reached by splash or spray.

(d) (1) Effective measures shall be taken to protect against the entrance into the establishment or breeding on the premises of insects, rodents and other animals by:

(A) filling or closing holes and other gaps along floors, walls, and ceilings,

(B) closed, tight-fitting windows, and

(C) solid self-closing, tight-fitting doors; or

(2) if windows or doors are kept open for ventilation or other purposes, the openings shall be protected against the entrance of insects, rodents or other animals by:

(A) 16 mesh to 25.4 mm (16 mesh to 1 inch) screens,

(B) properly designed and installed air curtains, or

(C) other methods which are submitted for review and approval by the local director of health. The submission of an alternative method to those listed in (A) and (B) of this subdivision for review by the director of health shall be accompanied by documentation which the director of health finds demonstrates that the method will be as effective in preventing the entrance of insects and rodents or other animals as those listed in (A) and (B) of this subdivision.

(3) Subdivision (2) of this subsection does not apply if flying insects and other pests are absent due to the location of the establishment, the weather, or other limiting condition.

(e) All areas in which food or drink is prepared or stored or multi-use utensils are washed, handwashing areas, dressing or locker rooms, toilet rooms and garbage

and rubbish storage areas shall be well lighted. During all cleanup activities, adequate light shall be provided in the area being cleaned, and upon or around equipment being cleaned. All rooms in which food or drink is prepared or served or multi-use utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping into food or onto food preparation surfaces. Filters, where used, shall be readily removable for cleaning or replacement. Ventilation systems shall comply with applicable state and local fire prevention requirements and shall, when vented to the outside air, discharge in such a manner as not to create a nuisance.

(f) Each catering food service establishment preparing food or drink shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be sanitary and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet room walls shall be tight and extend from floor to ceiling. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Toilet and handwashing facilities accessible to the public shall be provided in conformance with sections 19-13-B105 through 19-13-B113 of the Regulations of Connecticut State Agencies. Where the use of non-water-carried sewage disposal facilities has been approved by the local director of health, such facilities shall be separate from the catering food service establishment. All sewage shall be disposed of in a public sewerage system or, in the absence thereof, in a manner approved by the local director of health. Plumbing shall be so sized, installed and maintained as to prevent contamination of the water supply; as to properly convey sewage and liquid wastes from the catering food service establishment to the sewerage or sewage disposal system; and as not to constitute a source of contamination of food equipment or multi-use utensils, or create an insanitary condition or nuisance.

(g) The water supply shall be adequate, of a safe, sanitary quality, be in conformance with section 19-13-B102 of the Regulations of Connecticut State Agencies and be from an approved source which is in conformance with sections 19-13-B51A through 19-13-B51M of the Regulations of Connecticut State Agencies. Hot and cold running water under pressure shall be provided in all areas where food or drink is prepared or equipment, multi-use utensils or containers are washed. Hot water supplied in all areas where food or drink is prepared and where multi-use utensils and equipment are washed, and for other general purposes shall be maintained at a temperature of at least one hundred and ten (110) degrees f. through a mixing valve or combination faucet. Hot water supplied at hand washing sinks available to the public shall be in conformance with public health code section 19-13-B111 of the Regulations of Connecticut State Agencies. Ice used for any purpose shall be made from water which comes from an approved source; and shall be used only if it has been manufactured, stored, transported, and handled in a sanitary manner.

(h) Each catering food service establishment serving food or drink shall be provided with handwashing facilities located to allow for convenient use by employees in food preparation, food dispensing, and warewashing areas, and within or immediately adjacent to all toilet rooms. The handwashing facilities shall be equipped with hot and cold or tempered running water, hand cleansing soap or detergent dispensed in a sanitary manner, and individual disposable towels or other hand drying device acceptable to the director of health. The use of a common towel

is prohibited. A handwashing facility shall not be used for purposes other than handwashing. The handwashing facilities shall be maintained so that they are accessible at all times for employee use. Such facilities shall be kept clean and in good repair. No employee shall resume work after using the toilet room without first washing his hands.

All equipment and multi-use utensils, and all show and display cases or window counters, shelves, tables, chairs and refrigerating equipment shall be so designed of such material and workmanship as to be smooth, easily cleanable and durable and shall be in good repair; and the food contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, nontoxic, corrosion-resistant and relatively nonabsorbent. Sinks, dishtables and drainboards shall be constructed of galvanized metal or better, suitably reinforced, of such thickness and design as to resist denting and buckling, and sloped so as to be self-draining. Exceptions approved by the local director of health may be made to the above material requirements for equipment such as cutting boards, blocks and bakers' tables and containers for dry products.

(j)(1) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

(2) Equipment in use on October 15, 1963, which does not fully meet the above requirements may be continued in use if it is in good repair and capable of being maintained in a sanitary condition, and if the food contact surfaces are nontoxic. Utensils containing or plated with cadmium or lead shall not be used, provided solder containing lead may be used for jointing. All cloths and towels used by waiters, chefs and other employees shall be clean.

(3) All multi-use eating and drinking utensils shall be thoroughly washed and rinsed and sanitized after each use, in accordance with the following approved sanitizing process.

(A) When manual dishwashing is used, a three-compartment sink shall be provided and used wherever washing, rinsing, and sanitization of equipment or utensils are conducted; provided, that in catering food service establishments where the only utensils to be washed are limited to spatulas, tongs, and similar devices, and when the only equipment to be cleaned is stationary and does not require disassembly for proper cleaning, a two-compartment sink may be approved by the director of health for this purpose. At least a two-compartment sink shall be provided and used for washing kitchenware and equipment which does not require sanitization. A warewashing sink shall not be used for handwashing or dumping mop water. Sinks used to wash or thaw food shall be sanitized before and after using the sink to wash produce or thaw food. Utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(i) Immersion for at least one (1) minute in clean, hot water at a temperature of at least one hundred and seventy (170) degrees F. An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(ii) immersion for at least one (1) minute in a sanitizing solution containing: at least fifty (50) mg/l of available chlorine at a temperature of not less than seventy-five (75) degrees F. The bath should be made up to a strength of one hundred (100) mg/l or more of available chlorine and shall not be used after its strength has been reduced to fifty (50) mg/l; or at least twelve and one-half (12.5) mg/l of available iodine in a solution having a pH value not higher than five (5.0) and a temperature of not less than seventy-five (75) degrees F.; or any other chemical sanitizing agent

which has been demonstrated to the satisfaction of the director of health to be effective and non-toxic under conditions of use hereunder and for which a suitable field test is available. Such sanitizing agents shall provide a bactericidal effect equivalent to a solution containing at least fifty (50) mg/l of available chlorine at a temperature not less than seventy-five (75) degrees F.

(B) When dishwashing is done by machine:

(i) Wash water shall be kept reasonably clean, and rinse-water tanks shall be so protected by distance, baffles or other effective means as to minimize the entry of wash water into the rinse water. All water inlets shall be protected against backflow.

(ii) The flow pressure shall be not less than fifteen (15) or more than twenty-five (25) pounds per square inch on the water line at the machine, and not less than ten (10) pounds per square inch at the rinse nozzles. A suitable gauge cock shall be provided immediately upstream from the final rinse sprays to permit checking the flow pressure of the final rinse water.

(iii) The temperature of the wash water shall not be less than:

(a) one hundred and sixty-five (165) degrees F. for a single temperature stationary rack machine;

(b) one hundred and sixty (160) degrees F. for a single tank, conveyor, dual temperature machine;

(c) one hundred and fifty (150) degrees F. for a single tank, stationary rack, dual temperature machine; and

(d) one hundred and fifty (150) degrees F. for a multitank, conveyor, multitemperature machine.

When hot water is relied upon for sanitization in a mechanical warewashing operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold shall not be less than one hundred and sixty-five (165) degrees F. for a stationary rack, single temperature machine; or one hundred and eighty (180) degrees F. for all other machines. The temperature of the fresh hot water sanitizing rinse shall not be more than one hundred and ninety-four (194) degrees F. as it enters the manifold. The item being sanitized shall attain a temperature of one hundred and sixty (160) degrees F. on its surface during the final rinse. When a pumped rinse is provided, the water shall be at a temperature of at least one hundred and sixty (160) degrees F.

(iv) Conveyors in dishwashing machines shall be accurately timed to assure proper exposure times in wash and rinse cycles.

(v) An easily readable thermometer shall be provided in each tank of the dishwashing machine which will indicate the temperature of the water or solution therein. In addition, a thermometer shall be provided which will indicate the temperature of the final rinse water as it enters the manifold.

(vi) Jets, nozzles and all other parts of each machine shall be maintained free of chemical deposits, debris and other soil. Automatic detergent dispensers, if used, shall be kept in proper operating condition.

(c) Dishwashing may be done by machines using chemicals for sanitization, provided:

(i) The machines, chemical sanitizer and method of drying utensils are approved by the commissioner.

(ii) The temperature of the wash water shall not be less than one hundred and twenty (120) degrees F.; and

(iii) The wash water shall be kept clean; and

(iv) Adequate amounts of chemicals for washing, sanitizing and drying shall be available. Chemicals added for washing, sanitization and drying purposes shall be automatically dispensed, compatible, not interfering with the effective purpose of each other; and

(v) Utensils and equipment shall be exposed to the final chemical sanitizing rinse in accordance with the manufacturer's specifications for time and concentration; and

(vi) The chemical sanitizing rinse water temperature shall be not less than seventy-five (75) degrees F. nor less than the temperature specified by the machine's manufacturer; and

(vii) A test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used.

(4) All kitchenware and food contact surfaces of equipment that have been used in the preparation or serving of food and drink, and all multi-use food storage utensils, exclusive of cooking surfaces of equipment, shall be thoroughly cleaned at least every four (4) hours. Cooking surfaces of equipment shall be cleaned at least once a day. All food temperature measuring devices, multi-use utensils and food contact surfaces of equipment used in the preparation or storage of potentially hazardous food shall be thoroughly cleaned and sanitized prior to such use and following: a change from working with raw animal foods to working with ready-to-eat foods; a change in the type of raw animal food such as beef, fish, lamb, pork, or poultry; use with raw fruit or vegetables prior to use with potentially hazardous food; and at any time during the operation when contamination may have occurred. Unless approved by the director of health for a different frequency of cleaning, equipment, food contact surfaces and utensils that have been used with potentially hazardous food shall be cleaned and sanitized at least every four (4) hours. Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

(5) No article, polish or other substance containing any cyanide preparation or other poisonous material shall be used for the cleansing or polishing of utensils.

(k) After cleaning and until use, all food contact surfaces of equipment and multi-use utensils shall be so stored and handled as to be protected from contamination. All single-service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped either individually or in pairs with a sanitary protective covering for individual use. Catering food service establishments which do not have adequate and effective facilities for cleaning and sanitizing multi-use utensils shall use single-service articles.

(*l*) All garbage and rubbish containing food wastes shall, prior to disposal, be kept in a leak-proof, nonabsorbent container which shall be kept covered with tight fitting lids when filled or stored, or not in continuous use; provided such containers need not be covered when stored in a vermin-proofed room or enclosure or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish

shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(m)(1) Except during necessary periods of preparation and service, potentially hazardous foods shall be maintained at forty-five (45) degrees F. or below, or one hundred forty (140) degrees F. or above, except beef roasts and pork roasts cooked to an internal temperature and time specified below may be held hot at one hundred thirty (130) degrees F. or above. The use of time only, rather than time in conjunction with temperature, may be permitted by the director of health and may be used as a public health control for a working supply of potentially hazardous food before cooking or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption if: the food is marked or otherwise identified with the time within which it shall be cooked, served, or discarded; the food is served or discarded within 4 hours from the point in time when the food is removed from temperature control; the food in unmarked containers or packages, or for which time expires, is discarded; and written procedures that assure compliance are maintained in the catering food service establishment and are made available to the authorized agent upon request. Except as specified raw food shall be cooked as follows:

(A) whole roasts, corned beef, and pork roasts shall be cooked to heat all parts of the food to the following minimum temperatures and corresponding minimum holding times: one hundred thirty (130) degrees F. for one hundred twenty-one (121) minutes; or one hundred forty (140) degrees F. for twelve (12) minutes; or one hundred forty-five (145) degrees F. for three (3) minutes;

(B) shell eggs, fish, meat and pork (other than whole roasts, corned beef, and pork roasts) shall be cooked to heat all parts of the food to at least one hundred forty-five (145) degrees F. for fifteen (15) seconds;

(C) all meat and fish products that are ground or comminuted shall be cooked to heat all parts of the food to at least one hundred and forty-five (145) degrees F. for three (3) minutes, one hundred and fifty (150) degrees F. for one (1) minute, one hundred and fifty-five (155) degrees F. for fifteen (15) seconds, or one hundred and fifty-eight (158) degrees F. instantaneously;

(D) game meats; poultry; ground or comminuted poultry; stuffed fish; stuffed meat; stuffed pasta; stuffed poultry; or stuffing containing potentially hazardous food ingredients shall be cooked to heat all parts of the food to at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds;

(E) raw animal foods cooked in a microwave oven shall be: rotated or stirred throughout or midway during cooking to compensate for uneven distribution of heat; covered to retain surface moisture; heated to a temperature of at least one hundred sixty-five (165) degrees F. in all parts of the food; and allowed to stand covered for two (2) minutes after cooking to obtain temperature equilibrium;

(F) pasteurized eggs or egg products shall be substituted for raw shell eggs in the preparation of foods that are not thoroughly cooked such as caesar salad, salad dressing; hollandaise or barnaise sauce, mayonnaise, egg nog, ice cream, egg-fortified beverages, and in recipes requiring pooled eggs that are not cooked immediately.

Exempted from the above is a raw animal food such as raw egg, raw fish, raw-marinated fish; raw molluscan shellfish; steak tartare; or partially cooked food such as lightly cooked fish, rare meat, and soft cooked egg that is served or offered for sale in a ready-to-eat form. Pork and poultry products are not exempt from the required cooking times and temperatures. The consumer shall be informed of the

risks involved with the consumption of raw or undercooked animal food by means of posters, brochures, menu advisories, label statements, table tents, placards, or other written means available at the catering food service establishment which state: ''thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness''. Exemptions to the food temperature requirements shall not be allowed at catering food service establishments serving highly susceptible populations such as immunocompromised individuals or older adults in hospitals, nursing homes, or similar health care facilities as defined in Connecticut General Statutes section 19a-490 and that are subject to this section and preschool age children in a facility that provides custodial care and is subject to this section such as child day care centers as defined in Connecticut General Statutes section 19a-77(a)(1).

(2) Frozen food shall be kept at such temperatures as to remain frozen, except when being thawed for preparation or use. Potentially hazardous frozen food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, shall be thawed at refrigerator temperatures of forty-five (45) degrees F. or below; or under cool, potable running water seventy (70) degrees F. or below; or quick thawed as part of the cooking process; or by any other method satisfactory to the local director of health. Waste water from refrigeration equipment shall be disposed of in a proper manner.

(3) Cooked potentially hazardous foods shall be cooled from one hundred forty (140) degrees F. to seventy (70) degrees F. within two (2) hours, and from seventy (70) degrees F. to forty-five (45) degrees F. or below within four (4) additional hours. Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds, provided that remaining unsliced portions of roasts of beef that are cooked as specified in this subsection may be reheated for hot holding to one hundred forty-five (145) degrees F. for three (3) minutes. Reheating for hot holding shall be done within two (2) hours. Ready-to-eat food taken from a commercially processed, hermetically sealed container shall be heated to a temperature of at least one hundred forty (140) degrees F. for hot holding. Cooked, cooled, and refrigerated food that is prepared for immediate service in response to an individual consumer order may be served at any temperature.

(4) Food temperature measuring devices shall be provided and be readily accessible for use in ensuring attainment and maintenance of proper food temperatures. Food temperature measuring devices shall be accurate to ± two (2) degrees F.

(n) All food and drink in catering food service establishments shall be from sources approved or considered satisfactory by the director of health, based on a determination of conformity with principles, practices, and generally recognized standards that protect public health; shall be in compliance with applicable state and local laws and regulations; shall be transported and delivered at required temperatures; and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding and safe for human consumption. Any food or drink considered unsafe for human consumption shall be destroyed or disposed of in a manner satisfactory to the director of health. No hermetically sealed, non-acid or low-acid food which has been processed in a place other than a commercial food processing establishment shall be used. Molluscan shellfish shall be from sources listed in the most recent publication of the interstate certified shellfish shippers list distributed by the federal food and drug administration and approved or considered acceptable by the Connecticut Department of Agriculture, Bureau of Aquaculture, and, if shucked, shall be

kept until used in the containers in which they were received. Shell stock tags or labels shall be retained for 90 days from the date the container is emptied. Finfish shall be commercially and legally caught or harvested. Fluid milk and milk products shall be pasteurized and conform to grade A standards, the requirements of the United States Public Health Service, Food and Drug Administration ''grade A pasteurized milk ordinance'' and ''grade A condensed milk ordinance.'' Shell eggs shall be from commercial, regulated sources inspected according to law and shall be received clean and sound, and shall be graded as required by law.

(o)(1) All food and drink while being stored, prepared, displayed, served or sold at catering food service establishments, or during transportation between such establishments, shall be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage, or other contamination. Raw fruits and vegetables shall be washed before use. If used, single use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

(2) Food once served to the customer shall not be served again. Wrapped non potentially hazardous food which has not been unwrapped and which is wholesome may be re-served.

(3) All means necessary for the elimination of flies, roaches and rodents shall be used. All exposed food shall be stored at least eighteen (18) inches above the floor.

(4) Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food service establishments. Poisonous and toxic materials shall be identified and shall be stored and used only in such manner and under such conditions as will not contaminate food and drink or constitute a hazard to employees or customers.

(p) Food employees shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices. They shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough. Food employees shall keep their fingers, nails, hands, and exposed portions of their arms clean by using a cleaning compound to lather hands and arms for at least 20 seconds, followed by thorough rinsing with clean water in a handwashing facility, and hand drying using approved sanitary towels or other approved hand drying device. Employees shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall clean their hands and exposed portions of their arms as often as may be required to remove soil and contamination; after touching bare human body parts; after using the toilet room; after caring for assistance animals; after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; after handling soiled equipment or utensils; when changing gloves; after handling money; immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles; during food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; when switching between working with raw foods and ready-to-eat foods; and after engaging in other activities that contaminate the hands. Employees shall not expectorate in rooms in which food is prepared. Employees shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and multi-use utensil washing or food preparation areas. Designated locations in such areas may

be approved by the local director of health for smoking, where no contamination hazards will result.

(q)(1) All parts of the establishment and its premises shall be kept neat, clean and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food contact surfaces. None of the operations connected with a catering food service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the storage or preparation of food or for the cleaning or storage of utensils, or in toilet rooms or employees' dressing rooms or areas, in vehicles used for transporting food, or in any other area or facility used in the conduct of catering food service establishment operations; provided guide dogs or assistance dogs accompanying blind, deaf, or mobility impaired persons and dogs accompanying persons training such dogs as guide or assistance dogs as defined pursuant to the Connecticut General Statutes sections 46a-42, and 46a-44, may be permitted in dining rooms.

(2) Adequate facilities shall be provided for the orderly storage of employees' clothing and personal belongings. Where employees routinely change clothes within the catering food service establishment, one (1) or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage and serving areas, and the multi-use utensil washing and storage areas. When approved by the local director of health, such an area may be located in a storage room where only completely packaged food is stored. Such designated areas or dressing rooms shall be equipped with adequate lockers or other suitable facilities. Dressing rooms and lockers shall be kept clean and orderly.

(r) All vehicles used in the transportation of food or food products of all kinds shall be kept in a clean and sanitary condition.

(s) No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or any acute respiratory infection, shall work in any area of a catering food service establishment in any capacity in which there is likelihood of such person contaminating food, drink or food contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity. If the management of the catering food service establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local director of health immediately. When the local director of health has reasonable cause to suspect possibility of disease transmission from any catering food service establishment employee, the director of health shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The director of health may require any or all of the following measures:

(1) the immediate exclusion of the employee from all catering food service establishments;

(2) the immediate discontinuance of the catering food service operations concerned until, in the opinion of the director of health, no further danger of disease outbreak exists;

(3) restriction of the employees' services to some area of the catering food service establishment where there would be no danger of transmitting disease;

(4) adequate medical and laboratory examinations of the employee, or other employees, and of his and their body discharges; and

(5) food employees shall not contact exposed ready-to-eat food with bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use disposable gloves or dispensing equipment, except when washing raw fruits and vegetables to remove soil and other contaminants. Food employees shall minimize bare hand contact with exposed food that is not in a ready-to-eat form. Ready-to-eat food includes: unpackaged potentially hazardous food that is cooked to the temperatures and time required for the specific food under section 19-13-B49(m)(1); raw, washed, cut fruits and vegetables; whole, raw fruits and vegetables that are presented for consumption without the need for further washing, such as at a buffet; and other food presented for consumption for which further washing or cooking is not required and from which rinds, peels, husks, or shells are removed.

(t) (1) No person, firm or corporation shall operate or maintain a catering business for preparation or service of food within any town, city or borough without a local permit or license, or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted, if such permit or license is required by local ordinance.

(2) Catering food service establishment classification. The director of health, registered sanitarian, or authorized agent shall classify each catering food service establishment by using the criteria outlined in this subdivision. Catering food service establishments shall be classified at the time of licensure, where licensure is required by local ordinance, or otherwise at the time of registration with the local director of health. The classification shall be reviewed by the director of health, registered sanitarian, or authorized agent during each inspection and in no case less than annually. The catering food service establishment shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the director of health, registered sanitarian, or authorized agent that the operation has changed to a different class the director of health, registered sanitarian, or authorized agent shall reclassify the catering food service establishment. No catering food service establishment shall change food operations to a different classification without prior approval by the director of health, registered sanitarian, or authorized agent. The classes of catering food service establishments are as follows:

(A) Class I is a catering food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

(B) Class II is a catering food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours and commercially precooked hot dogs, kielbasa, and soup may be heated if transferred directly out of the original package and served within four (4) hours.

(C) Class III is a catering food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

(D) Class IV is a catering food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

(3) Qualified food operator required. Each person owning, operating or managing any catering food service establishment designated as class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Each catering food service establishment shall be in compliance with this subdivision by August 1, 1997. Satisfactory evidence of compliance with this subdivision shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, or other documentation satisfactory to the department attesting to the individual's knowledge of safe food handling techniques as specified in subdivision (5) of this subsection. Said documentation shall be maintained on file at the catering food service establishment and provided to the local director of health, registered sanitarian, or authorized agent on request. Exempt from the requirements of this subdivision are special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league, and fairs. Any volunteer who serves meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators.

(4) Criteria for approval of testing organizations. To be approved, a testing organization shall make application to the department and therein demonstrate responsibility for all aspects of the testing system from the development of the test, through test administration including test security system, documentation of successful test completion and record maintenance. Testing organizations must reapply for approval every five (5) years. Testing organizations shall demonstrate responsibility for all of the following areas:

(A) Test development. The test shall be based on an objective job analysis to determine content areas and shall include, but not be limited to, elements that test the qualified food operator's knowledge of food allergies. The test shall be developed based on generally accepted standards of test development. A passing score study to set the required passing scores shall be conducted. Content validation and examination field test studies shall be conducted.

(B) Test security. The testing organization shall have test security systems to ensure the integrity of the test during all phases of test development and handling. Test administrators must be trained in test security procedures. Where client based testing is conducted, proctoring agreements that establish examination handling and proctoring procedures are required between the testing organization and the proctor. Different forms of the test shall be maintained.

(C) Test administration. The testing organization shall serve as the primary contact for individuals interested in the test. Explanatory test materials shall be available to interested parties. Guidelines for test administration shall be developed. The test shall be readily available to meet the needs of Connecticut.

(D) Documentation and record keeping. All individuals taking the test shall be provided documentation indicating whether they passed or failed the test. Statistics on the test including an item analysis shall be maintained. A registry of all individuals who have taken the test shall be maintained. Statistical and registry information shall be made available to the department and local health departments upon request.

(5) Other documentation satisfactory to the department. In the absence of documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, a signed statement by the owner/operator of the catering food service establishment attesting that the qualified food operator has demonstrated knowledge of food safety as specified in subparagraphs (A) and (B) of this subdivision shall constitute satisfactory evidence of compliance with subdivision (3) of this subsection. The local director of health may require documen-

tation to support the signed statement. The following specific elements of knowledge and competence are required.

(A) Elements of knowledge

(i) Identify foodborne illness - define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodhorne illness; recognize how microorganisms cause foodborne disease.

(ii) Identify time/temperature relationship with foodborne illness - recognize the relationship between time/temperature and microorganisms (survival, growth, and toxin production); describe the use of thermometers in monitoring food temperatures.

(iii) Describe the relationship between personal hygiene and food safety - recognize the association between hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a foodhandler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.

(iv) Describe methods for preventing food contamination from purchasing to serving - define terms associated with contamination: identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.

(v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils - define terms associated with cleaning and sanitizing: apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing: identify frequency of cleaning and sanitizing.

(vi) Recognize problems and potential solutions associated with facility, equipment, and layout - identify facility, design, and construction suitable for food establishments; identify equipment and utensil design and location.

(vii) Recognize problems and potential solutions associated with, temperature control, preventing cross contamination, housekeeping and maintenance - implement self inspection program: implement pest control program; implement cleaning schedules and procedures: implement equipment and facility maintenance program.

(viii) Identify and recognize the foods most commonly associated with food allergies.

(B) Demonstrable elements of competency

(i) Assess the potential for foodborne illness in a food establishment - perform operational food safety assessment: recognize and develop standards, policies and procedures; select and train employees: implement self audit/inspection program; revise policy and procedure (feedback loop): implement crisis management program.

(ii) Assess and manage the process flow - identify approved source: implement and maintain a receiving program: implement and maintain storage procedures: implement and maintain preparation procedures; implement and maintain holding service/display procedures; implement and maintain cooling and post preparation storage procedures. Implement and maintain re-service procedures. Implement and maintain transportation procedures.

(6) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the catering food service establishment shall notify the local health

department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

(7) Responsibilities of qualified food operators

(A) The qualified food operator is responsible for operating the catering food service establishment in compliance with all the provisions of section 19- 13-B49 of the Regulations of Connecticut State Agencies. The qualified food operator of each catering food service establishment shall be responsible for ensuring training of food preparation personnel. All such personnel shall receive training which shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. Volunteers who serve meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators but shall receive training from any qualified food operator. The qualified food operator of each catering food service establishment shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health department upon request. The owner, operator, manager or qualified food operator of a catering food service establishment at a nonprofit organization shall maintain such documentation and make such records available to the local health department upon request.

(B) The owner or manager of the catering food service establishment shall designate an alternate person who has complied with section 19-13-B49(t)(5) to be in charge at all times when the qualified food operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section and that foods are safely prepared: handling emergencies; admitting the inspector; and receiving and signing the inspection report.

(u) Inspection of catering food service establishments. All catering food service establishments shall be inspected by the director of health, registered sanitarian, or an authorized agent of the director of health if such director, sanitarian or agent has been certified by the commissioner. Candidates for certification must be sponsored by a local director of health, and possess as minimum requirements a bachelors degree or three years experience in a food safety or regulatory food protection program acceptable to the department. Candidates shall not be involved in the ownership or management of a food establishment located within his jurisdiction. The certification program shall consist of a two stage process: 1) successful completion of classroom training and passing score on a final written exam; and 2) completion of a series of inspections with a certification officer from the Department Food Protection Program. Upon completion of the certification process, the department shall notify the director of health and the candidate in writing specifying the issuance of certification and expiration date. The commissioner shall have the authority to renew certification of each person conducting such inspections every three (3) years. Recertification may be granted upon the successful completion of sixteen (16) hours of approved food protection training every three years. The department shall be responsible for approving and assuring the provision of such training. Failure to comply with recertification requirements shall result in the certification to conduct inspections not being renewed. The department shall notify the director of health and the chief elected official of the affected food service jurisdiction when a certification is not renewed. All catering food service establishments shall be inspected in accordance with this subsection.

(1) Class I catering food service establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.

(2) Class II catering food service establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.

(3) Class III catering food service establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.

(4) Class IV catering food service establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred and twenty (120) days may be allowed where one (1) of the inspections is a hazard analysis inspection.

(5) Access to establishments. The director of health, registered sanitarian or authorized agent after proper identification, shall be permitted to enter, at any reasonable time, any catering food service establishment for the purpose of making inspections to determine compliance with this section. He shall be permitted to examine the records of the catering food service establishment to obtain information pertaining to food and supplies purchased, received, or used, and persons employed, but not including financial records.

(6) Inspection records. Weighted values. Rating scores. Whenever the director of health, registered sanitarian or authorized agent makes an inspection of a catering food service establishment, he shall record his findings on an inspection report form included in this section and shall furnish a copy of such inspection report form to the owner or operator. Such form shall summarize the requirements of this section and shall set forth weighted point values for each such requirement. Forms, such as computer forms, that are substantially equivalent to the inspection form included in this section may be approved by the commissioner. Upon completion of an inspection, the director of health, registered sanitarian or authorized agent shall total the weighted point values for all requirements in compliance, such total becoming the rating score for the catering food service establishment. The total weighted point value shall be scored for each item in violation.

EHS-106-Rev. 06/01

INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#51FDP, Hartford, CT 06134

☐ ROUTINE INSPECTION ☐ REINSPECTION
☐ PREOPERATIONAL ☐ OTHER

NAME OF ESTABLISHMENT

STREET ADDRESS

OWNER or OPERATOR

ESTABLISHMENT CLASS

TOWN

INSPECTION DATE and TIME

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1

FOOD PROTECTION		
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	**Unwrapped or potentially hazardous food not reserved**	**4**
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	**Toxic items properly stored, labeled, used**	**4**

PERSONNEL		
12	Personnel with infection restricted	4

CLEANLINESS OF PERSONNEL		
13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2

EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
16	Food-contact surfaces designed, constructed, maintained, installed, located	2
17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

EQUIPMENT & UTENSILS : CLEANLINESS		
21	Preflushed, scraped, soaked and racked	1
22	Wash water clean, proper temperature	
23	Accurate thermometers provided, dish basket, if used	
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1

WATER SUPPLY		
29	**Water source adequate, safe**	**4**
30	Hot and cold water under pressure, provided as required	2

SEWAGE DISPOSAL		
31	**Sewage disposal approved**	**4**
32	Proper disposal of waste water	1

PLUMBING		
33	Location, installation, maintenance	1
34	**No cross connection, back siphonage, backflow**	**4**

TOILET FACILITIES		
35	**Adequate, convenient, accessible, designed, installed**	**4**
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	

HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1

GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures – properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1

FLOORS, WALLS & CEILINGS		
44	Floors: floor covering installed, constructed as required, good repair, clean	1
45	Floors, graded, drained as required	
46	Floor, wall juncture covered	
47	Mats removable, good repair, clean	
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1

LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	

DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1

HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	1
56	Complete separation from living/sleeping quarters and laundry	1
57	Clean/soiled linens stored properly	1
58	No live birds, turtles, or other animals (except guide dogs)	1

SMOKING PROHIBITED		
59	Smoking prohibited, signs posted at each entrance	3

QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

DEMERIT SCORE			
4	3	2	1

TOTAL	RATING	Date Corrections Due

RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge

SIGNED (Inspector)

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

(v) **Enforcement**

(1) Every catering food service establishment shall maintain a rating score of eighty (80) or higher and shall not have one (1) or more four (4) demerit point items in violation, regardless of the rating score. The four (4) demerit point items include: food from approved source, wholesome, nonadulterated; potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation; unwrapped or potentially hazardous food not re-served; toxic material properly stored, labeled, used; personnel with infections restricted; adequate handwashing facilities convenient, accessible, designed, installed, personnel hands washed, clean; water source, adequate, safe; sewage disposal approved and no nuisance; no cross-connection, back-siphonage, backflow; and adequate toilet facilities, convenient, accessible, designed, installed. If the rating score is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall order correction of the items in violation within two (2) weeks. After the two (2) weeks, the director of health, registered sanitarian or authorized agent shall make a reinspection and determine the new rating score.

(2) If the rating score at the time of the reinspection is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation, the director of health shall take immediate steps to have the catering food service establishment closed.

(3) However, if there are insanitary or other conditions in the operation of a catering food service establishment which in the judgment of the director of health constitutes an immediate and substantial hazard to the public health, he may immediately issue a written notice to the permit holder or operator citing such condition, specifying the corrective action to be taken, and specifying the time period within which such action shall be taken, and, if deemed necessary order immediate correction. If correction is not made in the stated time, a written order shall be issued to close the catering food service establishment.

(4) If the rating score is eighty (80) or above, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. If a qualified food operator is not employed on-site, except as provided by the qualified food operator replacement provision in section 19-13-B49(t)(6), the catering food service establishment has thirty (30) days to comply. If correction has not been made after thirty (30) days, the director of health shall take immediate steps to close the catering food service establishment. The catering food service establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to maintain compliance with this section.

(5) The owner or operator of any catering food service establishment may at any time request an inspection for the purpose of improving the rating score of the catering food service establishment. Within ten (10) days following receipt of a request including a signed statement that the violations have in the applicant's opinion, been corrected, the director of health, registered sanitarian or authorized agent shall make an inspection and thereafter as many additional inspections as he may deem necessary to assure himself that the applicant is complying with the requirements of this section.

(6) The owner or operator of a catering food service establishment aggrieved by an order may, within forty-eight (48) hours after such order, appeal to the director of health, who shall thereupon immediately examine into the merits of such case and may vacate, modify or affirm such order. The owner or operator of a catering

food service establishment who is aggrieved by such action of the director of health may, no later than three (3) business days after receipt of the order, appeal to the commissioner of health who shall thereupon immediately notify the authority from whose order the appeal was taken and examine into the merits of such case and may vacate, modify or affirm such action.

(Effective January 27, 1975; amended April 25, 1994, April 25, 1997, July 6, 2001, October 3, 2005, July 3, 2007)

Sec. 19-13-B50. Public and semi-public water supplies

In the case of public or semi-public water supplies or water supplies developed for a considerable number of persons necessitating higher rates of pumpage than for residential use, separating distances between wells or springs and sewage disposal systems or drains shall be established in accordance with the provisions of section 25-33 of the general statutes and of section 19-13-B39.

Sec. 19-13-B51.

Repealed, January 12, 1971.

Sec. 19-13-B51a. Effective date

The provisions of section 19-13-B51a to 19-13-B51*l*, inclusive, shall be applicable to all water supply wells constructed after the effective date.

(Effective January 12, 1971)

Sec. 19-13-B51b. Definitions

As used in sections 19-13-B51a to 19-13-B51*l*, inclusive:

(1) ''Water supply well'' means an artificial excavation, constructed by any method, for the purpose of getting water for drinking or other domestic use;

(2) ''Well contractor'' means any person, firm or corporation drilling or constructing a water supply well;

(3) ''Aquifer'' means a water-bearing earth material which can transmit water in significant quantity. It can be either consolidated rock (ledge rock) or unconsolidated material (sand, gravel, soil with boulders, etc.);

(4) ''Dug well'' means a well excavated into a shallow aquifer;

(5) ''Spring'' means a place where, without planned intervention of man, water flows from consolidated rock or unconsolidated material on land or into a body of surface water such as a lake, stream, or river. A spring shall have the same protection requirements as a dug well.

(6) ''Driven well'' means a well which is constructed by driving a permanent casing with a screen area into unconsolidated material. Driven wells do not penetrate consolidated rock;

(7) ''Gravel well'' means a well constructed into unconsolidated material. In the zone immediately surrounding the well screen more permeability is obtained by hydraulic action or by removing the finer formation material and replacing it with artificially graded coarser material;

(8) ''Drilled well'' means a well constructed by drilling a hole and inserting a casing to support the sides of the hole. The portion of the well which is in consolidated rock may not require support of a casing;

(9) ''Annular space'' means the space between two objects, one of which is surrounded by the other. This includes space between the wall of an excavation and the wall of a pit; between the wall of an excavation and the casing of a well, or between two casings;

(10) ''Casing'' means an impervious, durable pipe or sidewall placed in a well to prevent the walls from caving, or to seal off surface drainage or undesirable water, gas, or other fluids so they cannot enter the well;

(11) ''Established grade'' means the elevation of the finished ground surface at the point of intersection of the well casing;

(12) ''Pollution'' means the adverse effect on water quality created by the introduction of any matter;

(13) ''Sewer'' means a conduit or pipe used or intended for conveying sewage or other contaminated wastes, or such conduit or pipe into which sewage or wastes may back up;

(14) ''Source of pollution'' means any place or condition which may result in pollution of a ground water supply; it may include a stream, pond, sewer, privy, septic tank, tile field, cesspool, sewage, sewage treatment unit, industrial waste, industrial waste disposal unit, location where animal excrement is allowed to accumulate, or disposal site for refuse, industrial waste, sewage sludge or industrial waste sludge;

(15) ''Well top seal'' means an arrangement used to establish a watertight junction at the top of the casing of a well with special regard to the piping or equipment installed therein;

(16) ''Well vent'' means a piped outlet at the upper end of a well to allow maintenance of atmospheric pressure within the well casing;

(17) ''Well pit'' means a structure built wholly or partly underground to house the well top or well appurtenances or both;

(18) ''Yield'' means the quantity of water delivered per unit of time which may flow or be pumped continuously from the well;

(19) ''Public supply well'' means a water supply well used or made available by a water company to two or more consumers, as defined in section 25-32a of the 1969 supplement to the general statutes.

(Effective January 12, 1971)

Sec. 19-13-B51c. Interconnections

No physical connection between piping carrying water from a public water supply and piping carrying water from any other source shall be permitted unless such other water supply is of safe, sanitary quality and the interconnection is approved by the commissioner of health.

(Effective January 12, 1971)

Sec. 19-13-B51d. Location

All separating distances are to be measured horizontally.

(a) Wells with a required withdrawal rate of under ten gallons per minute.

(1) Each such well shall be located at a relatively high point on the premises consistent with the general layout and surroundings; be protected against surface wash; be as far removed from any known or probable source of pollution as the general layout of the premises and the surroundings will permit; and, so far as possible, be in a direction away from ground water flow from any existing or probable source of pollution.

(2) No such well shall be located within seventy-five feet of a system for disposal of sewage or other source of pollution. Greater separating distances shall be required for certain industrial wastes or certain rock formations. If a sewer is constructed of extra heavy cast iron pipe with leaded joints or equal approved type of tight joint, a minimum separating distance of twenty-five feet shall be maintained.

(3) No such well shall be located within twenty-five feet of the high water mark of any surface water body, nor within twenty-five feet of a drain carrying surface water or of a foundation drain.

(b) Wells with a required withdrawal rate of from ten to fifty gallons per minute.

(1) Each such well shall be located at a relatively high point on the premises consistent with the general layout and surroundings; be protected against surface wash; be as far removed from any known or probable source of pollution as the general layout of the premises and the surroundings will permit; and, so far as possible, be in a direction away from ground water flow from any existing or probable source of pollution.

(2) No such well shall be located within one hundred fifty feet of a system for disposal of sewage or other source of pollution. Greater separating distance shall be required for certain industrial wastes or certain rock formations. If a sewer is constructed of extra heavy cast iron pipe with leaded joints or equal approved type of tight joint, a minimum separating distance of seventy-five feet shall be maintained.

(3) No such well shall be located within fifty feet of high water mark of any surface water body, nor within fifty feet of a drain carrying surface water or of a foundation drain.

(c) Wells with a required withdrawal rate of more than fifty gallons per minute.

(1) Location of such well shall be approved by the state department of health in accordance with the provisions of section 25-33 of the 1969 supplement to the general statutes and section 19-13-B39 of the public health code.

(2) Each such well shall be located at a relatively high point on the premises consistent with the general layout and surroundings; be protected against surface wash; be as far removed from any known or probable source of pollution as the general layout of the premises and the surroundings will permit; and, so far as possible, be in a direction away from ground water flow from any existing or probable source of pollution.

(3) No such well shall be located within two hundred feet of a system for disposal of sewage or other source of pollution. If conditions warrant, greater distance shall be required Sanitary conditions in the area within the radial distance required shall be under control of the well owner by ownership, easement, or other arrangement approved by the commissioner of health. If a sewer is constructed of extra heavy cast iron pipe with leaded joints or equal approved type of tight joint, a minimum separating distance of one hundred feet shall be maintained.

(4) No such well shall be located within fifty feet of the high water mark of any surface water body nor within fifty feet of a drain carrying surface water or of a foundation drain.

(Effective January 12, 1971)

Sec. 19-13-B51e. Precautions

A well under construction shall be protected so that there can be no drainage or surface wash into the well. Workmen employed in such construction shall exercise sanitary precautions in disposal of wastes and handling of construction materials so as to avoid contamination of the well and aquifer. All water used in constructing a well shall be disinfected with fifty milligrams per liter (parts per million) of chlorine in order to protect the well from contamination. No polluted water shall be used in connection with the construction of a well.

(Effective January 12, 1971)

Sec. 19-13-B51f. Construction

(a) **Materials.** Pipe used for casing a well other than a dug well shall be made of steel or other material approved by the commissioner of health. They shall be free from flaws or defects and shall have watertight connections.

(b) **Dug well.** The casing or side walls of a dug well shall be constructed of watertight concrete at least four inches thick to a depth of at least ten feet below the ground surface. Below the depth of the watertight casing, loosely laid stone, concrete block, brick or other materials approved by the commissioner of health may be used. The annular space between the face of the excavation and the watertight section of casing shall be filled with clean clay or other impervious material.

(c) **Gravel well.** The casing of a gravel well shall be surrounded with concrete grout to a depth of at least ten feet below the ground surface. The annular space between the casings of a gravel well with artificially placed gravel shall be protected at the top by a watertight covering to prevent any foreign matter entering the well through the gravel.

(d) **Drilled well.** The construction of a drilled well shall provide for shutting out all water except that from the water bearing formations which are intended to supply water to the well. The casing shall extend at least ten feet below ground surface. Any annular space surrounding the casing pipe needed for drilling shall be filled with concrete grout to a depth of at least ten feet below the ground surface. Below ten feet, any clean fill material can be used. Where the unconsolidated material above consolidated rock is less than twenty feet deep and the casing ends in the consolidated rock, the casing shall be effectively sealed in the rock.

(e) **Upper terminal of casing.** The casing of every well shall project not less than six inches above the established grade at the well or above the pump house floor. The well contractor shall ascertain the established grade before completion of the well. Where a pitless adapter is used, it shall be designed to, and made of materials that will, keep soil and water from entering the well during the life of the casing. A below-ground connection shall not be submerged in water at the time of installation. Where a pump is not installed immediately following the construction of the well, the well shall be tightly sealed and suitably vented.

(Effective January 12, 1971)

Sec. 19-13-B51g. Covering

The cover of the dug well shall be made of substantial reinforced concrete at least four inches thick. Other material approved by the commissioner of health may be used. It shall be of sufficient diameter to overlap the casing or side walls by at least two inches. A tight joint shall be provided between the casing and cover. If a pump is set on the slab, the top of the slab shall be sloped to drain away from the pump or drop pipe sleeve.

(b) A manhole shall be installed if the cover slab cannot be readily removed, and such manhole shall be provided with a curb extending at least two inches above the slab and equipped with a watertight overlapping cover. The manhole cover shall be locked or bolted in place in such manner as to prevent tampering or shall be located in a locked housing.

(Effective January 12, 1971)

Sec. 19-13-B51h. Well pits

(a) The use of a well pit shall be avoided whenever practical. When used, it shall be large enough to permit ready access to equipment.

(b) A well pit and its juncture with any other structure shall be watertight, or suitably drained to insure dryness as provided in section 19-13-B51i.

(c) Every conduit or similar connection with a well pit shall be made watertight.

(Effective January 12, 1971)

Sec. 19-13-B51i. Well pit drains

(a) Where there is no danger of flood or back flow, the water from a pit shall be drained onto the surface of the ground. The pipe used shall be at a grade of not less than one-eighth inch per foot toward the outlet. The junction between the pit floor and the drain pipe shall be made watertight. The drain pipe and joints shall be watertight to a distance of twenty-five feet from the pit. Any drain to the ground surface shall be screened to prevent entrance of animals and insects.

(b) No well pit drain shall be connected directly with any sewer, house drain or storm drain. The drainage of any well pit shall not be dependent on the operation of any pumping system except where gravity drainage at the location cannot be secured, in which case automatic sump pumps may be installed with the concurrence of the approving authority.

(c) When a well pit is constructed in impervious soil, no porous material shall be used as a base under the well pit floor. If fill is required, it shall be clean, impervious earth, well tamped.

(Effective January 12, 1971)

Sec. 19-13-B51j. Permanent appurtenances

(a) Any equipment, piping or appurtenance, permanently installed in a well, shall be joined watertight to the well casing at the point of entrance to the well by a well top seal or equally effective means.

(b) Every well in which the drawdown is ten feet or more shall be fitted with an adequate air vent. Such vent shall be extended to the height of at least twelve inches above any possible high water level. The vent shall be shielded and screened in such manner as to permit the entrance of air but keep out foreign matter.

(c) The foundation for a reciprocating pump shall be constructed with sufficient clearance around the well casing and the base of the power head to permit the assembly in place of a watertight well top seal. The well casing shall extend at least six inches above the floor.

(d) The foundation for a turbine type pump may be of concrete upon which the power head may rest directly. It shall be so constructed that the well opening is adequately covered and all openings through the base shall be sealed watertight. The well casing shall be installed at least six inches above the floor.

(e) A hand pump shall be constructed so that a stuffing box or other arrangement prevents entrance of contamination around the pump rod. The pump spout shall be of covered type. The base shall be of the one-piece flange type. Provision shall be made for leading waste water away from the top of the well. A hand pump shall be frostproof and shall not require priming. A hand pump shall be mounted:

(1) When a well is cased with iron pipe, upon a base flange which is attached rigid and watertight to the well casing; (2) on a concrete platform or similar structure when a well is not cased with iron pipe. A metal sleeve shall be used through the concrete platform or cover slab and extend above the slab into the pump base; or (3) by other sanitary method approved by the commissioner of health.

(Effective January 12, 1971)

Sec. 19-13-B51k. Post-construction

(a) On completion of the well, the well contractor shall pump or otherwise flush the well sufficiently to clear the water of cuttings.

(b) The well contractor shall make a yield test to determine the quantity and stability of flow of water from the well. The date of the test and the maximum drop in water level in the well during the test shall also be recorded (drawdown). The rate of test pumping shall equal or exceed the rate of withdrawal required for the particular installation. In the case of nonpublic water supply wells with a required withdrawal rate less than ten gallons per minute, the pumping period during the drilling and clearing may be included in the time of the yield test. The minimum length of such yield test shall be four hours for a well with a required withdrawal rate of less than ten gallons per minute;* thirty-six hours for a well with the required withdrawl rate of from ten to fifty gallons per minute; and seventy-two hours for a well with a required withdrawal rate of more than fifty gallons per minute. Test pumping shall be continuous at a constant rate for the period required. In the case of a public well, drawdown shall have held essentially stable for the last twelve hours prior to the completion of the test. The well contractor or tester shall record the date of the yield test; the water level in the well shortly before the yield test begins; the length of the pumping period; the constant pumping rate; the water level in the well at reasonable intervals after pumping begins and within five minutes before the pumping ends; and the water level in the well at reasonable intervals thereafter for a sufficient time to allow recovery to the water level prior to the yield test. He shall furnish a copy of such record to the owner.

(c) The pump installer shall disinfect each new well system before use. Disinfection shall be accomplished by treating the water in the well, storage tank and connected piping with a chlorine solution of fifty milligrams per liter (parts per million) strength so as to obtain a residual of ten milligrams per liter (parts per million) of chlorine after three hours detention. The side walls and piping shall be rinsed with the chlorine solution. The chlorinated water shall not be removed from the water system until after a detention period of at least three hours.

(Effective January 12, 1971)

Sec. 19-13-B51*l*. Testing

Public water supply wells shall be sampled by the state department of public health or local director of health for bacteriological, physical and sanitary chemical examination. Approval of the commissioner of public health shall be obtained before the well water is made available for use.

(Effective January 12, 1971; amended December 30, 1996)

Sec. 19-13-B51m. Well permits

(a) Subject to subsections (b) and (c) below no water supply well permit shall be given until it has been demonstrated to the satisfaction of the director of health that public sewers are available or a subsurface sewage disposal system can be installed on the lot in compliance with Sections 19-13-B103a to 19-13-B104d, inclusive of the Regulations of Connecticut State Agencies.

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* An alternate test for low yield wells serving a single family: Remove all water from the completed well and measure rate of recovery.

1. If the recovery is observed for twelve hours or more, the actual amount of water recovered in the first twelve hours shall be the yield, expressed in gallons.

2. If at least three hundred gallons are recovered in less than twelve hours, the yield expressed as gallons/day shall be computed by the formula $\frac{\text{twelve}}{\text{hours recovery}}$ times gallons recovered.

(b) No water supply well permit shall be given by the director of health:

(1) To premises used for human occupancy when a community water supply system having at least fifteen service connections or regularly serving at least twenty-five individuals is deemed available if the boundary of the parcel of property in which the premises is on or will be located on is within two hundred feet, measured along a street, alley or easement, of the approved water supply: or

(2) To non-residential premises, where the water may be used for human consumption, when a community water supply system having at least fifteen service connections or regularly serving at least twenty-five individuals is deemed available if the boundary of the parcel of property in which the premises is on or will be located on is within two hundred feet, measured along a street, alley or easement, of the approved water supply.

(c) The commissioner of health services, or his or her designee, may grant an exception to subsection (b) above upon a finding that such exception will not adversely affect the purity and adequacy of the supply nor the service of the system or it is determined that:

(1) The community water system which serves the premises is unable to provide such premises with a pure and adequate supply of water: or

(2) If construction problems warrant such action.

(Effective February 2, 1988)

Sec. 19-13-B52. Food or beverage vending machine operations

No person, firm or corporation shall operate or maintain within the state any self-service vending machine offered for public use which, upon insertion of a coin, coins or token or by other means, dispenses unit servings of food or beverages, either in bulk or package, without replenishing the device between each vending operation, except after compliance with the following requirements:

(a) All foods, beverages and ingredients offered for sale through vending machines shall be manufactured, processed and prepared in establishments which comply with all applicable local, state and federal laws and regulations. All packaged foods or beverages shall be labeled in compliance with the Uniform Food, Drug and Cosmetic Act* as to contents and source. A clearly identifiable plate or tag indicating the name and address of the person, firm or corporation responsible for service shall be attached in a conspicuous place to any vending machine in use.

*G.S. Ch. 342

(b) All foods, beverages and ingredients offered for sale through vending machines shall be wholesome and free from spoilage, contamination and adulteration.

(c) Prior to sanitary storage in a vending machine, all foods, beverages, and ingredients, including accessory foods and implements, shall be stored or packaged in clean protective containers and shall be handled, transported and vended in a sanitary manner. Wet storage of package products is prohibited.

(d) * * * *Potentially hazardous* food or drink (examples are custard-filled and cream-filled pastries, milk and milk products, egg products, meat, fish, fowl, shellfish, gravy, and those sauces, dressings, stuffings and salads, which contain meat, fish, fowl, eggs, milk or milk products) offered for sale through vending machines shall be dispensed to the consumer in the individual original container or wrapper into which it was placed at the plant of the manufacturer, processor or distributor, or such products shall be dispensed into single service containers. In those vending machines dispensing * * * *potentially hazardous* foods, beverages or ingredients in bulk, the bulk supplies of such foods, beverages or ingredients shall be transferred only to a bulk vending machine container and appurtenances which are clean and

have been subjected to an approved * * * *sanitizing* process. * * * *Potentially hazardous* foods or ingredients within the vending machine shall be maintained at a temperature * * * *of 45°F., or below* or a temperature of 140°F or above. Vending machines dispensing * * * *potentially hazardous* foods shall be provided with controls which insure the maintenance of said temperatures at all times; provided an exception may be made for the actual time required to fill or otherwise service the machine and for a maximum recovery period of thirty minutes following completion of filling or servicing operations and for the period of heating refrigerated foods to be served hot. Such controls shall also place the machine in an inoperative condition until serviced by the operator, in the event of power failure or other condition which permits the food storage compartment to attain a temperature above 45°F. or below 140°F., whichever is applicable. Vending machines dispensing * * * *potentially hazardous* food shall be provided with a thermometer which, to an accuracy of plus or minus 2°F., indicates the air temperature of the food storage compartment. In case of any shut-down of the temperature regulating equipment for a period longer than two hours or in any case where * * * *potentially hazardous* food has been adversely affected by change of temperature following a shut-down, * * * *potentially hazardous* food shall be removed from the vending machine and discarded. * * * *Potentially hazardous* foods and beverages while in transit shall be maintained at a temperature not higher than 45°F. or not lower than 140°F., *whichever is applicable.*

(e) Milk and fluid milk products offered for sale through vending machines shall be dispensed only in individual, original containers or from bulk containers into which such product was placed at the milk plant; provided, in the case of vending machines that use fluid milk products as an ingredient in hot liquid foods or beverages, such milk product may be transferred at the machine location from the individual, original container of not more than one-half gallon capacity to a vending machine bulk container which is clean and has been subjected to an approved * * * *sanitizing* process in accordance with subsection (g), * * * *and provided* in such transfer the entire contents of the individual, original container *shall be* used.

(f) All multi-use parts of any bulk milk vending machine which come into direct contact with the milk or milk product shall be effectively cleaned and * * * *sanitized* at the milk plant; provided single-service dispensing tubes which receive * * * *sanitizing* treatment at the fabricating plant and which are individually packaged in such manner as to preclude contamination are exempted from this provision. The can or other bulk milk container shall be filled only at the milk plant and shall be sealed with two seals in such manner as to make it impossible to withdraw any part of its contents without breaking one seal and make it impractical to introduce any substance without breaking the other seal. The delivery tube and any milk contact parts of the dispensing device shall be attached at the milk plant and shall be protected by a moisture-proof covering or housed in a compartment with a moisture-tight closure, which shall not be removed until after the container is placed in the refrigerated compartment of the vending machine.

(g) With the exception of product contact surfaces of bulk milk vending machines for which separate provisions for cleaning and * * * *sanitizing* are specified in subsection (f), all multi-use containers or parts of vending machines which come into direct contact with * * * *potentially hazardous* foods, beverages or ingredients shall be removed from the machine daily and shall be thoroughly cleaned and effectively subjected to an approved * * * *sanitizing* process at the plant of the producer or distributor or other approved facility; provided the requirement for daily

cleaning and * * * sanitizing treatment may be waived for those contact surfaces which are maintained at all times at a temperature of not higher than 45°F. or at a temperature of not lower than 140°F., whichever is applicable. * * * Contact surfaces shall receive such periodic cleaning and * * * *sanitizing* treatment as may be necessary. All parts, after cleaning and * * * *sanitizing* treatment, shall be protected from contamination.

(h) All parts of vending machines which come into direct contact with other than * * * *potentially hazardous* foods shall be thoroughly cleaned and subjected to * * * *sanitizing* treatment.

(i) All single service containers, which receive food or beverage from machines dispensing such products in bulk, shall be purchased in sanitary cartons or packages which protect the containers from contamination, shall be stored in a clean dry place until used and shall be handled in a sanitary manner. Such containers shall be stored in the original carton or package in which they were placed at the point of manufacture until introduced into the container magazine or dispenser of the vending machine. Single service containers stored within the vending machine shall be protected from manual contact, dust, insects, rodents and other contamination.

(j) Each vending machine shall be located in a well-lighted room, area, or space which can be maintained in a clean condition and which is protected from overhead leakage from drains and piping *or other contamination.* Each vending machine shall be located so that the space around and under the machine can be readily cleaned and so that insect and rodent harborage is not created.

(k) The floor area upon which vending machines are located shall be *in good repair,* reasonably smooth and of cleanable construction, and be capable of withstanding repeated washing and scrubbing. This space and the immediate surroundings of each vending machine shall be maintained in a clean condition.

(*l*) The exterior construction of the vending machine shall be such as to facilitate cleaning and to minimize the entrance of insects and rodents, and the exterior of the machine shall be kept clean. Service connections shall be such as to protect against unintentional or accidental interruption of service to the machine.

(m) All interior surface and component parts of the vending machine shall be so designed and constructed as to permit easy cleaning, and shall be kept clean. All product contact surfaces of the machine shall be of smooth, nontoxic, corrosion resistant, and relatively nonabsorbent material, and shall be capable of withstanding repeated cleaning and * * * *sanitizing* treatment by normal procedures. *Such surfaces* shall be protected against contamination.

(n) Water used in vending machines shall be of a safe and sanitary quality.

(o) In all vending machines which dispense carbonated beverages and which are connected to a water supply system, the ingredient water contact surfaces from the check valves or other protective device downstream, including the device itself, shall be of such materials as to preclude the production of toxic substances which might result from interaction with carbon dioxide or carbonated water. Materials such as copper, lead, zinc or cadmium are not acceptable.

(p) All wastes shall be properly disposed of and, pending disposition, shall be kept in suitable containers so as to prevent creating a nuisance.

(q) Foods, beverages and ingredients, and product contact surfaces of containers, equipment and supplies, shall be protected from contamination while in transit to machine location.

(r) Employees shall keep their hands clean and shall wear clean outer garments while engaged in handling foods or beverages or product contact surfaces of utensils

or equipment. No such employee shall resume work after using the toilet room without first washing his hands.

(s) No person, firm or corporation shall operate vending machines as herein described in any town, city or borough without local permits or licenses if such permits or licenses are required by local ordinances, or otherwise without notification of local directors of health of towns, cities or boroughs in which vending machines are located of the name and business address of the operator and the location of the machines. Machines vending only beverages in sealed cans or bottles, other than milk or milk products, are excepted from such notification.

(t) The operator of any food or beverage vending machine shall make provision for the local director of health or his representative to have access, either in company with an employee or otherwise, to the interior of all vending machines operated by him. The operator shall promptly comply with a request from the local director of health for such access or inspection.

(u) When so ordered by a local director of health, a vending machine failing to meet the requirements of this regulation shall be removed by any person, firm or corporation operating or maintaining such vending machine.

(Effective October 8, 1963)

APPENDIX

APPROVED * * * *SANITIZING PROCESSES*

When manual dishwashing is used, utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(a) Immersion for at least *one minute* in clean, hot water at a temperature of at least 170°F. * * * An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(b) Immersion for at least *one minute* in a * * * *sanitizing solution* containing (1) at least 50 * * * *mg/1* of available chlorine * * * *at a temperature of not less than 75°F.* The bath should be made up *to* a strength of *100 mg/1* or more of * * * *available chlorine* and shall not be used after its strength has been reduced to 50 * * * *mg/l; or* (2) *at least 12.5* mg/1 *of available iodine in a solution having a pH value not higher than 5.0 and a temperature of not less than 75°F., or (3) any other chemical sanitizing agent which has been demonstrated to the satisfaction of the director of health to be effective and nontoxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in use solutions, shall provide the equivalent bactericidal effect of a solution containing at least 50 mg/1 of available chlorine at a temperature not less than 75°F.*

(Effective October 8, 1963)

(See 1963 Supp. § 19-193h.)

SANITATION FOR AGRICULTURAL AND MIGRATORY FARM WORKERS

Sec. 19-13-B53. Water supplies and privies for field workers

(a) Water shall be readily available to both shed and field workers in covered containers with sanitary drinking fountains or with individual paper cups, in accordance with section 19-13-B35.

(b) Water for drinking and handwashing shall be obtained from a public water supply or from a properly protected and located ground water supply approved by the local director of health.

(c) No common drinking cup shall be permitted.

(d) Handwashing facilities shall be available for shed and field workers.

(e) Water containers shall be cleaned daily. At the start of the season and at other times when necessary, water barrels or other water containers shall be disinfected with steam or chlorine. The plug for filling the hole shall be kept tightly in place except during the time for filling. (It is desirable to chain the plug to the barrel to avoid losing it.)

(f) A sanitary method of filling water barrels shall be provided. Overhead hoses shall be short enough so that they will swing clear of ground surface. Flange guards should be provided for the hose so that it will not enter more than four inches into water barrels.

(g) Portable or permanent privies shall be provided in adequate numbers and shall be readily accessible to all workers.

(h) Separate privies shall be provided for men and women and shall be so arranged as to secure privacy for both sexes and shall be clearly marked ''Men'' and ''Women'' at the entrance to each. These words shall be printed or painted on signs not less than six by eighteen inches.

(i) Privies shall be provided with inside hook and eye latches and toilet tissue.

(j) Privies shall be located at least one hundred feet from kitchen and dining rooms, living quarters or source of water supply.

(k) Privies shall be of fly and vermin-proof construction and shall consist of a pit at least three feet deep and constructed so as to exclude surface water. Cracks shall be battened and openings shall be screened with sixteen mesh wire screening. The door shall be well fitted to exclude flies and shall close automatically by means of a spring or spring hinges. Seat covers shall be hinged and shall be so constructed that they drop automatically into place when the seat is not occupied.

(*l*) Privies shall be adequately lighted and ventilated.

(m) No privy pit shall be filled with excreta to nearer than one foot from the surface of the ground. When this occurs, privies shall be moved or vaults cleaned out. The hole shall be filled up when privies are moved. Material removed from the privy or vaults or containers shall be disposed of by burial in such a manner as not to create a nuisance.

(n) Privies shall be maintained in clean condition and such maintenance shall include daily washing of seats with a disinfectant solution. (Use of earth, ashes or lime in the pits will help to keep down odors.)

(See 1963 Supp. § 22-17a; Reg. 22-17a-1.)

Sec. 19-13-B54. First aid kits for field workers

Standard first aid kits shall be kept in every shed where work is going on and shall be readily available to all workers.

(See Reg. 22-17a-2.)

Sec. 19-13-B55. Sanitary requirements for housing of workers

(a) Housing shall be constructed in such a manner as to be structurally safe, adequate in size and reasonably easy to keep clean.*

*Note: It is important that the provisions of the state statutes relating to fire prevention and safety and all regulations made pursuant thereto be complied with.

(b) For new construction after June 7, 1960, the window area of each room for living quarters, sleeping quarters, preparation of food or mess halls shall be at least one-eighth of the floor area and so constructed that at least one-half of the window

area may be opened for ventilation. When buildings existing on said date are converted for housing purposes, window area and ventilation shall conform as nearly as possible to the above, but in any case shall meet with the approval of the local director of health.

(c) All exterior openings shall be screened with sixteen mesh wire screening on frames except where self-closing devices on doors are maintained in service.

(d) Artificial lighting shall be provided on the basis of one forty watt bulb per one hundred square feet of the floor area and shall be reasonably well distributed.

(e) The floors of buildings shall be constructed in such a manner as to avoid dampness. Wooden floors shall be elevated not less than twelve inches above the normal ground level.

(f) No tents shall be used for housing, except when provided with wood platforms and with prior approval by the local director of health.

(g) Adequate lighting shall be provided for all toilets, hallways, main entrances and fire exits.

(h) Premises shall be kept clean and free of litter and rubbish.

(See Reg. 22-17a-3.)

Sec. 19-13-B56. Sleeping quarters for workers

(a) Sleeping quarters shall be in good structural condition and constructed so as to provide shelter to the occupants against the elements and to exclude dampness.

(b) Beds shall be furnished to all employees; a separate bed shall be provided for each person; single beds shall be set at a minimum of three feet apart; double-deck beds shall be set at a minimum of four and one-half feet apart; ceiling height above the top mattress shall be not less than thirty-six inches in rooms used prior to June 7, 1960, for this purpose and not less than forty-two inches in the case of new construction.

(c) If a room in a lodging or boarding house is overcrowded, the local director of health may order the number of persons sleeping or living in such room to be so reduced that there shall not be less than five hundred cubic feet of air to each person over twelve years of age and three hundred cubic feet of air to each child under twelve years of age occupying such room.

(d) Male and female boarders or lodgers shall not be housed in the same building, except that female cooks may be allowed to lodge in the same building with boys if suitable privacy can be arranged as to sleeping quarters and bathing and toilet facilities. This may also apply to camp directors and their families.

(e) Sleeping shall not be permitted in kitchens or eating quarters.

(I) Adequate lockers or storage space shall be provided for clothing and personal effects of lodgers. Regular inspections shall be made of the lockers and storage facilities to keep them clean and free from soiled clothing.

Sec. 19-13-B57. Bedding in sleeping quarters for workers

(a) Blankets, sheets, pillow cases, pillows and mattresses or mattress bags shall be provided.

(b) All bedding shall be maintained in a clean and sanitary condition and its condition shall be the responsibility of the management. The sheets and pillow cases shall be laundered at least once a week. Blankets shall be washed at sufficiently frequent intervals to insure cleanliness and, in any case, shall be washed at least every three months. Blankets shall be washed before use by a new worker. When mattresses, mattress bags or pillows become dirty or discolored, they shall be discarded or cleaned. If mattress bags are provided, the bags shall be washed at

least every six months and, in any case, before use by a new worker. The mattress filling shall be changed at the time the bags are washed.

(c) Regular inspections of beds and bedding shall be made for vermin and periodic extermination service provided when necessary.

Sec. 19-13-B58. Kitchen and mess hall or dining room for workers

(a) The kitchen and dining room shall be separated from sleeping quarters and toilet rooms. Walls, floors and ceilings shall be in good repair and so constructed as to permit reasonable ease in cleaning. Walls and ceilings shall be painted in light color. The kitchen and dining room shall be adequately equipped for the preparation and serving of food to the number of people involved.

(b) Adequate refrigeration shall be provided and all refrigerators or ice chests shall be maintained in good order and kept in a clean condition. Refrigeration temperatures shall be kept below 45°F. Adequate, ventilated and verminproof food storage space shall be provided. All food shall be stored at least eighteen inches above the floor.

(c) Dishes, knives, forks and other utensils shall be of nontarnishable materials and shall be kept in good condition. Cracked and chipped dishes shall be discarded. All eating and cooking utensils shall be protected from flies, vermin and dust.

(d) A scullery sink or other satisfactory means, together with ample facilities for furnishing hot water, shall be provided for washing kitchen utensils and dishes. (A three compartment sink is recommended.) All glasses, cups, knives, forks, spoons and dishes shall be thoroughly washed after each use by cleaning with hot water and soap and sanitized by a bactericidal process approved by the director of health.* All multi-use utensils used in the preparation or serving of food and drink shall be thoroughly cleaned and effectively subjected to an approved bactericidal process immediately following the day's operation. After cleansing, all equipment shall be stored in such a manner as not to become contaminated before being used.

(e) Stoves, work tables, shelves and accessories in adequate number shall be provided. Ample dish and food storage space shall be provided for the number of people to be accommodated.

(f) Tables, chairs or benches, sinks, counters, preparation and/or serving tables, cabinets and shelves shall be kept clean. Cutting boards shall be provided. Dining tables and counters shall be covered with solid top nonabsorbent, easily washed material.

(g) All windows, doors and exterior openings in kitchen and eating quarters shall be completely screened with sixteen mesh wire screening frames. All doors shall be selfclosing.

(h) Provision shall be made for collecting garbage in an adequate number of covered fly-tight metal containers and disposing of the same at least every two days. Disposal may be by burial not nearer than one hundred feet from the kitchen or water supply, or by hauling away and otherwise disposing of the same so as not to create a nuisance. All garbage cans shall be thoroughly cleaned after each time they are emptied. Garbage cans shall be stored either on concrete platforms, at least eight inches above ground and with footings around the entire edge at least eighteen inches deep or on platforms eighteen inches above the ground and open underneath for raking.

(Effective April 11, 1973)

* See Appendix to regulation.

APPENDIX

Approved Sanitizing Processes

When manual dishwashing is used, utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(a) Immersion for at least one minute in clean, hot water at a temperature of at least 170°F. An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(b) Immersion for at least one minute in a * * * sanitizing solution containing: (1) At least 50 * * * mg/1 of available chlorine * * * at a temperature of not less than 75°F. The bath should be made up to a strength of 100 * * * mg/1 or more of * * * available chlorine and shall not be used after its strength has been reduced to 50 * * * mg/l; or (2) at least 12.5 mg/1 of available iodine in a solution having a pH value not higher than 5.0 and a temperature of not less than 75°F.; or (3) any other chemical sanitizing agent which has been demonstrated to the satisfaction of the director of health to be effective and nontoxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in use solutions, shall provide the equivalent bactericidal effect of a solution containing at least 50 mg/1 of available chlorine at a temperature not less than 75°F.

(Effective October 22, 1963)

(See Reg. 22-17a-7.)

Sec. 19-13-B59. Food for workers

(a) Food handlers shall be persons in good health, free from open sores and lesions on the body and free from communicable diseases. (See section 19-13-B42 (q), relating to employment of persons with communicable diseases.) All employees shall wear clean outer garments and shall keep their hands clean at all times while engaged in handling food, drink, utensils or equipment. Employees shall not expectorate in rooms in which food is prepared. No employee shall resume work after using the toilet room without first washing his hands.

(See Reg. 19-13-A23.)

(b) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. It shall be protected from dust, flies and vermin at all times. All oysters, clams and mussels shall be from approved sources.

(c) Lunches for consumption in the fields shall be put up in securely wrapped waxed paper or other nonabsorbent material. Readily perishable food shall be kept at a temperature at or below 45°F. until served.

(d) Milk shall be handled and served in a sanitary manner and not exposed to dust, flies or vermin. Milk shall be kept under satisfactory refrigeration. Only pasteurized or canned milk shall be served.

(e) All meat served shall be from an inspected source.

(f) Sugar shall be stored in a covered container and shall be placed in covered dispensers.

(Effective October 22, 1963)

(See Reg. 22-17a-8.)

Sec. 19-13-B60. Water supply for workers' quarters

(a) The supply shall be adequate to furnish at least thirty gallons of water per day per person. Adequate storage to handle peak loads shall be provided. Running water under pressure shall be provided.

(b) Any water supply used or rendered available for drinking and for other personal or domestic purposes shall be obtained from a public water supply or from a properly protected and located ground water supply approved by the local director of health.

(c) All wells, whether drilled and cased, dug or driven, shall be so located, constructed and covered, and the pump so attached, as to prevent pollution of the well. All surface and near surface water shall be excluded from the well, preferably by a concrete platform curb. Provision shall be made for proper drainage of pump pits.

(d) If ground water supply is used, the source shall be not nearer than one hundred feet to privy vaults, cesspools or other sewage disposal systems.

(e) Springs shall not be considered satisfactory unless amply protected against pollution and so constructed as to meet the requirements of the local director of health.

(f) The bacteriological quality of the water shall be determined by analysis of samples in those cases where the supply has been out of use or where it otherwise appears necessary.

(g) No common drinking cups shall be permitted. Individual paper drinking cups or approved type drinking fountains, conveniently located, shall be provided.

(h) No pipe connections shall be made between a potable water supply and any other water supply.

(See Reg. 22-17a-9.)

Sec. 19-13-B61. Sewage disposal for workers' quarters

(a) Where no municipal disposal system is available, all kitchen, lavatory, toilet, bathhouse and laundry wastes shall be disposed of by running through covered drains to a sub-surface disposal system or otherwise disposed of in a manner approved by the local director of health. In unfavorable seepage soil it may be desirable to install separate systems for toilet wastes and other wastes.

(b) Toilet facilities shall be provided on the basis of one seat for each ten women, or one seat plus one standing urinal or three feet of trough type urinal for each twenty men. If privies are used, standards shall be not less than those required under section 19-13-B53. Toilet seats shall be of the open front type.

(See Reg. 22-17a-10.)

Sec. 19-13-B62. Lavatory, bathing and laundry facilities for workers' quarters

(a) Adequate handwashing, bathing and laundry facilities, with running water of approved quality, shall be provided. Hot water shall be available in adequate quantities.

(b) There shall be provided one lavatory or its equivalent for each fifteen persons or fraction thereof.

(c) Showers shall be provided in these ratios: One shower head for one to ten persons, except that, in case of quarters for less than five workers, a bathtub may be used in place of showers with the approval of the local director of health; two shower heads for eleven to forty persons, one shower head for each twenty persons or fraction thereof where over forty persons are housed.

(d) There shall be provided one laundry tub for each twenty-five men or one laundry tub for each twenty women, plus adequate facilities for clothes drying.

(e) Shower room floors shall be scrubbed daily with soap and hot water. Swabbing with a chlorine solution having a strength of not less than 0.5% available chlorine is an additional safeguard.

(f) Mats, cloth or other absorbent materials shall not be placed on bathroom floors or shower room floors.

(g) Duck boards shall not be used in shower rooms.

(h) Each shower room or bathroom shall be adequately ventilated by freely opening windows that shall be screened with sixteen mesh wire screen.

(i) Use of common towels shall not be permitted.

(See Reg. 22-17a-11.)

Sec. 19-13-B63. Refuse disposal for workers' quarters

Metal cans with tight fitting covers or other method of storage approved by the local director of health shall be provided to store rubbish pending collection and final disposal. Refuse shall be hauled away as necessary and disposed of so as not to create a nuisance. Rubbish cans shall be stored in the manner outlined for storage of garbage cans.

(See Regs. 19-13-B58(n), 22-17a-12.)

SHELLFISH

Secs. 19-13-B64—19-13-B70.

Repealed October 28, 2005.

Sec. 19-13-B71. Sewage disposal from boats near shellfish areas

The discharge of human waste from any boat into the waters directly over or adjacent to areas on which shellfish are being produced for market is prohibited.

Sec. 19-13-B72. Contamination of shellfish prohibited

Shellfish held in wet or dry storage shall be so kept at all times that they will not become contaminated.

Secs. 19-13-B73—19-13-B77.

Repealed, October 28, 2005.

SANITATION OF SLAUGHTERHOUSES

Sec. 19-13-B78. Slaughterhouses regulated

Every slaughterhouse or place where the business of slaughtering beef, poultry or swine, or preparing the same for market, is carried on, and the implements, utensils and appliances used therein, shall at all times be kept in a clean and sanitary condition.

(a) **Hogs prohibited.** No hogs shall be kept in connection with or within five hundred feet of such slaughterhouse.

(b) **Disposal of offal and refuse.** All offal, refuse and waste material shall be disposed of in a sanitary manner within twenty-four hours after slaughtering.

(c) **Water supply.** An adequate water supply, both hot and cold, shall be provided and arranged so as to permit a thorough washing of walls, floors and equipment of the slaughterhouse.

(d) **Disposal of fat and bones.** All bones and fat shall be placed in covered containers and removed from the slaughtering room within twenty-four hours.

(e) **Hides and pelts.** Hides or pelts shall not be stored on the floor of any room used for slaughtering, storing or preparing meats or meat food products.

Sec. 19-13-B79. Construction and sanitary requirements

(a) **Construction of rooms and floors.** (1) The floors shall be of brick, concrete or other hard impervious material and properly sloped to outlets covered with

removable grating, the bars of which shall not be more than one-half inch apart; (2) the walls shall be covered or made to a height of seven feet with concrete at least three inches thick or other approved impervious material; (3) all rooms shall be properly ventilated and well lighted, (4) properly ventilated and refrigerated cooling and storage rooms shall be provided and kept in a clean and sanitary condition. They shall be screened so as to prevent the entrance of flies and insects.

(b) **Sterilization of apparatus.** All apparatus, containers and implements used shall be thoroughly cleansed daily after using, with boiling water, live steam or other efficient sterilizing agent subject to the approval of the director of health.

(c) **Meat to be kept off floor.** Meat shall be placed on racks, hooks, tables or in suitable containers and shall never be placed on the floor

(d) **Sterilization of offal and flesh.** All offal or flesh fed to swine shall be sterilized by cooking before feeding.

(See Reg. § 22-320f-1 et seq.)

(e) **Sanitation of yards.** The yards, fences, pens, chutes and alleys on the premises, whether they are used or not, shall be maintained in a sanitary condition.

(f) **Disposal of wastes.** Proper facilities shall be provided for the collection and disposal of all liquid wastes, including blood, floor washings and other materials.

(g) **Toilets to be provided.** Toilets shall be provided for the use of the employees, the type and location to be approved by the director of health.

PUBLIC WATER SUPPLIES

Sec. 19-13-B80. Chemical substances in public water supplies

No chemical substances other than those used on September 1, 1964, with the approval of the commissioner of health shall be added to public water supplies designed for human consumption whether in the course of filtration, for control of plant or animal life, or for any other purpose without prior approval by the commissioner of health. Before installation of equipment for such addition, plans and specifications shall be submitted to and approved by the commissioner of health. These plans shall provide procedures necessary for the satisfactory operation of the installation, including the proper testing of the water for chemical content, which procedures shall be followed by any person, firm, corporation or municipality having jurisdiction over the supply.

(Effective September 1, 1964)

Mass Gatherings

Sec. 19-13-B81. Application

The provisions of sections 19-13-B81 to 19-13-B96, inclusive, shall be applicable to any mass gathering.

(Effective December 7, 1971)

Sec. 19-13-B82. Definitions

As used in sections 19-13-B81 to 19-13-B96, inclusive:

(1) ''Mass gathering'' means an assembly which is attended by three thousand or more persons at a stated location for a period of eighteen or more consecutive hours; (2) ''drinking water'' means water of a safe sanitary quality approved by the commissioner of health; (3) ''sewage'' means all human excretions and liquid domestic wastes including toilet, lavatory, shower, dishwashing or laundry, and

other water-carried wastes from any other fixture; (4) ''solid wastes'' means all putrescible and nonputrescible solid wastes, including garbage, refuse and ashes.
(Effective December 7, 1971)

Sec. 19-13-B83. Prerequisite

Water, toilet, handwashing and shower facilities shall be constructed and operational not later than seven days before the first day of the mass gathering. Plans necessary to show full compliance with the requirements of sections 19-13-B81 to 19-13-B96 shall be submitted to the local director of health 30 days in advance of such assembly. The plans shall provide for adequate and satisfactory water supply and sewage facilities, adequate drainage, adequate toilet, handwashing and shower facilities, adequate sleeping areas and facilities, adequate facilities for proper food storage, preparation and service, insect and noxious weed control, adequate refuse storage, collection and disposal facilities, adequate first aid, nursing and medical facilities, and such other matters as may be appropriate for security of life or health.
(Effective December 7, 1971)

Sec. 19-13-B84. Drainage

Sleeping areas and other places where occupants congregate shall be adequately drained.
(Effective December 7, 1971)

Sec. 19-13-B85. Interior roads

A mass gathering site shall be provided with a network of interior roads to be kept clear at all times for service and emergency vehicles, as well as to make the sanitary, food and medical facilities available to the occupants.
(Effective December 7, 1971)

Sec. 19-13-B86. Illumination

A mass gathering shall be provided with illumination sufficient to light the entire area of the assembly at the rate of at least five foot candles, but not to shine unreasonably beyond the boundaries of the location of the assembly, and with adequate light for toilet areas, service areas, roads and walkways.
(Effective December 7, 1971)

Sec. 19-13-B87. Medical services

Physicians licensed and currently registered in Connecticut shall be available at all times on the site in a convenient location in the proportion of one physician to each one thousand persons or fraction thereof attending to administer or supervise the administration of emergency care. They shall be assisted by nurses licensed or registered currently in Connecticut in such numbers as to provide at least one such nurse for every fifteen hundred persons. An enclosed covered structure where treatment may be rendered, containing a separately enclosed treatment room for each physician, shall be provided. Records shall be maintained of all prescription drugs administered and all such drugs shall be in the custody of a Connecticut licensed physician or pharmacist. Records of persons so treated shall specify the name and address of the patient, tentative diagnosis and other pertinent information. There shall be adequate provisions for emergency ambulance service, and at least one emergency ambulance available for use at all times. There shall be on file a memorandum of understanding with a nearby general hospital concerning the provision of hospital care, and the management of the mass gathering shall be responsible

for payment for such care for illnesses or injuries occurring on the premises. There shall be telephone service available to the medical director in the first aid area.
(Effective December 7, 1971)

Sec. 19-13-B88. Drinking water

The drinking water shall be from a public water supply approved by the state commissioner of health or from a source which conforms with the requirements of sections 19-13-B51a to 19-13-B51*l*, inclusive, shall be of a safe, sanitary quality, adequate in pressure and quantity, sufficient to provide drinking water for the maximum number of people to be assembled at the rate of at least one gallon per person per day, and shall be readily available to occupants of the mass gathering. Only drinking water shall be available for drinking or other domestic use.
(Effective December 7, 1971)

Sec. 19-13-B89. Drinking fountains

Approved drinking fountains as prescribed in section 19-13-B35 shall be located within a distance of not more than five hundred feet of any sleeping spot or other area where occupants congregate within such tract and there shall be one drinking fountain for each one hundred persons.
(Effective December 7, 1971)

Sec. 19-13-B90. Toilet facilities, sewage disposal

Fly-tight privies or water-flushed toilets with a system of sewage disposal which conforms with the requirements of sections 19-13-B20a to 19-13-B20r, inclusive, shall be provided and shall be maintained in a clean and sanitary condition. Any privy or sewage disposal system shall be so constructed and located as not to pollute any source of drinking water or watercourse or to create a public health nuisance.
(Effective December 7, 1971)

Sec. 19-13-B91. Toilet facilities, location

Separate toilets for men and women shall be provided, with at least one toilet seat for every two hundred females and at least one toilet seat for every three hundred males. No sleeping spot shall be located at a distance greater than five hundred feet from both men's and women's toilets. The location of all toilets shall he plainly indicated by signs.
(Effective December 7, 1971)

Sec. 19-13-B92. Handwashing facilities

Handwashing facilities, with running water under pressure and soap and paper towels or other approved hand drying method, shall be available near each group of toilets and near each food service area. At least one handwashing facility shall be provided with each toilet.
(Effective December 7, 1971)

Sec. 19-13-B93. Bathing facilities

Suitable and adequate shower bathing facilities separate for men and women shall be provided. There shall be at least one shower for each three hundred persons with hot and cold water and adequate subsurface sewage disposal in accordance with section 19-13-B20a to 19-13-B20r, inclusive.
(Effective December 7, 1971)

Sec. 19-13-B94. Dispensing food or beverages

Facilities for dispensing foods or beverages shall meet the requirements of sections 19-13-B42, 19-13-B48 and 19-13-B49 and shall be adequate to serve the maximum number of persons.

(Effective December 7, 1971)

Sec. 19-13-B95. Depositories

Adequate and sanitary facilities shall be provided and maintained for the storage, collection, and disposal of solid wastes and shall comply with sections 19-13-B21 and 19-13-B24a. Sufficient depositories with covers shall be provided throughout the area with at least daily collection.

(Effective December 7, 1971)

Sec. 19-13-B96. Noxious weeds

The entire area to be used for the mass gathering shall be cleared of all poison ivy and other noxious weeds at least seven days in advance of the mass gathering.

(Effective December 7, 1971)

Sec. 19-13-B97.

Repealed, December 27, 2005.

See § 19a-2a-29.

Water Company Land

Sec. 19-13-B98.

Repealed, February 6, 1980.

Control of Fumigation

Sec. 19-13-B99. Control of fumigation

(a) No person, firm or corporation, or the agent, employee or servant thereof, shall use or cause to be used, any substance for the purpose of fumigating any building, vessel, special room, vault, tank or enclosed space in the state of Connecticut without compliance with this section. This section shall not apply to fumigation of greenhouses or mushroom houses, horticultural or farm fumigation or the control of burrowing animals outside of buildings. Substances commonly known as insecticides and disinfectants, which are essentially destructive in the solid or liquid phase, are excluded from this section. A person, firm or corporation or the agent, employee or servant conducting fumigation is hereafter designated as a fumigator.

(b) A fumigator shall be licensed by the state department of environmental protection and shall be qualified by special training and experience to conduct fumigations in such manner as to be effective and to protect life and property. He shall be able to read and understand regulations governing fumigation operations, shall know the basic facts concerning the fumigant he is using, shall have general knowledge of all fumigants commonly used as pest control and shall know the hazards involved and the safety precautions and first aid measures necessary to safeguard human life. He shall have proper equipment to carry out fumigations and necessary safety precautions.

(c) No person shall conduct fumigation in any town, city or borough without a local permit or license if such permit or license is required by local ordinance, or otherwise without registration of his qualifications with the local director of health

of the town, city or borough and submission of information as to qualifications. No person found by the local director of health to be unqualified for the purpose of conducting fumigation shall conduct any fumigation.

(d) Written notice of fumigation shall be served upon the owner of the building to be fumigated or his authorized agent and written or verbal notice shall be served upon all occupants of the building. Written notice shall also be served upon the local director of health and officials in charge of the local fire and police departments. All notifications shall be served at least twenty-four hours in advance of fumigation unless this required time is reduced by direction of the local director of health. If there is no organized local fire or police department, notification shall be made upon the first selectman of the town or the warden of the borough, as the case may be.

(e) The fumigator shall take steps to effect removal, from the premises to be fumigated or adjacent buildings which may be affected by fumigation, of all food, drink or drugs which may absorb any poisonous substances used in the process of fumigation.

(f) If any part of a building, other than a special room or vault especially designed for this purpose and having proper ventilation, is to be fumigated, the entire building shall be vacated during the fumigation and ventilation periods. All persons occupying or living in premises to be fumigated shall vacate such premises upon request of the fumigator. If anyone fails to comply with such a request, the director of health may declare the premises unfit for human habitation and may issue necessary orders for vacation of the premises, if in his opinion fumigation is necessary to eliminate insanitary conditions.

(g) If inspection shows the possibility of gas gaining entrance to separate adjacent buildings, the fumigator shall warn in advance the occupants of such separate adjacent buildings and take any steps necessary to safeguard the lives and health of all persons occupying such buildings.

(h) All crevices, cracks or openings in the building or portion thereof to be fumigated, except the exit, shall be effectively sealed before fumigation material is distributed. All workers shall be accounted for before the final exit is closed and sealed.

(i) Warning signs, printed in red with headline letters at least two inches in height, shall be placed at all exits of the premises and kept there during fumigation and ventilation. They shall comply with the pertinent United States Department of Labor Occupational Safety and Health Standards.

(j) During periods of fumigation and ventilation the fumigator shall employ locks or barricades to prevent unauthorized entrance and shall provide for one or more watchmen who shall remain on duty until such time as the premises have been delcared by the fumigator to be safe for human occupancy.

(k) Persons conducting fumigation shall wear masks of a suitable type while in the enclosed space during and after liberation of gas and until the space after ventilation is delcared safe by the fumigator. The fumigator shall provide an extra canister for the mask at each fumigating job and shall keep an accurate record of the length of time during which the gas canister has been used in order that it may be replaced as required. In handling sulphuric acid, cyanide or other material likely to be injurious, rubber gloves shall be used. Employees of the fumigator shall comply with pertinent United States Department of Labor Occupational Safety and Health Standards.

(*l*) A minimum of twelve hours shall be required for ventilation, except for rooms, vaults and chambers equipped with a special exhaust system. During ventilation (1)

all windows, doors and other means of ventilation shall be kept open; (2) all drawers, closets and similar enclosures shall be kept open; (3) all mattresses and bedding shall be taken from beds and thoroughly aired; (4) the temperature of living quarters shall be elevated to a minimum of 60°F.

(m) Prior to allowing any other persons to enter, the fumigator shall, at the conclusion of ventilation of the premises, inspect and make appropriate tests of the interior of the building and certify that it is safe for persons to enter without special protection.

(n) Proper arrangements shall be made and carried out for the disposal of residue fumigation material.

(o) Special rooms, tanks, vaults or other enclosed spaces in which articles are fumigated shall meet with the approval of the local director of health in regard to the construction and location of premises.

(Effective January 2, 1975)

Building Conversion

Sec. 19-13-B100.

Repealed, August 3, 1998.

Sec. 19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

(a) **Definitions.** As used in this section:

(1) ''Accessory structure'' means a permanent non-habitable structure which is not served by a water supply and is used incidental to residential or non-residential buildings. Accessory structures include, but are not limited to, detached garages, open decks, tool and lawn equipment storage sheds, gazebos, and barns.

(2) ''Building conversion'' means the act of winterizing a seasonal use building into year round use by providing one or more of the following: (A) a positive heating supply to the converted area; or, (B) a potable water supply which is protected from freezing; or, (C) energy conservation in the form of insulation to protect from heat loss.

(3) ''Change in use '' means any structural, mechanical or physical change to a building which allows the occupancy to increase; or the activities within the building to expand or alter such that, when the building is fully utilized, the design flow or required effective leaching area will increase.

(4) ''Code-complying area'' means an area on a property where a subsurface sewage disposal system can be installed which meets all requirements of Section 19-13-B103 of the Regulations of Connecticut State Agencies, and the Technical Standards except for the one hundred percent reserve leaching area referred to in Section VIII A of the Technical Standards.

(5) ''Design flow'' means the anticipated daily discharge from a building as determined in accordance with Sections IV and VIII F of the Technical Standards.

(6) ''Potential repair area'' means an area on a property which could be utilized to repair or replace an existing or failed septic system and includes areas on the property where exceptions to Section 19-13-B103 of the Regulations of Connecticut State Agencies could be granted by the local director of health or the Commissioner of Public Health but does not include areas beyond those necessary for a system repair and areas of exposed ledgerock.

(7) ''Technical Standards'' means those standards established by the Commissioner of Public Health in the most recent revision of the publication entitled ''Technical Standards for Subsurface Sewage Disposal Systems'' prepared pursuant to Section 19-13-B103d(d) of the Regulations of Connecticut State Agencies. These standards can be obtained from the Department of Public Health, 410 Capitol Avenue, MS #51SEW, P.O. Box 340308, Hartford, CT. 06134-0308, or by calling (860) 509-7296.

(b) **Building conversion, change in use.** If public sewers are not available, no building or part thereof shall be altered so as to enable its continuous occupancy by performing any building conversion, nor shall there be a change in use unless the local director of health has determined that after the conversion or change in use, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. The determination by the local director of health of whether a code-complying area exists on the property shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of the change in use for those properties whenever the proposed change in use results in a more than 50% increase in the design flow.

(c) **Building additions.** If public sewers are not available, no addition to any building shall be permitted unless the local director of health has determined that after the building addition a code-complying area exists on the lot for the installation of a subsurface sewage disposal system. Once a code-complying area is identified, portions of the property outside this designated area may be utilized for further development of the property. This determination by the local director of health shall be based upon analysis of existing soil data to determine if a code-complying area exists. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the building addition shall be permitted, provided:

(1) The size of the replacement system shown on design plans or sketch provides a minimum of 50% of the required effective leaching area per the Technical Standards,

(2) The replacement system shown on the plans or sketch provides a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards,

(3) The proposed design does not require an exception to Section 19-13-B103d(a)(3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells,

(4) The addition does not reduce the potential repair area, and

(5) The building addition does not increase the design flow of the building.

The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of building addition whenever the proposed addition results in a more than 50% increase in the design flow. The separation distance from an addition to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.

(d) **Attached or detached garages, accessory structures, below or above ground pools.** If public sewers are not available, no attached garage, detached garage, accessory structure, below or above ground pool shall be permitted unless the local director of health has determined that after construction of the attached garage, detached garage, accessory structure, below or above ground pool, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the attached or detached garage, below or above ground pool, or accessory structure shall be permitted, provided the structure does not reduce the potential repair area. The separation distance from the attached or detached garage, below or above ground pool, or accessory structure to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.

(e) **Sewage disposal area preservation.** If public sewers are not available, no lot line shall be relocated or any other activity performed that affects soil characteristics or hydraulic conditions so as to reduce the potential repair area, unless the local director of health has determined that after the lot line relocation or disturbance of soils on the lot a code-complying area exists for the installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. In no case shall a relocated lot line violate Subsection (d) of Section 19-13-B103(d) of the Regulations of Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served.

(f) **Decision by Director of Health.** Any final decision of the local director of health made in regard to this section shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19a-229 of the Connecticut General Statutes.

(Adopted effective August 3, 1998)

Standards for Quality of Public Drinking Water

Sec. 19-13-B101. Testing of water quality in private water supply systems

(a) **Definitions.** As used in this section:

(1) ''Approved laboratory'' means a laboratory facility issued a certificate of approval by the Department of Public Health pursuant to sections 19-4-1, 19a-36-a25 through 19a-36-a33, and 19a-36-a57 through 19a-36-a63 of the regulations of Connecticut State Agencies.

(2) ''Consumer'' means any private dwelling, hotel, motel, boarding house, apartment building, store, office building, institution, mechanical or manufacturing establishment or other place of business or industry to which water is supplied by a source of private water supply.

(3) ''Department'' means the Connecticut Department of Public Health.

(4) ''Disinfected'' means pathogenic organisms in the water have been deactivated by chemical oxidants such as chlorine or equivalent agents.

(5) ''Domestic purposes'' means drinking, bathing, washing of clothes and dishes, cooking, and other common household uses.

(6) ''Local director of health'' means and includes the city, town, borough, or district director of health and any person legally authorized to act for the local director of health.

(7) ''Maximum contaminant level (MCL)'' means the maximum permissible level of a biological or chemical substance in water for a private water supply system.

(8) ''Organic chemicals'' means all substances listed in section 19-13-B102(e)(4) of the regulations of Connecticut State Agencies.

(9) ''Private water supply system'' means any source of private water supply serving a single consumer and less than twenty five (25) persons, and used for drinking or other domestic purposes.

(10) ''Qualified individual'' means a licensed sanitarian, local director of health, employee of the department, employees of local or state agencies as part of their regulatory or statutory responsibilities, or a person, including an owner or general contractor of a residential construction on which a private water supply system is located, found to be qualified by an approved laboratory to collect water samples from a private water supply system for submission to that laboratory.

(11) ''Source of private water supply'' means any surface water, spring, well, or underground water source from which water is available by a private water supply system for domestic purposes.

(b) A sample of water collected from a private water supply by a qualified individual shall not be analyzed by the approved laboratory unless it is accompanied by a statement signed by the qualified individual indicating the location of the sample and the address of the private water supply.

(c) MCLS for a private water supply system shall conform to those specified in subdivisions (2), (3) and (4) of subsection (e) of section 19-13-B102 of the regulations of Connecticut State Agencies. The MCL for total coliform bacteria in a private water system is exceeded if the analytical result of the water sample is positive for total coliform bacteria.

(d) The owner of a private water supply system shall have the source of the private water supply sampled directly or sampled from a cold water faucet supplying water for domestic purposes that is located within the building. If water treatment is provided the owner shall have the sample collected prior to any treatment. The sample shall be at a minimum analyzed for total coliform, nitrate, nitrite, sodium, chloride, iron, manganese, hardness, turbidity, pH, sulfate, apparent color and odor. The local director of health shall require a sample to be analyzed for organic chemicals when reasonable grounds exist to suspect that organic chemicals may be present in the private water supply system. For purposes of organic chemical analyses reasonable grounds means any information that is known by the local director of health that indicates that at the time of sampling the particular private water supply system is located on or in proximity to land associated with the past or present production, storage, use, or disposal of organic chemicals or such information as derived from a phase I environmental site assessment. In the event nitrate is at or greater than 10 milligrams per liter and the local director of health has reasonable grounds to suspect such pesticides or herbicides are present the sample shall also be tested for alachlor, atrazine, dicamba, ethylene dibromide (EDB), metolachlor,

simazine and 2,4-D. For purposes of these seven pesticide or herbicide analyses, reasonable grounds includes but is not limited to any information that is known by the director of health at the time of sampling that the particular private water supply is located on or in proximity to land where any of these seven pesticides or herbicides are or were applied on or in proximity to land used for the production, storage, use or disposal of any of these seven pesticides or herbicides or such information as derived from a phase I environmental site assessment. Compliance with this section shall conform to the following conditions as applicable:

(1) The water quality of a newly constructed source of private water supply shall be sampled by a qualified individual and analyzed by an approved laboratory. The private water supply system shall have been disinfected and the system shall not be sampled until all disinfectant has dissipated. The results of such analyses and a statement signed by a qualified individual attesting to the exact address and location of sampling shall be reported by the approved laboratory to the local director of health of the municipality where the property is located within thirty (30) days of the completion of such analyses. Approval by the local director of health that the results of the laboratory analyses comply with MCLS applicable to this section shall be obtained before the private water supply is used for domestic purposes.

(2) If an existing private water supply system is sampled within six (6) months of the sale of the property on which the private water supply system is located, it must be sampled by a qualified individual and analyzed by an approved laboratory. The results of the analyses conducted shall be reported by the approved laboratory to the local director of health of the municipality where the property is located within thirty (30) days of the completion of the analyses. A test of a private water supply system shall not be required by this section as a consequence or condition of sale, exchange, transfer, purchase or rental of the real property on which the private water supply system is located.

(e) This section shall apply to purchase agreements or contracts for the sale of real estate executed on or after December 30, 1996 where title to real estate has not yet passed and to transfers of real estate occurring between December 30, 1996 and the effective date of these regulations where the tests or analyses described in this section were not performed prior to the transfer.

(Effective June 21, 1985; amended, December 30, 1996, December 23, 1997)

Sec. 19-13-B102. Standards for quality of public drinking water

The following standards for the quality of drinking water, minimum treatment methods, and requirements for the design and operation of treatment works and water sources shall be met by all public water systems.

(a) **Definitions.** As used in Section 19-13-B102:

(1) ''Action level'' means the concentration of lead or copper in water specified in subsection (j)(6)(B) of this section which determines, in some cases, the treatment requirements contained in subsection (j)(6) of this section that a water system is required to complete;

(2) ''Active source of supply'' means all springs, streams, watercourses, brooks, rivers, lakes, ponds, wells, or underground water from which water is taken on a regular or periodic basis for water supply purposes. A number of wells drawing water from a single aquifer or more than one surface water body or a combination of surface water and groundwater sources connected to a common distribution system may, at the discretion of the department, be considered a single source of supply;

(3) ''Annual average'' means the arithmetic average of the quarterly averages of four (4) consecutive quarters of monitoring;

(4) ''CFR'' means Code of Federal Regulations;

(5) ''Certified distribution system operator'' means an operator who has met the education, experience, and examination requirements specified in section 25-32-11 of the Regulations of Connecticut State Agencies;

(6) ''Certified treatment plant operator'' means an operator who has met the education, experience, and examination requirements of section 25-32-9 of the Regulations of Connecticut State Agencies;

(7) ''Coagulation'' means a process using coagulant chemicals and mixing by which colloidal and suspended materials are destabilized and agglomerated into flocs;

(8) ''Community water system'' or ''(CWS)'' means a public water system that serves at least twenty-five (25) residents;

(9) ''Complete conventional treatment'' means coagulation, sedimentation or dissolved air flotation, rapid granular filtration, and disinfection unless approved otherwise by the department;

(10) ''Compliance period'' means a three (3) calendar-year period within a compliance cycle. Each compliance cycle has three (3) three-year compliance periods. Within the first compliance cycle, the first compliance period runs from January 1, 1993 to December 31, 1995; the second from January 1, 1996 to December 31, 1998; the third from January 1, 1999 to December 31, 2001;

(11) ''Compliance cycle'' means the nine (9) calendar-year cycle during which public water systems shall monitor. Each compliance cycle consists of three (3) three-year compliance periods. The first calendar year cycle begins January 1, 1993 and ends December 31, 2001; the second begins January 1, 2002 and ends December 31, 2010; the third begins January 1, 2011 and ends December 31, 2019;

(12) ''Composite correction program'' or ''(CCP)'' means a program consisting of two (2) elements: a comprehensive performance evaluation and comprehensive technical assistance;

(13) ''Comprehensive performance evaluation'' or ''(CPE)'' means a thorough review and analysis of a treatment plant's performance-based capabilities and associated administrative, operation and maintenance practices. It is conducted to identify factors that may be adversely impacting a plant's capability to achieve compliance and emphasizes approaches that can be implemented without significant capital improvements. The comprehensive performance evaluation shall comprise a written report consisting of at least the following components:

(A) Assessment of plant performance;

(B) Evaluation of major unit processes;

(C) Identification and prioritization of performance limiting factors;

(D) Assessment of the applicability of comprehensive technical assistance;

(E) Identification of improvements selected by a public water system to enhance the treatment plant's capability to achieve compliance; and

(F) A schedule of dates for the implementation of the improvements;

(14) ''Comprehensive technical assistance'' means a performance improvement phase that is implemented using results from the comprehensive performance evaluation;

(15) ''Confluent growth'' means a continuous bacterial growth covering the entire filtration area of a membrane filter, or a portion thereof, in which bacterial colonies are not discrete;

(16) ''Consecutive public water system'' means a public water system that purchases all of its water from one or more public water systems;

(17) ''Consultation'' means a telephone call at which the public water system reports to the department the nature of the violation and the department, in turn, determines the action that shall be taken by the public water system;

(18) ''Consumer'' means one that meets the requirements of section 25-32a of the Connecticut General Statutes;

(19) ''Contaminant'' means any physical, chemical, biological, or radiological substance or matter in water as in section 1401 Title XIV of the Federal Public Health Service Act;

(20) ''Conventional filtration treatment'' means a series of processes including coagulation, flocculation, sedimentation or dissolved air flotation, and filtration resulting in substantial particulate removal;

(21) ''Corrosion inhibitor'' means a substance capable of reducing the corrosivity of water toward metal plumbing materials, especially lead and copper, by forming a protective film on the interior surface of those materials;

(22) ''CT'' or ''CT CALC'' means the product of the ''residual disinfectant concentration'' (C) in milligrams per liter (mg/l) determined before or at the first customer, and the corresponding ''disinfectant contact time'' (T) in minutes (i.e., ''C'' X ''T''). If a public water system applies disinfectants at more than one point prior to the first customer, it shall determine the CT of each disinfectant sequence before or at the first customer to determine the total percent inactivation;

(23) ''Customer'' means consumer as defined in section 25-32a of the Connecticut General Statutes;

(24) ''Department'' means Connecticut Department of Public Health;

(25) ''Diatomaceous earth filtration'' means a process resulting in substantial particulate removal in which a pre-coat cake of diatomaceous earth filter media is deposited on a support membrane (septum), and while the water is filtered by passing through the cake on the septum, additional filter media known as body feed is continuously added to the feed water to maintain the permeability of the filter cake;

(26) ''Direct filtration'' means a series of processes including coagulation and filtration, but excluding sedimentation, resulting in substantial particulate removal;

(27) ''Disinfectant contact time'' (''T'' in CT calculations) means the time in minutes that it takes for water to move from the point of disinfectant application or the previous point of disinfectant residual measurement to a point before or at the point where residual disinfectant concentration (''C'') is measured;

(A) Where only one ''C'' is measured (single application point), ''T'' is the time in minutes that it takes for water to move from the point of disinfectant application to a point before or at which residual disinfectant concentration (''C'') is measured;

(B) Where more than one ''C'', is measured (multiple application points), ''T'' is:

(i) for the first measurement of ''C'', the time in minutes that it takes for water to move from the first point of disinfectant application to a point before or at the point where the first ''C'' is measured; and

(ii) for subsequent measurements of ''C'', the time in minutes that it takes for water to move from the previous ''C'' measurement point to the ''C'' measurement point for which the subsequent ''T'' is being calculated;

(C) Disinfectant contact time in pipelines shall be calculated by dividing the internal volume of the pipe by the maximum hourly flow rate through that pipe (plug flow); and

(D) Disinfectant contact time within mixing basins, clearwells, and storage reservoirs shall be determined by tracer studies or an equivalent demonstration;

(28) ''Disinfection'' means a process which inactivates pathogenic organisms in water by chemical oxidants or equivalent agents;

(29) ''Disinfection profile'' means a summary of daily giardia lamblia inactivation through the treatment plant;

(30) ''Domestic or other non-distribution system plumbing problem'' means a coliform contamination problem in a public water system with more than one service connection that is limited to the specific service connection from which the coliform-positive sample was taken;

(31) ''EC medium/mug tests'' means analytical tests for waterborne bacteria as specified in 40 CFR 141.21(f);

(32) ''Effective corrosion inhibitor residual'' means a concentration sufficient to form a passivating film on the interior walls of a pipe;

(33) ''End of distribution system'' means the last service connection on a dead-end water main;

(34) ''Enhanced coagulation'' means the addition of sufficient coagulant for improved removal of disinfection byproduct precursors by conventional filtration treatment;

(35) ''Enhanced softening'' means the improved removal of disinfection byproduct precursors by precipitative softening;

(36) ''EPA'' means the United States Environmental Protection Agency;

(37) ''Filter profile'' means a graphical representation of individual filter performance, based on continuous turbidity measurements or total particle counts versus time for an entire filter run, from startup to backwash inclusively, that includes an assessment of filter performance while another filter is being backwashed;

(38) ''Filtration'' means a process for removing particulate matter from water by passage through porous media;

(39) ''First draw sample'' means a one-liter sample of tap water, collected in accordance with subsection(e)(8)(B)(ii) of this section, that has been standing in plumbing pipes at least six (6) hours and is collected without flushing the tap;

(40) ''Flocculation'' means a process to enhance agglomeration or collection of smaller floc particles into larger, more easily settleable particles through gentle stirring by hydraulic or mechanical means;

(41) ''GAC10'' means granular activated carbon filter beds with an empty-bed contact time of 10 minutes based on average daily flow and a carbon reactivation frequency of every 180 days;

(42) ''Groundwater under the direct influence of surface water'' or ''(GWUDI)'' means any water beneath the surface of the ground with either significant occurrence of insects or other macroorganisms, algae, or large-diameter pathogens such as giardia lamblia or cryptosporidium, or significant and relatively rapid shifts in water characteristics such as turbidity, temperature, conductivity, or pH which closely correlate to climatological or surface water conditions. Direct influence shall be determined for individual sources in accordance with criteria established by the department. The department determination of direct influence may be based on site-specific measurements of water quality and/or documentation of well construction characteristics and geology with field evaluation according to ''Department of Health Services criteria-determination of groundwater under the direct influence of surface water'';

(43) ''Haloacetic acid five'' or ''(HAA5)'' means the sum of the concentrations in milligrams per liter of the haloacetic acid compounds (monochloroacetic acid, dichloroacetic acid, trichloroacetic acid, monobromoacetic acid, and dibromoacetic acid), rounded to two (2) significant figures;

(44) ''Initial compliance period'' means the first full three-year compliance period which begins at least eighteen (18) months after promulgation. Initial compliance period runs from January 1, 1993 to December 31, 1995;

(45) ''Large water system'' means a water system that serves more than fifty thousand (50,000) persons;

(46) ''Lead service line'' means a service line made of lead that connects the water main to a building inlet and any lead pigtail, gooseneck or other fitting connected to such lead line;

(47) ''Legionella'' means a genus of bacteria, some species of which have caused a type of pneumonia called legionnaires' disease;

(48) ''Local director of health'' means a city, town, borough, or district director of health or his authorized agent;

(49) ''mg/L'' means milligrams per liter;

(50) ''Maximum contaminant level'' or ''(MCL)'' means the maximum permissible level of a contaminant in water that is delivered to any consumer of a public water system;

(51) ''Maximum contaminant level goal'' or ''MCLG'' means the maximum level of a contaminant in drinking water at which no known or anticipated adverse effect on the health of persons would occur; and which allows an adequate margin of safety. Maximum contaminant level goals are non-enforceable health goals;

(52) ''Maximum residual disinfectant level'' or ''(MRDL)'' means a level of a disinfectant added for water treatment that may not be exceeded at the consumer's tap without an unacceptable possibility of adverse health effects. MRDL is enforceable in the same manner as maximum contaminant level;

(53) ''Maximum residual disinfectant level goal'' or ''(MRDLG)'' means the maximum level of a disinfectant added for water treatment at which no known or anticipated adverse effect on the health of persons would occur, and which allows an adequate margin of safety. MRDLG is a non -enforceable health goal and does not reflect the benefit of the addition of the chemical for control of waterborne microbial contaminants;

(54) ''Medium-size water system'' means a water system that serves greater than three thousand three hundred (3,300) and less than or equal to fifty thousand (50,000) persons;

(55) ''Method detection limit'' or ''(MDL)'' means the minimum concentration of a substance that can be measured and reported with ninety-nine percent (99%) confidence that the true value is greater than zero (0);

(56) ''Near the first service connection'' means at one of the twenty percent (20%) of all service connections in the entire system that are nearest the water supply treatment facility, as measured by water transport time within the distribution system;

(57) ''Non-community water system'' means a public water system that serves at least twenty-five (25) persons at least sixty (60) days out of the year and is not a community water system;

(58) ''Non-transient non-community water system'' or ''(NTNC)'' means a public water system that is not a community system and that regularly serves at least twenty-five (25) of the same persons over six (6) months per year;

(59) ''Notification level'' means the level of a contaminant that if exceeded shall require public notification by a public water system to its consumers;

(60) ''Optimal corrosion control treatment'' means the corrosion control treatment that minimizes the lead and copper concentrations at users' taps while ensuring that the treatment does not cause the water system to violate any drinking water statutes or regulations;

(61) ''Other unregulated contaminants'' means contaminants that meet or exceed the department's action level or contaminant level for which the maximum contaminant goal has been proposed for drinking water by EPA;

(62) ''Physical parameters'' means color, turbidity, ph and odor;

(63) ''Point of disinfectant application'' is the point where the disinfectant is applied and water downstream of that point is not subject to recontamination by surface water;

(64) ''Point of entry'' means a location on an active source of supply that is after any treatment and before entrance to the distribution system;

(65) ''Public water system'' or ''System'' means any water company supplying water to fifteen (15) or more consumers or twenty-five (25) or more persons, based on the ''Design Population'' as defined in section 16-262m-8(a)(3) of the Regulations of Connecticut State Agencies, jointly administered by the department and the Department of Public Utility Control, daily at least sixty days (60) of the year. A system is not a public water system if it meets all of the following conditions:

(A) consists only of distribution and storage facilities;

(B) does not have any treatment facilities, other than those for non-potable use;

(C) obtains all of its water from, but is not owned or operated by, a public water system;

(D) does not separately bill the consumers for water use or consumption; and

(E) is not a carrier which conveys passengers in interstate commerce;

(66) ''Practical quantification level'' or ''(PQL)'' means the lowest concentration that can be reliably measured within specific limits of precision and accuracy during routine laboratory operating conditions;

(67) ''Repeat compliance period'' means any subsequent compliance period after the initial compliance period;

(68) ''Repeat sample'' means a sample that is collected as a result of a total coliform-positive routine sample;

(69) ''Residual disinfectant concentration'' (''C'' in CT calculations) means the concentration of disinfectant measured in mg/L in a representative sample of water;

(70) ''Routine sample'' means a sample that is collected at a location and frequency as specified in the approved sample siting plan;

(71) ''Sanitarian'' means a person who is trained in environmental health and who is qualified to carry out educational and investigational duties in the fields of environmental health such as investigation of air, water, sewage, foodstuffs, housing and refuse by observing, sampling, testing and reporting; and who is licensed pursuant to section 20-361 of the Connecticut General Statutes;

(72) ''Sanitary survey'' means an onsite inspection of the water source, treatment, distribution system, finished water storage, pumping facilities and controls, monitoring and reporting data, system management and operation, and operator compliance with department requirements. Components of the sanitary survey may be completed as part of a staged or phased review process by the department within the established frequency;

(73) ''Second compliance period'' means the second full three-year compliance period in the first compliance cycle. Second compliance period runs from January 1, 1996 to December 31, 1998;

(74) ''Sedimentation'' means a process for removal of solids before filtration by gravity or separation;

(75) ''Self assessment'' means an assessment which shall comprise a written report consisting of at least the following components:

(A) Assessment of filter performance;

(B) Development of a filter profile;

(C) Identification and prioritization of factors limiting filter performance;

(D) Assessment of the applicability of improvements;

(E) Identification of improvements selected by a public water system to enhance filtration and achieve compliance; and

(F) A schedule of dates for the implementation of the improvements;

(76) ''Service line sample'' means a one (1) liter sample of water, collected in accordance with subsection (e)(8)(B)(iii) of this section, that has been standing for at least six (6) hours in a service line;

(77) ''Significant deficiency'' means a violation of section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies;

(78) ''Single family structure'' means a building constructed as a single-family residence that is currently used as either a residence or a place of business;

(79) ''Slow sand filtration'' means a process involving passage of raw water through a bed of sand at low velocity (generally less than 0.16 gallons per minute per square foot, gpm/sq. ft.) resulting in substantial particulate removal by physical and biological mechanisms;

(80) ''Small water system'' means a water system that serves three thousand three hundred (3,300) persons or fewer;

(81) ''Source water'' means raw water before any kind or type of treatment at the source of supply;

(82) ''Special purpose sample'' means a sample that is taken to determine whether disinfection practices are sufficient following routine maintenance work on the distribution system;

(83) ''Surface water'' means all water that is open to the atmosphere and subject to surface runoff;

(84) ''SUVA'' means specific ultraviolet absorption at 254 nanometers (nm), an indicator of the humic content of water. It is a calculated parameter obtained by dividing a sample's ultraviolet absorption at a wavelength of 254 nm (UV254) (in M-1) by its concentration of dissolved organic carbon (DOC) in mg/L;

(85) ''System with a single service connection'' means a system that supplies drinking water to consumers via a single service line;

(86) ''Tier 1 notice'' means a notice that is required when a public water system has failed to comply with requirements for any of the following:

(A) The maximum contaminant level (MCL) for total coliforms when fecal coliform or E.coli are present in the water distribution system, or when the public water system fails to test for fecal coliforms or E.coli when any repeat sample tests positive for coliform;

(B) The MCL for nitrate, nitrite, or total nitrate and nitrite, or when the public water system fails to take a confirmation sample within twenty-four (24) hours of the system's receipt of the first sample showing an exceedance of the nitrate or nitrite MCL;

(C) The maximum residual disinfectant level (MRDL) for chlorine dioxide when one or more samples taken in the distribution system the day following an exceedance

of the MRDL at the entrance of the distribution system exceed the MRDL, or when the public water system does not take the required samples in the distribution system;

(D) The MCL for turbidity as specified in sections 19-13-B102(e)(7)(H)(ii) and 19-13-B102(j)(2)(D) of the Regulations of Connecticut State Agencies, where the department determines after consultation that the violation of the MCL for turbidity combined with other site-specific information indicate that potential pathogens may have passed the point of entry to the water distribution system, or where consultation does not take place within twenty-four (24) hours after the public water system learns of the violation;

(E) The MCL for turbidity as specified in section 19-13-B102(j)(4) of the Regulations of Connecticut State Agencies, where the department determines after consultation that the violation of the MCL for turbidity combined with other site-specific information indicate that potential pathogens may have passed the point of entry to the water distribution system, or where consultation does not take place within twenty-four (24) hours after the public water system learns of the violation;

(F) Occurrence of a waterborne disease outbreak, as defined in section 19-13-B102(a) of the Regulations of Connecticut State Agencies; or

(G) Any chemical listed in sections 19-13-B102(e)(2) to 19-13-B102(e)(4), inclusive of the Regulations of Connecticut State Agencies is found at a level that is determined in writing by the department to have serious adverse effects on human health as a result of short term exposure based on available scientific and epidemiological findings.

(87) ''Tier 2 notice'' means a notice that is required when a public water system has failed to comply with requirements for any of the following:

(A) The MCL, MRDL, or treatment technique requirements, except where a tier 1 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies;

(B) Monitoring or testing procedure requirements for total coliforms, nitrate, nitrite, total nitrate and nitrite, or chlorine dioxide, except where a tier 1 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies; or

(C) The terms and conditions of any variance, consent order, consent agreement or exemption in place.

(88) ''Tier 3 notice'' means a notice that is required when a public water system has:

(A) Violated a monitoring requirement, except where a tier 1 notice or a tier 2 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies;

(B) Violated a testing procedure requirement, except where a tier 1 notice or a tier 2 notice is required under section 19-13-B102(a) of the Regulations of Connecticut State Agencies;

(C) Operated under an administrative order, variance, or an exemption;

(D) Failed to provide the notice of the availability of unregulated contaminant monitoring results, as required under 40 CFR 141.207; or

(E) Exceeded the fluoride secondary maximum contaminant level (SMCL), as required under 40 CFR 141.208.

(89) ''Too numerous to count'' means that the total number of bacterial colonies exceeds two hundred (200) on a forty-seven (47) mm diameter membrane filter used for coliform detection;

(90) ''Total organic carbon'' or ''(TOC)'' means total organic carbon in mg/L measured using heat, oxygen, ultraviolet irradiation, chemical oxidants, or combina-

tions of these oxidants that convert organic carbon to carbon dioxide, rounded to two (2) significant figures;

(91) ''Total trihalomethanes'' or ''(TTHM)'' means the sum of the concentrations in milligrams per liter of bromodichloromethane, dibromochloromethane, tribromoethane (bromoform) and trichloromethane (chloroform) rounded, to two (2) significant figures;

(92) ''Transient non-community water system'' or ''(TNC)'' means a noncommunity water system that does not meet the definition of a non-transient noncommunity water system;

(93) ''Uncovered finished water clearwell, tank or basin'' means a container that stores water shall undergo no further treatment except disinfection and is open to the atmosphere.

(94) ''Virus'' means a microorganism of fecal origin which is infectious to humans by waterborne transmission;

(95) ''Water company'' means one that meets the requirements of section 25-32a of the Connecticut General Statutes;

(96) ''Water system'' means all community water systems and non-transient noncommunity water systems;

(97) ''Waterborne disease outbreak'' means the significant occurrence of acute infectious illness, epidemiologically associated with the ingestion of water from a public water system as determined by the department; and

(98) ''Zone of influence'' means the land area that directly overlies and has the same horizontal extent as the part of the water table or other potentiometric surface that is perceptibly lowered by the withdrawal of water. The zone of influence delineated by the use of modeling is that area of land in which the water table or potentiometric surface is lowered by at least one-half (0.5) foot. In the event of inadequate information and data to delineate the zone of influence, a radius of one (1) mile shall be utilized for unconsolidated aquifer groundwater sources and a radius of one thousand (1000) feet shall be utilized for confined and bedrock aquifer groundwater sources.

(b) **Watershed survey.** A public water system using surface water as an active source of supply shall make a sanitary survey of the watershed to the intake at least annually. A report on the survey shall be submitted to the Department by March 1 each year covering the preceding calendar year.

(c) **Standards for quality of untreated water prior to treatment.** All parameters shall be tested for each surface source at least annually, except bacteriological and physical tests which shall be done quarterly.

Groundwater sources shall be tested for these parameters when the department determines that the source is vulnerable to contamination.

Parameter	*Degree of Treatment*	
	Disinfection and Chemical Treatment	*Filtration*
(1) BACTERIOLOGICAL Coliform Organisms*	Not to exceed 100/100 ml monthly average, based on a running arithmetic average for the most recent twelve month period. No individual sample is to exceed 500/100 ml	Not to exceed 20,000/100 ml as measured by a monthly geometric mean

* If coliform organisms are demonstrated to be not associated with a fecal source on the basis sanitary survey and differential tests, exception may be made.

(2) PHYSICAL		
Color	Not to exceed twenty (20) standard units in more than ten percent (10%) of samples for most recent twelve (12) month period	Not to exceed two hundred fifty (250) standard units as measured by a monthly geometric mean.
Turbidity	The turbidity level as specified in 40 CFR 141.74 (a) (4), in a representative sample of the source water immediately prior to the first or only point of disinfection application shall not exceed (5) Nephelometric Turbidity Units (NTU).	Not to exceed two hundred fifty (250) standard units as measured by a monthly geometric mean.

Parameter	*Degree of Treatment*	
	Disinfection and Chemical Treatment Level mg/l	*Filtration Level mg/l*
(3) INORGANIC CHEMICALS		
Arsenic[a]	.01	.01
Barium	1	1
Cadmium	.01	.01
Chloride	250	250
Chromium	.05	.05
Copper	.05	1.0
Cyanide	.01	0.2
Flouride	2.0	2.0
Lead	.05	.05
MBAS (methylene blue active substance)	0.5	0.5
Mercury	.002	.005
Nitrate plus Nitrite as N	10	10
Selenium	.01	.01
Silver	.05	.05

[a] The MCL for arsenic is effective January 23, 2006. Until then the MCL is 0.05 mg/L.

(4) PESTICIDES	All Degrees of Treatment Level mg/L
Endrin	0.002
Lindane	0.0002
Methoxychlor	0.04
Toxaphene	0.003
2,4-D	0.07
2,4,5-TP (silvex)	0.05

(d) **Facility location.** Such as but not limited to treatment plants, pumping stations, storage tanks, etc., but not including water intakes and connecting pipelines.

(1) New facilities are to be located: (A) Above the level of the one hundred year flood. (B) Where chlorine gas will not be stored or used within three hundred feet of any residence. (C) Where the facility is not likely to be subject to fires or other natural or manmade disasters.

(2) The state health department must be notified before entering into a financial commitment for a new public water system or increasing the capacity of an existing public water system, and the approval of the state health department must be obtained before any construction is begun. This includes construction of supply and treatment works, transmission lines, storage tanks, pumping stations and other works of sanitary significance. It does not include the routine extension of laterals or tapping of new service connections.

(e) **Water ready for consumption.**

(1) Physical Tests. Color is not to exceed fifteen (15) standard units leaving the treatment plant nor at representative sampling points in the distribution system. Turbidity is not to exceed five (5) standard units at representative sampling points in the distribution system.

Odor is not to exceed a value of two (2) in the treatment plant effluent on a scale of 0-5 as follows:

0-None	3-Distinct
1-Very Faint	4-Decided
2-Faint	5-Strong

The pH value is not to be less than 6.4 nor to exceed 10.0 at a point of entry to the distribution system or in the distribution system. A system conducting water quality parameter monitoring for pH in accordance with section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies shall comply with the pH requirements pursuant to section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies.

(2) Inorganic Chemicals

Community and non-transient non-community water systems shall test for inorganic chemicals specified below. Transient non-community water systems shall test for nitrate and nitrite only.

Inorganic chemicals[(a)] and their limits

Chemical	**Maximum Contaminant Level mg/L**
Antimony	0.006
Arsenic[(b)]	0.01
Asbestos	7 MFL[1]
Barium	2
Beryllium	0.004
Cadmium	0.005
Chromium	0.1
Cyanide	0.2
Fluoride	4.0
Mercury	0.002
Nickel	0.1
Nitrate nitrogen	10(as N)
Nitrite nitrogen	1(as N)
Nitrate nitrogen plus nitrite nitrogen	10(as N)
Selenium	0.05
Silver	0.05
Sulfate	**
Chloride	250
Thallium	0.002
Lead	***
Copper	***
Sodium	*

Notes

[(a)] The method detection limits for inorganic chemicals shall conform to those accepted and approved by EPA as described in 40 CFR 141.23(a), as amended January 22, 2001.

[(b)] The MCL for arsenic is effective January 23, 2006. Until then the MCL is 0.05 mg/L.

* Sodium has no MCL, but has a notification level of 28 mg/L. See section 19-13-B102(i)(5)(B) of the Regulations of Connecticut State Agencies for the notification requirements.

** MCL has not been established for this chemical.

*** See section 19-13-B102(j)(6) of the Regulations of Connecticut State Agencies. The MCLG for lead is zero (0) and for copper is 1.3 mg/L.

[1] MFL = million fibers per liter longer than ten (10) micrometers.

(3) Pesticides, Herbicides and PCBs. Community and non-transient non-community water systems shall test for pesticides, herbicides and PCB specified below.

Pesticides, Herbicides, PCB, and their limits

Chemical[1]	*Maximum Contaminant Level (mg/l)*
Alachlor	0.002
Aldicarb	**
Aldicarb sulfoxide	**
Aldicarb sulfone	**
Aldrin	**
Atrazine	0.003
Benzo(A)pyrene	0.0002
Butachlor	**
Carbaryl	**
Carbofuran	0.04
Chlordane	0.002
Dalapon	0.2
Di(2-ethylhexyl)adipate	0.4
Di(2-ethylhexyl)phthalates	0.006
Dicamba	**
Dieldrin	**
Dinoseb	0.007
Diquat	0.02
Dibromochloropropane (DBCP)	0.0002
2,4-D	0.07
Ethylene dibromide (EDB)	0.00005
Endrin	0.002
Endothall	0.1
Glyphosate	0.7
Heptachlor	0.0004*
Heptachlor epoxide	0.0002*
Hexachlorobenzene	0.001
Hexachlorocyclopentadiene	0.05
3-Hydroxycarbofuran	**
Lindane	0.0002
Methoxychlor	0.04
Methomyl	**
Metolachlor	**
Metribuzin	**
Oxamyl (vydate)	0.2
Picloram	0.5
Propachlor	**
Simazine	0.004

2,3,7,8-TCDD (dioxin)	0.00000003
Polychlorinated biphenyls (PCB)	0.0005
Pentachlorophenol	0.001
Toxaphene	0.003
2,4,5-TP (silvex)	0.05

Notes:
[1]The method detection limits for all pesticides, herbicides and PCB shall conform to those accepted and approved by EPA.
**MCL has not been established for this chemical.
*If monitoring results in detection of one (1) or more of these contaminants, then subsequent monitoring shall analyze for all these contaminants.

(4) Organic Chemicals. Community and non-transient non-community water systems shall test for organic chemicals specified below.

Organic chemicals[(a)] and their limits.

Chemical[(b)]	*Maximum Contaminant Level (mg/l)*
Benzene	0.005
Bromobenzene	**
Bromomethane	**
n-Butyl Benzene	**
Carbon Tetrachloride	0.005
Chlorobenzene	0.1
Chloroethane	**
Chloromethane	**
o-Chlorotoluene	**
p-Chlorotoluene	**
Dibromomethane	**
m-Dichlorobenzene	**
o-Dichlorobenzene	0.6
p-Dichlorobenzene	0.075
1, 1-Dichloroethane	**
1, 2-Dichloroethane (EDC)	0.005
1, 1-Dichloroethylene	0.007
cis-1, 2-Dichloroethylene	0.07
Trans-1, 2-Dichloroethylene	0.1
Dichloromethane (Methylene chloride)	0.005
1, 2-Dichloropropane	0.005
1, 3-Dichloropropane	**
2, 2-Dichloropropane	**
1, 1-Dichloropropene	**
1, 3-Dichloropropene	**
Ethylbenzene	0.7
Methyl Tert Butyl Ether (MTBE)	**
Naphthalene	**
n-Propyl Benzene	**
Styrene	0.1
1, 1, 1, 2-Tetrachloroethane	**
1, 1, 2, 2-Tetrachloroethane	**

Tetrachloroethylene	0.005
Toluene	1
Total Trihalomethanes (TTHM)	0.100
Bromodichloromethane	*
Bromoform	*
Chlorodibromomethane	*
Chloroform	*
1, 1, 1-Trichloroethane	0.2
1, 1, 2-Trichloroethane	0.005
1, 2, 4-Trichlorobenzene	0.07
Trichloroethylene	0.005
1, 2, 3-Trichloropropane	**
1, 2, 4-Trimethylbenzene	**
1, 3, 5-Trimethylbenzene	**
Vinyl Chloride [c]	0.002
Xylenes (total)	10
m-Xylene	***
o-Xylene	***
p-Xylene	***

Notes:

* The MCL for Total Trihalomethanes (TTHM) is 0.100 mg/l, which is the sum of the four (4) constituent Trihalomethanes. This level applies to any CWS until the following dates, on which the MCL for TTHM is lowered to 0.080 MG/L. All systems using surface water and GWUDI in whole or in part and serving at least 10,000 persons shall comply with the TTHM MCL of 0.080 MG/L and all other public water systems shall comply with the MCL for TTHM of O.080 MG/L by January 1, 2004.

** MCL has not been established for this chemical.

*** The MCL for Xylenes (total) is 10 mg/l, which is the sum of the three (3) constituent Xylenes.

[a] The method detection limit (MDL) for all organic chemicals is 0.0005 mg/l with the exception of MTBE which has an MDL of 0.002 mg/l.

[b] The department may require the testing of other chemicals for which a Maximum Contaminant Level Goal has been proposed by EPA or which the department has reason to believe may be health threatening.

[c] Quarterly analysis for vinyl chloride is required for ground water systems only when one or more of the following compounds are detected: trichloroethylene, 1, 2,Tetrachloroethylene, 1, 2 Dichloroethane, 1, 1, 1 Trichloroethane, Cis 1, 2 Dichloroethylene, Trans 1, 2 Dichloroethylene, or 1, 1 Dichloroethylene. If the first analysis does not detect vinyl chloride, the Department may reduce the frequency of vinyl chloride monitoring to once every three (3) years.

(5) Radioactivity.

(A) Analysis for the contaminants listed in the table in 40 CFR 141.25(a), as amended January 22, 2001, shall be conducted to determine compliance with section 19-13-B102(e)(5)(I) to (L), inclusive, of the Regulations of Connecticut State Agencies in accordance with the methods described in 40 CFR 141.25(a), as amended January 22, 2001, or their equivalent determined by EPA in accordance with 40 CFR 141.27, as amended August 27, 1980.

(B) When the identification and measurement of radionuclides other than those listed in 40 CFR 141.25(a), as amended January 22, 2001, is required, the references listed in 40 CFR 141.25(b)(1), as amended January 22, 2001, and 40 CFR 141.25(b)(2), as amended January 22, 2001, are to be used, except in cases where alternative methods have been approved in accordance with 40 CFR 141.27, as amended August 27, 1980.

(C) For the purpose of monitoring radioactivity concentrations in drinking water, the required sensitivity of the radioanalysis is defined in terms of a detection limit. The detection limit shall be that concentration which can be counted with a precision

of plus or minus 100 percent at the 95 percent confidence level (1.96σ where σ is the standard deviation of the net counting rate of the sample).

(i) To determine compliance with section 19-13-B102(e)(5)(I) of the Regulations of Connecticut State Agencies, the detection limit shall not exceed the concentrations in Table 1.

TABLE 1.—Detection Limits for Gross Alpha Particle Activity, Radium 226, Radium 228, and Uranium

CONTAMINANT	DETECTION LIMIT
Gross alpha particle activity	3 pCi/L
Radium 226	1 pCi/L
Radium 228	1 pCi/L
Uranium	1 μg/L

(ii) To determine compliance with Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies, the detection limits shall not exceed the concentrations listed in Table 2.

TABLE 2—Detection Limits for Man-Made Beta Particle and Photon Emitters

RADIONUCLIDE	DETECTION LIMIT
Tritium	1,000 pCi/L
Strontium-89	10 pCi/L
Strontium-90	2 pCi/L
Iodine-131	1 pCi/L
Cesium-134	10 pCi/L
Gross beta	4 pCi/L
Other radionuclides	1/10 of the applicable limit

(D) To judge compliance with the maximum contaminant levels listed in section 19-13-B102(e)(5)(I) to (L), inclusive, of the Regulations of Connecticut State Agencies, averages of data shall be used and shall be rounded to the same number of significant figures as the maximum contaminant level for the substance in question.

(E) The department may determine compliance or initiate enforcement action based upon analytical results or other information compiled by their sanctioned representatives and agencies.

(F) Monitoring and compliance requirements for gross alpha particle activity, radium-226, radium-228, and uranium.

(i) Community water systems (CWS) shall conduct initial monitoring to determine compliance with section 19-13-B102(e)(5)(I) of the Regulations of Connecticut State Agencies by December 31, 2007. For the purposes of monitoring for gross alpha particle activity, radium-226, radium-228, uranium, and beta particle and photon radioactivity in drinking water, ''detection limit'' is defined as in section 19-13-B102(e)(5)(C) of the Regulations of Connecticut State Agencies.

(I) Applicability and sampling location for existing community water systems or sources. All existing CWS using ground water, surface water or systems using both ground and surface water (for the purpose of this section hereafter referred to as systems) shall sample at every entry point to the distribution system that is representative of all sources being used (hereafter called a sampling point) under normal operating conditions. The system shall take each sample at the same sampling point unless conditions make another sampling point more representative of each source.

(II) Applicability and sampling location for new community water systems or sources. All new CWS or CWS that use a new source of water shall begin to conduct initial monitoring for the new source within the first quarter after initiating use of the source. CWS shall conduct more frequent monitoring when ordered by the department in the event of possible contamination or when changes in the distribution system or treatment processes occur which may increase the concentration of radioactivity in finished water.

(ii) Initial monitoring: systems shall conduct initial monitoring for gross alpha particle activity, radium-226, radium-228, and uranium as follows:

(I) Systems shall collect four consecutive quarterly samples at all sampling points before December 31, 2007.

(II) For gross alpha particle activity, uranium, radium-226, and radium-228 monitoring, the department may waive the final two quarters of initial monitoring for a sampling point if the results of the samples from the previous two quarters are below the detection limit specified in Table 1 of section 19-13-B102(e)(5)(C)(i) of the Regulations of Connecticut State Agencies.

(III) If the average of the initial monitoring results for a sampling point is above the MCL, the system shall collect and analyze quarterly samples at that sampling point until the system has results from four consecutive quarters that are at or below the MCL, unless the system enters into another schedule as part of a formal compliance agreement with the department.

(iii) Reduced monitoring: the department may grant permission to a community water system to reduce the future frequency of monitoring from once every three years to once every six or nine years at each sampling point, based on the following criteria:

(I) If the average of the initial monitoring results for each contaminant (i.e., gross alpha particle activity, uranium, radium-226, or radium-228) is below the detection limit specified in Table 1, in section 19-13-B102(e)(5)(c)(i) of the Regulations of Connecticut State Agencies, the system shall collect and analyze for that contaminant using at least one sample at that sampling point every nine years.

(II) For gross alpha particle activity and uranium, if the average of the initial monitoring results for each contaminant is at or above the detection limit but at or below 1/2 the MCL, the system shall collect and analyze for that contaminant using at least one sample at that sampling point every six years. For combined radium-226 and radium-228, the analytical results shall be combined. If the average of the combined initial monitoring results for radium-226 and radium-228 is at or above the detection limit but at or below 1/2 the MCL, the system shall collect and analyze for that contaminant using at least one sample at that sampling point every six years.

(III) For gross alpha particle activity and uranium, if the average of the initial monitoring results for each contaminant is above 1/2 the MCL but at or below the MCL, the system shall collect and analyze at least one sample at that sampling point every three years. For combined radium-226 and radium-228, the analytical results shall be combined. If the average of the combined initial monitoring results

for radium-226 and radium-228 is above 1/2 the MCL but at or below the MCL, the system shall collect and analyze at least one sample at that sampling point every three years.

(IV) Systems shall use the samples collected during the reduced monitoring period to determine the monitoring frequency for subsequent monitoring periods (e.g., if a system's sampling point is on a nine year monitoring period, and the sample result is above 1/2 MCL, then the next monitoring period for that sampling point is three years).

(V) If a system has a monitoring result that exceeds the MCL while on reduced monitoring, the system shall collect and analyze quarterly samples at that sampling point until the system has results from four consecutive quarters that are below the MCL, unless the system enters into another schedule as part of a formal compliance agreement with the department.

(iv) A gross alpha particle activity measurement may be substituted for the required radium-226 measurement provided that the measured gross alpha particle activity does not exceed 5 pCi/L. A gross alpha particle activity measurement may be substituted for the required uranium measurement provided that the measured gross alpha particle activity does not exceed 15 pCi/L. The gross alpha measurement shall have a confidence interval of 95% (1.65σ, where σ is the standard deviation of the net counting rate of the sample) for radium-226 and uranium. When a system uses a gross alpha particle activity measurement in lieu of a radium-226 and/or uranium measurement, the gross alpha particle activity analytical result shall be used to determine the future monitoring frequency for radium-226 and/or uranium. If the gross alpha particle activity result is less than detection, 1/2 the detection limit shall be used to determine compliance and the future monitoring frequency.

(G) Monitoring and compliance requirements for beta particle and photon radioactivity. To determine compliance with the maximum contaminant levels in Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies for beta particle and photon radioactivity, a system shall monitor at a frequency as follows:

(i) Community water systems (both surface and ground water) designated by the department as vulnerable shall sample for beta particle and photon radioactivity. Systems shall collect quarterly samples for beta emitters and annual samples for tritium and strontium-90 at each entry point to the distribution system (hereafter called a sampling point), beginning within one quarter after being notified by the department. Systems already designated by the department shall continue to sample until the department reviews and either reaffirms or removes the designation.

(I) If the gross beta particle activity, or the gross beta particle activity minus the naturally occurring potassium-40 beta particle activity at a sampling point has a running annual average (computed quarterly) less than or equal to 50 pCi/L (screening level), the department may reduce the frequency of monitoring at that sampling point to once every 3 years. Systems shall collect all samples required in paragraph (G)(i) of this section during the reduced monitoring period.

(ii) Community water systems (both surface and ground water) designated by the department as utilizing waters contaminated by effluents from nuclear facilities shall sample for beta particle and photon radioactivity. Systems shall collect quarterly samples for beta emitters and iodine-131 and annual samples for tritium and strontium-90 at each entry point to the distribution system (hereafter called a sampling point), beginning within one quarter after being notified by the department. Systems already designated by the department as systems using waters contaminated by effluents from nuclear facilities shall continue to sample until the department reviews and either reaffirms or removes the designation.

(I) Quarterly monitoring for gross beta particle activity shall be based on the analysis of monthly samples. The quarterly result is an average of the three monthly results.

(II) For iodine-131, a composite of five consecutive daily samples shall be analyzed once each quarter. As ordered by the department, and in consultation with the community water system, more frequent monitoring shall be conducted when iodine-131 is identified in the finished water.

(III) Annual monitoring for strontium-90 and tritium shall be conducted by means of the analysis of four quarterly samples. The annual result is an average of the four quarterly results.

(IV) If the gross beta particle activity beta minus the naturally occurring potassium-40 beta particle activity at a sampling point has a running annual average (computed quarterly) less than or equal to 15 pCi/L (screening level), the department may reduce the frequency of monitoring at that sampling point to every 3 years. Systems shall collect all samples required in subparagraph (G)(ii) of this subdivision during the reduced monitoring period.

(iii) Community water systems designated by the department to monitor for beta particle and photon radioactivity may not apply to the Department for a waiver from the monitoring frequencies specified in Section 19-13-B102(e)(5)(G)(i) or (ii) of the Regulations of Connecticut State Agencies.

(iv) Community water systems may analyze for naturally occurring potassium-40 beta particle activity from the same or equivalent sample used for the gross beta particle activity analysis. Systems may subtract the potassium-40 beta particle activity value from the total gross beta particle activity value to determine if the screening level is exceeded. The potassium-40 beta particle activity shall be calculated by multiplying elemental potassium concentrations (in mg/L) by a factor of 0.82.

(v) If the gross beta particle activity minus the naturally occurring potassium-40 beta particle activity exceeds the screening level, an analysis of the sample shall be performed to identify the major radioactive constituents present in the sample and the appropriate doses shall be calculated and summed to determine compliance with Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies, using the formula in 40 CFR 141.66(d)(2), as amended December 7, 2000. Doses shall also be calculated and combined for measured levels of tritium and strontium to determine compliance.

(vi) Systems shall monitor monthly at the sampling point(s) which exceed the maximum contaminant level in Section 19-13-B102(e)(5)(J) of the Regulations of Connecticut State Agencies, beginning the month after the exceedance occurs. Systems shall continue monthly monitoring until the system has established, by a rolling average of 3 monthly samples, that the MCL is being met. Systems who establish that the MCL is being met shall return to quarterly monitoring until they meet the requirements set forth in Section 19-13-B102(e)(5)(G)(i)(I) or section 19-13-B102(e)(5)(G)(ii)(I) of the Regulations of Connecticut State Agencies.

(H) General monitoring and compliance requirements for radionuclides.

(i) The Department may require more frequent monitoring than specified in Section 19-13-B102(e)(5)(F) or (G) of the Regulations of Connecticut State Agencies, or may require confirmation samples for positive and negative results when the department determines that the source of supply is vulnerable or subject to contamination. The results of the initial and confirmation samples shall be averaged for use in compliance determinations.

(ii) Each public water systems shall monitor at the time designated by the department during each compliance period.

(iii) Compliance: Compliance with Section 19-13-B102(e)(5)(I) and (J) of the Regulations of Connecticut State Agencies, shall be determined based on the analytical result(s) obtained at each sampling point. If one sampling point is in violation of an MCL, the system is in violation of the MCL.

(I) For systems monitoring more than once per year, compliance with the MCL is determined by a running annual average at each sampling point. If the average of any sampling point is greater than the MCL, then the system is out of compliance with the MCL.

(II) For systems monitoring more than once per year, if any sample result causes the running average to exceed the MCL at any sample point, the system is out of compliance with the MCL immediately.

(III) Systems shall include all samples taken and analyzed under the provisions of this section in determining compliance, even if that number is greater than the minimum required.

(IV) If a system does not collect all required samples when compliance is based on a running annual average of quarterly samples, compliance shall be based on the running average of the samples collected.

(V) If a sample result is less than the detection limit, zero shall be used to calculate the annual average, unless a gross alpha particle activity is being used in lieu of radium-226 and/or uranium. If the gross alpha particle activity result is less than detection, 1/2 the detection limit shall be used to calculate the annual average.

(iv) If the department determines there has been an error in the methods applied to the collection or analysis of the sample, the department shall invalidate the sample result.

(v) If the MCL for radioactivity set forth in Section 19-13-B102(e)(5)(I) and (J) of the Regulations of Connecticut State Agencies, is exceeded, the community water system shall give notice to the department pursuant to section 19-13-B102(h) and (i), of the Regulations of Connecticut State Agencies and shall conform to public notification and consumer confidence reporting requirements pursuant to section 19-13-B102(i) of the Regulations of Connecticut State Agencies.

(I) MCL for uranium, combined radium-226 and radium–228, and gross alpha particle activity (excluding radon and uranium). The maximum contaminant levels for uranium, combined radium-226 and radium-228 and gross alpha particle activity (including radium-226 but excluding radon and uranium) are listed in Table 3.

TABLE 3

Contaminant	**Maximum Contaminant Level**
Combined radium-226 and radium-228	5 Picouries Per Liter (pCi/L)
Gross alpha particle activitiy (including radium-226 but excluding radon and uranium)	15 pCi/L
Uranium	30 μg/l (Micrograms/Liter)

NOTE: The combined radium-226 and radium-228 value is determined by the addition of the results of the analysis for radium-226 and the analysis for radium-228.

(J) MCL for beta particle and photon radioactivity. The average annual concentration of beta particle and photon radioactivity from man-made radionuclides in drinking water shall not produce an annual dose equivalent to the total body or any

internal organ greater than 4 millirem/year (mrem/yr), as listed in Table 4. Except for radionuclides listed in Table 5, the concentration of man-made radionuclides causing 4 mrem total body or organ dose equivalents shall be calculated as described in 40 CFR 141.66(d)(2), as amended December 7, 2000. If two or more radionuclides are present, the sum of their annual dose equivalent to the total body or to any organ shall not exceed 4 mrem/yr.

TABLE 4

Contaminant	**Maximum Contaminant Level**
Beta particle and photon radioactivity.	Concentration shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 mrem/yr

TABLE 5 – average annual concentrations assumed to produce: a total body or organ dose of 4 mrem/yr

Contaminant	**Critical Organ**	**Level**
Tritium	Total body	20,000 pCi/L
Strontium-90	Bone Marrow	8 pCi/L

(K) Compliance dates. Compliance dates for combined radium-226 and –radium-228, gross alpha particle activity, gross beta particle and photon radioactivity, and uranium: Community water systems shall comply with the MCLS listed in paragraphs (I) and (J) of this section and compliance shall be determined in accordance with the requirements of paragraphs (A) to (H), inclusive, of this section. Compliance with reporting requirements for the radionuclides under section 19-13-B102(i) of the Regulations of Connecticut State Agencies is required.

(L) The best available technologies (BATS) for compliance with the MCLS for radionuclides shall conform to those approved by the U.S. EPA and specified in 40 CFR 141.66, as amended December 7, 2000.

(6) Total coliforms.

(A) The MCLG for microbiological contaminants which includes E. coli and fecal coliforms is zero (0).

(B) The maximum contaminant level (MCL) is based on the presence or absence of total coliforms in a sample, rather than coliform density. Compliance shall be based on a monthly MCL for total coliforms.

(i) For a system which collects at least forty (40) samples per month, if more than five percent (5.0%) of the samples collected during a month are total coliform-positive, the system is in violation of the MCL for total coliforms.

(ii) For a system which collects fewer than forty (40) samples per month, if more than one (1) sample collected during a month is total coliform-positive, the system is in violation of the MCL for total coliforms.

(C) A system shall determine compliance with the MCL for total coliforms for each month in which it is required to monitor for total coliforms.

(D) Analytical methodology.

(i) Analytical methods for total coliform. The analysis for total coliform should be conducted using either the membrane filter (MF) technique, or the 10-tube multiple tube fermentation (MTF) technique (five (5) tubes may be utilized provided they collectively equal one hundred (100) ml), or the presence-absence (P-A) coli-

form test, or the colilert system as approved and specified in 40 CFR 141.21 (f). The standard sample volume required for total coliform analysis, regardless of analytical method used, is one hundred (100) ml.

(ii) Analytical methods for fecal coliforms. The use of EC medium for determining the presence of fecal coliform in a total coliform-positive culture is required. The procedure for fecal coliform analysis shall conform to those approved by EPA.

(iii) Analytical methods for E. Coli. The analysis for E. Coli shall be conducted using either the EC medium plus MUG (4-methylumbelliferyl-B-D-glucoronice), the nutrient agar plus MUG test or other testing methods which conform to those approved by EPA.

(7) Monitoring requirements

(A) The monitoring frequency for total coliforms and physical parameters for a community water system (CWS) and a consecutive public water system is based on the population served by the system, and the frequency is as follows:

Table 1

Population Served	*Minimum Number Of Routine Samples Per Month*
25 to 1,000	1
1,001 to 2,500	2
2,501 to 3,300	3
3,301 to 4,100	4
4,101 to 4,900	5
4,901 to 5,800	6
5,801 to 6,700	7
6,701 to 7,600	8
7,601 to 8,500	9
8,501 to 12,900	10
12,901 to 17,200	15
17,201 to 21,500	20
21,501 to 25,000	25
25,001 to 33,000	30
33,001 to 41,000	40
41,001 to 50,000	50
50,001 to 59,000	60
59,001 to 70,000	70
70,001 to 83,000	80
83,001 to 96,000	90
96,001 to 130,000	100
130,001 to 220,000	120
220,001 to 320,000	150
320,001 to 450,000	180
450,001 to 600,000	210
600,001 to 780,000	240
780,001 to 970,000	270

If a CWS serving twenty-five (25) to one-thousand (1,000) persons has no history of total coliform violation in its current configuration, and a sanitary survey conducted in the past five (5) years shows that the system is supplied solely by a

protected ground water source, and is free of sanitary defects pursuant to sections 19-13-B51a through 19-13-B51m of the Regulations of Connecticut State Agencies; the department may, if it is satisfied that this water is safe for consumption, reduce the monitoring frequency specified to no less than one (1) sample per quarter. Department approval of the reduced monitoring frequency shall be in writing. Water samples shall be collected by technical personnel employed by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes, or a certified distribution system operator, or a certified treatment plant operator, or a sanitarian, or an employee of the department, or a person under the direct supervision of either a certified distribution system operator, or a certified treatment plant operator.

The residual disinfectant concentration shall be measured at the same point in the distribution system and at the same time as total coliforms are sampled, as specified in this subparagraph and subparagraph (G) of this subdivision. The presence of a residual disinfectant concentration in a sample from a system that is not approved for continuous chlorination shall invalidate the sample.

(B) The monitoring frequency for total coliforms and physical parameters for non-community water systems is as follows:

(i) A non-community water system using only ground water sources that are not under the direct influence of surface water and serving one thousand (1,000) persons or fewer shall monitor during each calendar quarter that the system provides water to the public, except that the department may reduce this monitoring frequency, in writing, to no less than once a year if a sanitary survey shows that the system is free of sanitary defects pursuant to sections 19-13-B51a through 19-13-B51m of the Regulations of Connecticut State Agencies.

(ii) A non-community water system using only ground water sources that are not under the direct influence of surface water and serving more than one thousand (1,000) persons shall monitor as specified in Table 1. Monitoring shall begin no later than December 31, 1990.

(iii) A non-community water system using surface water, in total or in part, shall monitor at the frequency specified in Table 1, regardless of the number of persons it serves. Monitoring shall begin no later than December 31, 1990.

(iv) A non-community water system using groundwater under the direct influence of surface water, shall monitor at the frequency specified in Table 1. Monitoring shall begin six (6) months after the department determines that the ground water is under direct influence of surface water.

(v) The residual disinfectant concentration shall be measured at the same point in the distribution system and at the same time as total coliforms are sampled, as specified in this subparagraph and subparagraph (G) of this subdivision. The presence of a residual disinfectant concentration in a sample from a system that is not approved for continuous chlorination shall invalidate the sample.

(C) Community and non-transient non-community water systems shall conduct monitoring beginning in the initial compliance period to determine compliance with the MCLs specified in subdivisions 2, 3, and 4 of subsection 19-13-B102(e) of the Regulations of Connecticut State Agencies. Systems serving fewer than one hundred and fifty (150) service connections shall begin monitoring in the second compliance period for the following chemicals: Benzo(a)pyrene, Dalapon, Di(2-ethylhexyl) adipate. Di(2-ethylhexyl)phthalate, Dinoseb, Diquat, Endothall, Endrin, glyphosate, Hexachlorobenzene, Hexachlorocyclopentadiene, oxamyl(vydate), Picloram, Simazine, 2,3,7,8-TCDD(Dioxin).

(i) Monitoring frequency for community and non-transient non-community water systems

Contaminant	BASE SAMPLING REQUIREMENT		REDUCED SAMPLING REQUIREMENT[5]	
	Ground Water Systems	Surface Water Systems[4]	Ground Water Systems	Surface Water Systems
Asbestos	Every 9 yrs.	Every 9 yrs.	Not Applicable	Not Applicable
Nitrate[1] Nitrite[1]	Annually	Quarterly	Not Applicable	Annually[2]
Inorganic Chemicals	Every 3 yrs.	Annually	Not Applicable	Not Applicable
Organic Chemicals	Quarterly[6]	Quarterly[6]	Annually*[3]	Annually[3]
Pesticides Herbicides and PCBs	Quarterly[6]	Quarterly[6]	Systems serving more than 3300 persons: two quarters per year every 3 years[3]. Systems serving 3300 persons or less; every 3 years[3]	

Notes:

[1] Each transient non-community water system shall monitor annually for nitrate and nitrite beginning January 1, 1993.

[2] Applicable only if all analytical results from four consecutive quarters are less than fifty percent (50%) of the MCL.

[3] Applicable only if no single contaminant is detected in the results of the four (4) consecutive quarters of the base sampling requirement.

* Reduce to once every three (3) years after three (3) years of no detection of any contaminant in annual sampling.

[4] Or groundwater under the influence of surface water systems.

[5] Applicable only if granted in writing by the department.

[6] See sections 19-13-B102(e)(7)(C)(x), (xiv) and (xvi) of the Regulations of Connecticut State Agencies for exception.

(ii) A system shall monitor quarterly beginning in the next quarter, if in any one sample Inorganic chemical, with the exception of nitrate and nitrite, exceeds the MCL; organic chemical, pesticide, herbicide or PCB is detected at a level exceeding the MDL; or nitrate or nitrite exceeds or equals fifty percent (50%) of the MCL.

(iii) The department may decrease the quarterly monitoring requirement of section 19-13-B102(e)(7)(C)(ii) of the Regulations of Connecticut State Agencies for inorganic chemicals, with the exception of nitrate and nitrite, to the base sampling requirement and organic chemicals along with pesticides, herbicides and PCB to annual sampling provided it has determined that the system is reliably and consistently below the MCL for a minimum of two (2) consecutive quarters for a groundwater system and a minimum of four(4) consecutive quarters for a surface water system. The department may decrease the quarterly monitoring requirement for systems which violated the MCL for organic chemicals, pesticides, herbicides and PCB to annual sampling provided that the system is reliably and consistently below the MCL for a minimum of four (4) consecutive quarters. The department may decrease the quarterly monitoring requirement for systems, which exceeded the MDL for a contaminant that does not have an established MCL, to the reduced sampling requirement.

(iv) After three (3) consecutive annual samples as required in section 19-13-B102(e)(7)(C)(iii) of the Regulations of Connecticut State Agencies are less than the MDL the department may allow a system to reduce the sampling frequency for organic chemicals, pesticides, herbicides and PCB to the reduced sampling requirement.

(v) After four (4) consecutive quarterly samples as required in section 19-13-102(e)(7)(C)(ii) of the Regulations of Connecticut State Agencies are reliably and consistently less than the MCL for a groundwater system and less than fifty percent (50%) of the MCL for a surface water system, the department may allow a system to reduce the sampling frequency for nitrate and nitrite to annually.

(vi) After the initial round of quarterly sampling is completed, a system that is monitoring annually shall take subsequent samples during the quarter(s) that resulted in the highest analytical result.

(vii) The department may increase the required monitoring frequency to detect variations within the system.

(viii) Each public water system shall monitor at the time designated by the department within each compliance period.

(ix) The department may determine compliance or initiate enforcement action based upon analytical results or other information compiled by its representatives.

(x) With the exception of nitrate, nitrite and TTHM, the department may allow the use of monitoring data collected after January 1, 1990 to satisfy the base sampling requirement provided the data is generally consistent with subsection 19-13-B102(e) of the Regulations of Connecticut State Agencies for pesticides, herbicides, PCBs, organic chemicals and inorganic chemicals. Systems which use grandfathered samples of organic chemicals and did not detect any contaminant listed in subsection 19-13-B102(e)(4) of the Regulations of Connecticut State Agencies shall monitor annually beginning January 1, 1993.

(xi) Public water systems utilizing surface water or groundwater under the direct influence of surface water as a source of supply and serving less than 10,000 persons and community water systems that serve 10,000 or more persons shall analyze for total trihalomethanes (TTHM) at quarterly intervals on at least four (4) water samples for each entry point to the system.

Samples shall be collected in the distribution system at a location(s) approved by the department. The monitoring frequency of (TTHM) may be reduced pursuant to 40 CFR 141.30. The reduced monitoring frequency shall be approved in writing by the department. When trihalomethanes are detected in water entering the distribution system as a result of disinfection, the department may exempt public water systems serving less than 10,000 people and utilizing groundwater from the quarterly testing requirement of section 19-13-B102(e)(7)(C)(ii) of the Regulations of Connecticut State Agencies provided the department determines that such testing is not necessary for the protection of the public health.

CWS that detects TTHM above 0.080 mg/L, but below 0.100 mg/L, as an annual average monitored and calculated under this subclause shall include health effects language prescribed in appendix A to 40 CFR 141 subpart O to their annual consumer confidence report.

Revised requirements detailed in subdivision (11) of this subsection take precedence over these requirements beginning on the effective date of this section. After December 31, 2003, this subclause is no longer applicable.

(xii) The department may grant a public water system a waiver from monitoring for dioxin if the department determines that the watershed or zone of influence has not been or is not being used for any of the following land uses: pesticides and herbicides manufacturer, pulp and paper manufacturer, plastics manufacturer, wood preservative manufacturer, landfill and domestic waste transfer station, or hazardous waste disposal facility: and that the public water system has no water quality history indicating the presence of dioxin. The waiver shall be in writing and is subject to renewal for each compliance period.

(xiii) The department may grant a public water system a waiver from monitoring for endothall if the department determines that within the past year treatment with endothall has not been applied to any body of water, turf on sod farms or golf courses within the watershed or zone of intluence of the source of supply. The waiver shall be in writing and is subject to renewal for each compliance period.

(xiv) The department may grant a public water system a waiver from the monitoring requirement for pesticides, herbicides and PCB if the department determines that the public water systems previous analytical results, collected from the source of supply and analyzed in accordance with the EPA's approved testing techniques and methodologies, showed no detectable limit of the contaminant to be waived and the source of supply is constructed and protected pursuant to sections 19-13-B32 and 19-13-B51d of the Regulations of Connecticut State Agencies. The waiver shall be in writing and is subject to renewal for each compliance period.

(xv) Instead of performing the monitoring requirements for the chemicals in section 19-13-B102(c)(3) of the Regulations of Connecticut State Agencies that do not have an established MCL, systems serving fewer than one hundred and fifty (150) service connections may send a letter to the department stating that the system is available for sampling. This letter shall be sent to the department by January 1, 1994. The system shall not send such samples to the department, unless requested to do so by the department.

(xvi) The department may grant a public water system a waiver from the monitoring requirement for organic chemicals (VOCs) if the department determines that the contaminant has not been previously used within the watershed or zone of influence and that the system's initial monitoring results showed no detectable limit of the contaminant to be waived. The waiver shall be in writing and is subject to renewal for each compliance period. As a condition of the waiver, the system shall take one (1) sample at each sampling point during the time the waiver is effective.

(xvii) All systems that use a new source of water that began operation after January 22, 2004, shall demonstrate compliance with the MCL for inorganic chemicals, organic chemicals, pesticides, herbicides, and PCBS. The system shall also comply with the initial sampling frequencies specified by the department to ensure a system can demonstrate compliance with the MCL. Routine and increased monitoring frequencies shall be conducted in accordance with the requirements in this section.

(D) Sampling sites.

(i) Systems shall collect total coliform and physical samples at sites that are representative of water throughout the distribution system, according to that system's written sample siting plan. These plans are subject to department review, revision and approval. Systems shall collect the monthly samples at regular intervals throughout the month, except that a system that uses ground water sources that are not under the direct influence of surface water and serves one thousand (1,000) persons or fewer, may collect all required samples on a single day if they are taken from different sites. The siting plan is to be reviewed as necessary and is subject to approval by the department, usually in conjunction with the sanitary surveys.

(ii) Samples for organic chemicals, inorganic chemicals, pesticides, herbicides and PCB shall be collected after treatment, if any, at every entry point to the distribution system which is representative of each active source of supply. If the system draws water from more than one active source of supply and the sources are blended before distribution, and the system elects to sample the blended water, the system shall then sample at an entry point to the system during periods when water representative of these sources is being used. The department may designate

additional sampling points within the distribution system or at consumers' taps, which more accurately determine consumer exposure. All samples shall be taken at the same sampling point unless the department determines that conditions make another sampling point more representative of each source, treatment plant or the distribution system. If a source is not active, it shall be tested when activated and subject to approval by the department prior to being put into service.

(iii) Systems shall collect the asbestos sample(s) from the distribution system at a location that is representative of each entry point. When applicable, the sample(s) shall be collected from a tap served by an asbestos cement pipe and under conditions where asbestos contamination is most likely to occur.

(iv) The department may reduce the total number of samples a system shall analyze for asbestos, organic chemicals, pesticides, herbicides and PCB by allowing the use of compositing. Composite samples from a maximum of five (5) sampling points within a single system for all public water systems and from different systems for systems serving three thousand three hundred (3,300) persons or less are allowed, provided that the method detection limit (MDL) used for analysis multiplied by the number of composite samples is less than the MCL (e.g., MDL multiplied by the number of samples is less than the MCL). Compositing of samples shall be done in a state approved laboratory and analyzed within fourteen (14) days of sample collection. If the concentration in the composite sample is greater than or equal to the method detection limit of any contaminant listed in subsections (e)(2) through (e)(4) of this section, then a follow-up sample shall be taken and analyzed within fourteen (14) days from each sampling point included in the composite. These samples shall be analyzed for the contaminants that were detected in the composite sample. If duplicates of the original sample taken from each sampling point used in the composite are available, then the system may use these instead of resampling. The duplicates shall be analyzed and the results reported to the department within fourteen (14) days of collection.

(E) Sanitary surveys.

(i) Frequency of sanitary surveys for a public water system collecting fewer than five (5) total coliform samples/month is as follows:

System Type	*Initial Survey Completed By*	*Frequency Of Subsequent Surveys*
Community Water System	6/29/94	Every 5 Years
Non-community Water System	6/29/99	Every 5 Years[1]

Note:

[1] For a non-community water system which uses only protected and disinfected groundwater in accordance with sections 19-13-B51a through 19-13-B51(1) of the regulations of Connecticut State Agencies, the sanitary survey may be repeated every ten (10) years, instead of every five (5) years.

(ii) Only the department or an agent approved by the department may conduct a sanitary survey. The department shall review the sanitary survey results to determine the adequacy of the system, including the existing monitoring frequency. The system is responsible for ensuring that the survey takes place.

(iii) In conducting a sanitary survey of a system using groundwater, information on sources of contamination within the delineated wellhead protection area shall be considered. If such information had been collected since the last sanitary survey, a special study to collect new information is not necessary.

(iv) A system that provides water from a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102 (j)(2) of the Regulations of Connecticut State Agencies, shall respond in writing to a significant deficiency stated in a department's sanitary survey report no later than forty-five (45) days after the system's receipt of such a report. The system's response shall indicate how and on what schedule the system will address the significant deficiency as defined in subsection (a) of this section. The department, or an agent approved by the Department, shall perform a sanitary survey of community water systems every three (3) years. The department, or an agent approved by the department, shall perform a sanitary survey of non-community water systems every five (5) years.

(F) Invalidation of total coliform-positive samples. The department may invalidate a total coliform-positive sample only if:

(i) The department approved laboratory establishes and verifies in writing that improper sample analysis caused the total coliform-positive result.

(ii) The system determines that the contamination is a domestic or other non-distribution system plumbing problem on the basis that one (1) or more repeat sample(s) taken at the same tap as the original total coliform-positive sample is total coliform-positive, but all repeat samples at nearby sampling locations are total coliform-negative. (The department cannot invalidate a total coliform-positive sample on the basis of repeat samples if all the repeat samples are total coliform-negative, or if the system has only one (1) service connection.)

(iii) The department has substantial grounds to believe that a total coliform-positive result is due to some circumstance or condition that does not reflect water quality in the distribution system, if the basis for this determination with the rationale for the decision is documented in writing, this document is signed and approved by the supervisor of the department official who makes this determination, and the documentation is made available to EPA and the public. In this case, the system shall still collect all repeat samples as required in subparagraph (G) of subsection 19-13-B102(e)(7) of the regulations of Connecticut State Agencies. The department may not invalidate a total coliform-positive sample solely on the grounds that all repeat samples are total coliform-negative.

(G) Repeat monitoring/additional routine samples:

(i) If a routine sample is confirmed total coliform-positive, the system shall collect a set of repeat samples within twenty-four (24) hours of the confirmed positive result according to Table 2.

Table 2 - Monitoring Requirements Following A Total Coliform-Positive Routine Sample:

Routine Samples/Mo.	*Repeat Samples*[1]	*Routine Samples* Next Month[2]
1/Mo. or fewer	4	5/Mo.
2/Mo.	3	5/Mo.
3/Mo.	3	5/Mo.
4/Mo.	3	5/Mo.
5/Mo. or more	3	Table 1[3]

[1] Number of repeat samples in the same month for each total coliform-positive routine sample.

[2] Except where the department has invalidated the original routine sample.

[3] System need not take any additional samples beyond those it is required to take according to Table 1.

The department shall extend the twenty-four (24) hour limit to no more than ninety-six (96) hours provided the system verifies that their contract laboratory is closed for the weekend or holidays or their sample sites are unavailable. (Waiver shall be requested and granted before the original twenty-four(24) hour period elapses.)

(ii) The system shall collect at least one (1) repeat sample from the sampling tap where the original total coliform-positive sample was taken and at least one (1) repeat sample at a tap within five (5) service connections upstream and at least one repeat sample at a tap within five (5) service connections downstream of the original sampling site. For those systems that shall collect four (4) repeat samples, the fourth repeat sample can be collected from any distribution sampling point within the system. If a total coliform-positive sample is at the end or at the beginning of the distribution system, the system shall collect one (1) repeat sample at the original sampling point and the other required repeat samples at sampling points within five (5) service connections upstream or downstream from the original sampling point.

(iii) The system shall collect all repeat samples on the same day, except that the department may allow a system with a single service connection to collect the required set of repeat samples over a four-day period or to collect a larger volume repeat sample(s) in one (1) or more sample containers of any size, as long as the total volume collected is at least 400 ml (300 ml for systems that collect more than one (1) routine sample/month) provided four (4) separate sampling locations are not available.

(iv) If a system collecting fewer than five (5) routine samples per month has one (1) or more total coliform-positive samples and the department does not invalidate the sample(s), it shall collect at least five (5) routine samples during the next month the system provides water to the public.

(v) If after a system collects a routine sample and before it learns the results of the analysis of that sample, it collects another routine sample(s) from within five (5) adjacent service connections of the initial sample, and the initial sample after analysis is found to contain total coliforms; then the system may count the subsequent sample(s) as a repeat sample instead of as a routine sample.

(vi) If one (1) or more repeat samples in the set is confirmed total coliform-positive, the system shall collect an additional set of repeat samples. The system shall collect the additional samples within twenty-four (24) hours of the confirmed positive result, unless the department extends the limit as noted in subparagraph (7)(G)(i) of this subsection. The system shall repeat this process until either total coliforms are not detected in one (1) complete set of repeat samples or the system determines that the MCL for total coliforms has been exceeded and notifies the department.

(vii) Results of all routine and repeat samples not invalidated by the department shall be included in determining compliance with the MCL for total coliforms. Special purpose samples shall not be used to determine compliance with the MCL for total coliforms.

(H) A system that uses a groundwater source under the direct influence of surface water, and that does not provide and operate treatment pursuant to section 19-13-B102 (j)(2) of the Regulations of Connecticut State Agencies, shall collect and test for total coliform and turbidity levels as specified in the following subclauses:

(i) The system shall collect at least one (1) total coliform sample which shall be collected near the first service connection each day the turbidity level of the source

water exceeds one (1) nephelometric turbidity unit (NTU). The system shall collect this coliform sample within twenty-four (24) hours of the first exceedance of one (1) NTU, unless the department waives this requirement as noted in subparagraph (7)(G)(i) of this subsection. Sample results from this coliform monitoring shall be included along with the results of all acceptable, as determined by the department, routine and repeat samples in determining compliance with the MCL for total coliforms.

(ii) The system shall perform tests for turbidity on samples collected, at least daily, at a point or points representative of water entering the distribution system. The system shall conduct such tests in accordance with the method as specified in 40 CFR 141.74(a)(1). When the turbidity of any such sample exceeds one (1) nephelometric turbidity unit (NTU), the sampling shall be repeated and a new test made for turbidity within one hour of the original test or as soon as practical. If the repeat test also exceeds the turbidity limit of one (1) NTU, this shall be reported to the department within twenty-four (24) hours. If the monthly average exceeds one (1) NTU, or if the average of two (2) samples taken on consecutive days exceeds five (5) NTU, it shall be reported to the department within twenty-four (24) hours.

(I) Fecal coliform and E.coli requirements.

(i) If any routine or repeat sample is total coliform-positive, the system shall analyze that total coliform-positive culture medium to determine if fecal coliforms or E.coli are present. The system shall notify the department by the end of the day on which the system is notified of the positive test result but no later than ninety-six (96) hours from the time of sample collection. If the department office is closed, notification shall be made before the end of the next business day.

(ii) If any repeat sample is fecal coliform-positive or E.coli-positive, or if a fecal coliform-positive or E.coli-positive routine sample is followed by a total coliform-positive repeat sample and the repeat sample is not invalidated, the system is in violation of the MCL for total coliforms. This is an acute risk violation of the MCL for total coliforms.

(J) Heterotrophic bacteria interference (HBI). The department approved laboratory shall invalidate any total coliform sample which produces: a turbid culture in the absence of gas production using the multiple tube fermentation (MTF) technique, or a turbid culture in the absence of an acid reaction using the presence-absence (P-A) coliform test, or confluent growth or a colony number that is ''too numerous to count'' using the membrane filter (MF) technique (unless total coliforms are detected). The system shall collect another sample from the same location within twenty-four (24) hours of the confirmed interference problem, and have it analyzed for total coliforms. If HBI occurs in replacement samples, the system shall continue to resample the same location within twenty-four (24) hours until an acceptable sample is obtained. The results of the acceptable sample shall be included in compliance calculations.

(K) Sampling protocol.

(i) Where a different schedule is prescribed pursuant to federal regulations, as they may be amended from time to time, the more stringent testing schedule shall apply.

(ii) Laboratory analyses shall be conducted using EPA sampling and testing methods and by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes.

(iii) Water samples shall be collected by technical personnel employed by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes, or a certified distribution system operator, or a certified

treatment plant operator, or a sanitarian, or an employee of the department, or a person under the direct supervision of either a certified laboratory, a certified distribution system operator or a certified treatment plant operator.

(iv) Analytical methods for all inorganic chemicals, organic chemicals, pesticides, herbicides and PCB shall conform to those approved by EPA and described in 40 CFR 141.23(k), and 141.24(e), as amended October 29, 2002. Analyses for lead, copper, pH, conductivity, calcium, alkalinity, orthophosphate, silica, and temperature shall be conducted pursuant to 40 CFR 141.89.

(v) Inorganic samples shall be collected and handled in accordance with 40CFR 141.23(k)(2), as amended March 25, 2003. Samples shall be collected, handled, and tested in accordance with the latest edition of ''standard methods for the examination of water and wastewater'' or in accordance with EPA guidelines as specified in the most current edition of the ''handbook for sampling and sample preservation of water and wastewater'' (EPA--600/4-82--029).

(vi) Arsenic sampling results shall be reported to the nearest 0.001 mg/L.

(L) Where the fluoride content is artificially adjusted, tests for fluoride shall be made on each source so adjusted at least daily. The fluoride content of such supplies shall be maintained between 0.8 mg/*l* and 1.2 mg/*l*. If the monthly average of the daily tests does not fall within these limits it shall be reported as a failure to comply with this subparagraph. If warranted by conditions that may be detrimental to the health of consumers, samples from each fluoridated source shall be submitted to the department for testing.

(M) Where the water is chlorinated, at least daily tests shall be made for residual chlorine. A system that uses a groundwater source under the direct influence of surface water, and that does not provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, shall disinfect in accordance with section 19-13-B102(j)(3)(B) of the Regulations of Connecticut State Agencies. When groundwater source not under the direct influence of surface water is chlorinated, a free chlorine residual of at least 0.2 mg/l after ten (10) minutes contact, or the equivalent thereof, shall be used.

(N) pH and phosphate monitoring.

(i) Where the pH value is artificially adjusted, tests for pH value shall be made of the treated water daily, or as required by the department.

(ii) Where phosphate or other corrosion control chemicals are used, tests shall be made for the phosphate level or for other chemicals involved in the corrosion control treatment at least once every two weeks, or as required by the department. The tests shall be done at a location(s) approved by the department.

(O) In cases where one (1) system supplies water to a consecutive public water system, tests for inorganic chemicals, organic chemicals, pesticides, herbicides, PCB and radioactive substances need not be made by the consecutive public water system except for lead, copper and asbestos which shall be tested in both systems according to subsection (e)(8) and (e)(7)(C) of this section. Bacteriological and physical tests shall be performed at the required frequencies by both systems. The department may waive asbestos testing for consecutive public water systems if the system can verify that it does not have any asbestos cement pipes in its distribution system.

(P) Confirmation samples.

(i) Where the results of sampling for inorganic chemicals, organic chemicals, pesticides, herbicides and PCB, with the exception of nitrate, nitrite and TTHM exceed the MCL, the department may require that one additional sample be collected

no later than two (2) weeks after the first sample is taken. The confirmation sample shall be collected at the same sampling point as the first sample.

(ii) Where nitrate or nitrite sampling results exceed the MCL, the system shall take a confirmation sample within twenty-four (24) hours of the system's receipt of notification of the analytical results of the first sample. Systems unable to comply with the twenty-four (24) hour sampling requirement shall immediately notify the consumers in accordance with subsection 19-13-B102(i) of the regulations of Connecticut State Agencies. Systems exercising this option shall take and analyze a confirmation sample within two (2) weeks of notification of the analytical results of the first sample.

(iii) The results of the initial and confirmation sample shall be averaged. The resulting average shall be used to determine the system's compliance in accordance with subparagraph (Q) of this subsection. The department has the discretion to delete results of obvious sampling errors.

(iv) The department may require more frequent monitoring than specified or may require confirmation samples for positive and negative results when the department determines that the source of supply is vulnerable and subject to contamination.

(Q) Compliance.

(i) For systems that are conducting monitoring at a frequency greater than annual compliance with the MCL, with the exception of THHM, nitrate and nitrite shall be determined based on the results of a running annual average of quarterly sampling for each sampling location. If more than one (1) sample is collected at a location during a quarter, the results of the samples shall be averaged to obtain a single result of that quarter. If one (1) location's running annual average is greater than the MCL, then the system shall be deemed to be out of compliance. A system deemed out of compliance shall be subject to a departmental enforcement action. If any one (1) positive sample result would cause the annual average to be exceeded, then the system shall be deemed to be out of compliance immediately. The department may also require a resample of a negative result when the validity of the results, as determined by the department, may be inaccurate. All sample results shall be compiled in determining compliance. When calculating results for compliance, any chemical result that is reported as being below the MDL for that chemical shall be counted as a zero (0). If a system fails to collect the required number of samples, compliance shall be based on the average concentration of the total number of samples collected. The system shall not be considered in violation of the MCL until it has completed one year of quarterly sampling. If a confirmation sample is required by the department the determination of compliance shall be based on the average of the two (2) samples.

(ii) If any sample exceeds the MCL for nitrate or nitrite, the system shall take a confirmation sample. The compliance determination is based on the average of the results of the initial and confirmation samples of each sampling point.

(iii) If a system has a distribution system that is physically or hydraulically isolated from other parts of the distribution system, only that part of the system that exceeds an MCL shall be deemed out of compliance. The department shall apply the public notice requirement to that portion of the system, which is out of compliance. Public notice shall be effected pursuant to subsection 19-13-B102(i) of the Regulations of Connecticut State Agencies.

(iv) The best available technologies for compliance with the MCL shall conform to those approved by EPA and specified in 40 CFR 141.61(b), 40 CFR 141.62(c), as amended June 29, 2004, and 40 CFR 141.64(c). Control of treatment processes

to reduce disinfectant demand and control of disinfection treatment processes to reduce disinfectant levels is identified as the best means available for achieving compliance with maximum residual disinfectant levels. For surface water and GWUDI systems using conventional treatment, enhanced coagulation or enhanced softening are identified as treatment techniques for controlling disinfection byproduct precursors in drinking water treatment and distribution systems.

(R) Monitoring requirements for systems with a groundwater source under the direct influence of surface water.

For a groundwater source under the direct influence of surface water that is required to provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, the department shall be guided by its document entitled, ''Determination Of Groundwater Under The Direct Influence Of Surface Water.'' Interim monitoring requirements shall be required prior to installation of filtration. Specific requirements shall be determined pursuant to subsections (j)(2)(D), (j)(3)(A), (e)(7)(H), and(e)(7)(M) of this section.

(S) Monitoring requirements for systems that use a surface water source or a groundwater source under the direct influence of surface water, and that provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies.

(i) Turbidity measurements as required by section 19-13-B102(j)(4) of the Regulations of Connecticut State agencies shall be performed on representative samples of the system's combined filtered water at a point prior to entering a distribution system using a continuous turbidimeter for the time period the filter(s) contribute(s) water to the system, and the system shall record a turbidity result at least every four (4) hours.

Additionally, if a system serves 10,000 or more persons and uses conventional or direct filtration, the system shall perform turbidity measurements on samples representative of effluent water from each individual filter, using a continuous turbidimeter during the time period the filter contributes water to the combined filter water or serves water to the public. The system shall record the turbidity result at least every fifteen (15) minutes during this period.

Additionally, beginning on January 1, 2005, if a system serves fewer than 10,000 persons and uses conventional or direct filtration, the system shall perform turbidity measurements on samples representative of effluent water from each individual filter, using a continuous turbidimeter during the time period the filter contributes water to the combined filter water or serves water to the public. The system shall record the turbidity result at least every fifteen (15) minutes during this period. If the system only consists of two or fewer filters, the system may conduct continuous monitoring of combined filter effluent turbidity in lieu of individual filter effluent turbidity monitoring. Combined filter effluent turbidity monitoring shall meet the same requirements set forth in this subclause.

If there is a failure in the continuous monitoring equipment, grab sampling every four (4) hours shall be conducted in lieu of continuous monitoring, but for no more than five (5) working days following the failure of the equipment for systems serving 10,000 or more persons and for no more than 14 calendar days for systems serving fewer than 10,000 people. A system shall validate the continuous measurement on a daily basis using the appropriate procedure in the latest edition of ''Standard Methods For The Examination Of Water And Wastewater'' and shall calibrate the turbidimeters using a procedure specified by the equipment manufacturer. A copy of this publication can be obtained by request to the American Public Health Association in Washington, DC.

The system shall conduct all turbidity measurements in accordance with a method specified in 40 CFR 141.74(a)(1).

(ii) The residual disinfectant concentration of the water entering the distribution system shall be monitored continuously, and the lowest value shall be recorded each day, except that if there is a failure in the continuous monitoring equipment, grab sampling every four (4) hours may be conducted in lieu of continuous monitoring, but for no more than five (5) working days following the failure of the equipment.

(iii) The residual disinfectant concentration shall be measured at least at the same points in the distribution system and at the same time as total coliforms are sampled, as specified in section 19-13-B102(e)(7) of the Regulations of Connecticut State Agencies. Heterotrophic bacteria, measured as heterotrophic plate count (HPC) as specified in 40 CFR 141.74 (a)(1), may additionally be measured and used in conjunction with the measurement for residual disinfectant concentration when determining compliance pursuant to section 19-13-B102(j)(3)(B)(iii) of the Regulations of Connecticut State Agencies.

(iv) A system serving 10,000 or more persons, having a TTHM annual average of greater than or equal to 0.064 mg/L or a HAA5 annual average of greater than or equal to 0.048 mg/L, shall develop a disinfection profile in accordance with 40 CFR 141.172(b) and submit the disinfection profile pursuant to section 19-13-B102(h)(6)(B)(iv) of the Regulations of Connecticut State Agencies.

TTHM and HAA5 annual averages under this subclause, as defined in subsection (a) of this section, shall be based on the monitoring requirement of 40 CFR 141.172(a)(1) through (5) for each respective treatment plant with a surface water source or a groundwater source under the direct influence of surface water.

A system shall monitor and calculate logs of inactivation in accordance with 40 CFR 141.172(b) when developing a disinfection profile, and inactivation values achieved by various disinfectants for giardia lamblia cysts and viruses.

(v) A system serving fewer than 10,000 persons, having a TTHM annual average of greater than or equal to 0.064 mg/L or a HAA5 annual average of greater than or equal to 0.048 mg/L, shall develop a disinfection profile in accordance with 40 CFR 141.532, as amended January 14, 2002, 40 CFR 141.533, as amended January 14, 2002, 40 CFR 141.534, as amended January 14, 2002, 40 CFR 141.535, as amended January 14, 2002 and 40 CFR 141.536, as amended January 14, 2002, and submit the disinfection profile pursuant to section 19-13-B102(h)(6)(B)(iv) of the Regulations of Connecticut State Agencies.

TTHM and HAA5 annual averages under this subclause, as defined in subparagraph (a) of this section, shall be based on samples collected, during the month of the warmest water temperature and at the point of maximum residence time in the distribution system for each respective treatment plant with a surface water source or a groundwater source under the direct influence of surface water.

A system shall monitor and calculate logs of inactivation in accordance with 40 CFR 141.532, as amended January 14, 2002, 40 CFR 141.533, as amended January 14, 2002, 40 CFR 141.534, as amended January 14, 2002, 40 CFR 141.535, as amended January 14, 2002, and 40 CFR 141.536, as amended January 14, 2002, when developing a disinfection profile, and inactivation values achieved by various disinfectants for giardia lamblia cysts and viruses.

(8) Monitoring requirements for lead and copper in tap water.

(A) Sample site location.

(i) By the applicable date for commencement of monitoring under subparagraph (D)(i) of this subdivision, each water system shall complete a materials evaluation

of its distribution system in order to identify a pool of targeted sampling sites that meets the requirements of this subdivision, and that is sufficiently large to ensure that the water system can collect the number of lead and copper tap samples required in subparagraph (C) of this subdivision. All sites from which first draw samples are collected shall be selected from this pool of targeted sampling sites. Sampling sites shall not include faucets that have point-of-use or point-of-entry treatment devices designed to remove inorganic contaminants.

(ii) A water system shall use the information on lead, copper, and galvanized steel that it is required to collect under 40 CFR 141.42(d)(special monitoring for corrosivity characteristics) when conducting a materials evaluation. When an evaluation of the information collected pursuant to 40 CFR 141.42(d) is insufficient to locate the requisite number of lead and copper sampling sites to meet the targeting criteria of this subparagraph, the water system shall review the sources of information listed below in order to identify a sufficient number of sampling sites. In addition, the system shall collect such information where possible in the course of its normal operations (e.g., checking service line materials when reading water meters or performing maintenance activities): all plumbing codes, permits, and records in the files of the building department(s) that indicate the plumbing materials that are installed within publicly and privately owned structures connected to the distribution system; all inspections and records of the distribution system that indicate the material composition of the service connections that connect a structure to the distribution system; and all existing water quality information, which includes the results of all prior analyses of the system or individual structures connected to the system, indicating locations that may be particularly susceptible to high lead or copper concentrations.

(iii) The sampling sites selected for a community water system's sampling pool (tier 1 sampling sites) shall consist of single family structures that: contain copper pipes with lead solder installed after 1982 or contain lead pipes; or are served by a lead service line. When multiple-family residences comprise at least twenty percent (20%) of the structures served by a water system, the system may include this type of structures in its sampling pool.

(iv) Any community water system with insufficient tier 1 sampling sites shall complete its sampling pool with tier 2 sampling sites, consisting of buildings, including multiple-family residences that: contain copper pipes with lead solder installed after 1982 or contain lead pipes; or are served by a lead service line.

(v) Any community water system with insufficient tier 1 and tier 2 sampling sites shall complete its sampling pool with tier 3 sampling sites, consisting of single family structures that contain copper pipes with lead solder installed before 1983. A community water system with insufficient tier 1, tier 2, and tier 3 sampling sites shall complete its sampling pool with representative sites throughout the distribution system. For the purpose of this subclause, a representative site is a site in which the plumbing materials used at that site would be commonly found at other sites served by the water system.

(vi) The sampling sites selected for a non-transient non-community water system (tier 1 sampling sites) shall consist of buildings that: contain copper pipes with lead solder installed after 1982 or contain lead pipes; or are served by a lead service line.

(vii) A non-transient non-community water system with insufficient tier 1 sites to meet the targeting criteria in subparagraph (A)(vi)of this subdivision shall complete its sampling pool with sampling sites that contain copper pipes with lead solder installed before 1983. If additional sites are needed to complete the sampling

pool, the non-transient non-community water system shall use representative sites throughout the distribution system. For the purpose of this subclause, a representative site is a site in which the plumbing materials used at that site would be commonly found at other sites served by the water system.

(viii) Any water system having a distribution system containing lead service lines shall draw fifty percent (50%) of the samples it collects during each monitoring period from sites that contain lead pipes, or copper pipes with lead solder, and fifty percent (50%) of those samples from sites served by a lead service line. A water system that cannot identify a sufficient number of sampling sites served by a lead service line shall collect first draw samples from all of the sites identified as being served by such lines.

(B) Sample collection methods.

(i) All tap samples for lead and copper collected in accordance with this subsection, with the exception of lead service line samples collected pursuant to sections 19-13-B102(e)(8)(B)(iii) and (v) of the Regulations of Connecticut State Agencies, shall be first-draw samples.

(ii) Each first-draw tap sample for lead and copper shall be one (1) liter in volume and have stood motionless in the plumbing system of each sampling site for at least six (6) hours. First-draw samples from residential housing shall be collected from the cold-water kitchen tap or bathroom sink tap. First-draw samples from a non-residential building shall be one (1) liter in volume and shall be collected at an interior tap from which water is typically drawn for consumption. Non-first-draw samples collected in lieu of first-draw samples pursuant to section 19-13-B102(e)(8)(B)(v) of the Regulations of Connecticut State Agencies shall be one (1) liter in volume and shall be collected at an interior tap from which water is typically drawn for consumption. First-draw samples may be collected by the system or the system may allow residents to collect first-draw samples after instructing the residents of the sampling procedures specified in this subparagraph. To avoid problems of residents handling nitric acid, acidification of first-draw samples may be done up to fourteen (14) days after the sample is collected. After acidification to resolubilize the metals, the sample shall stand in the original container for the time specified in the approved EPA method, pursuant to section 19-13-B102(e)(7)(k) of the Regulations of Connecticut State Agencies, before the sample is analyzed.

(iii) Each service line sample shall be one(1) liter in volume and have stood motionless in the lead service line for at least six (6) hours. Lead service line samples shall be collected in one (1) of the following three (3) ways: at the tap after flushing the volume of water between the tap and the lead service line (the volume of water shall be calculated based on the interior diameter and length of the pipe between the tap and the lead service line); tapping directly into the lead service line; or if the sampling site is a building constructed as a single-family residence, allowing the water to run until there is a significant change in temperature which would be indicative of water that has been standing in the lead service line.

(iv) A water system shall collect each first-draw tap sample from the same sampling site from which it collected a previous sample. If the water system cannot gain entry to a sampling site in order to collect a follow-up tap sample, the system may collect the follow-up tap sample from another sampling site in its sampling pool as long as the new site meets the same targeting criteria, and is within reasonable proximity of the original site.

(v) A non-transient non-community water system, or a community water system whose operation mandates continuous daily flow, such as a prison or hospital, that

does not have enough taps that can supply first-draw samples, as defined in section 19-13-B102(a) of the Regulations of Connecticut State Agencies, shall notify the Department in writing when it substitutes non-first-draw samples, pursuant to section 19-13-B102(h)(5)(A)(vii) of the Regulations of Connecticut State Agencies. Such systems shall collect as many first-draw samples from appropriate taps as possible and identify sampling times and locations that would likely result in the longest standing time for the remaining sites.

(C) Number of samples. Water systems shall collect at least one (1) sample during each monitoring period specified in subparagraph (D) of this subdivision from the number of sites listed (''Standard Monitoring'') in the table in this subparagraph. A system conducting reduced monitoring under subparagraph (G) of this subdivision shall collect at least one (1) sample from the number of sites specified ''Reduced Monitoring'' in the table in this subparagraph during each monitoring period specified in subparagraph (G) of this subdivision. Such reduced monitoring sites shall be representative of the sites required for standard monitoring. The Department may specify sampling locations when a system is conducting reduced monitoring.

System Size (Number of People Served)	*Number of Sites Standard Monitoring)*	*Number of Sites (Reduced Monitoring)*
Greater than 100,000	100	50
10,001 to 100,000	60	30
3,301 to 10,000	40	20
501 to 3,300	20	10
101 to 500	10	5
Less than or equal to 100	5	5

In the case of a consecutive public water system, the number of sampling sites shall be based on the total population of the consecutive system and the supplier's system. The number of sites for each system shall then be apportioned according to the percentage of the total population served by each system.

(D) Initial tap sampling.

The first six (6) month monitoring period for small, medium-size and large systems shall begin on the following dates:

System Size (Number People Served)	*First Six (6) Month Monitoring Period Begins*
Greater than 50,000	January 1, 1992
3,301 to 50,000	July 1, 1992
Less than or equal to 3,300	July 1, 1993

All large systems shall monitor during two (2) consecutive six (6) month periods.

All small and medium-size systems shall monitor during each six (6) month monitoring period until: the system exceeds the lead or copper action level and is therefore required to implement the corrosion control treatment requirements under subsection (j)(7) of this section, in which case the system shall continue monitoring in accordance with subparagraph (E) of this subdivision, or the system meets the lead and copper action levels during two (2) consecutive six (6) month monitoring periods, in which case the system may reduce monitoring in accordance with subparagraph (G) of this subdivision.

(E) Monitoring after installation of corrosion control and source water treatment. Any large system that installs optimal corrosion control treatment pursuant to subsection (j)(7)(D)(iv) of this section shall monitor during two (2) consecutive six (6) month monitoring periods by the date specified in subsection (j)(7)(D)(v)of this section. Any small or medium-size system that installs optimal corrosion control treatment pursuant to subsection (j)(7)(E)(v) of this section shall monitor during two (2) consecutive six (6) month monitoring periods by the date specified in subsection (j)(7)(E)(vi) of this section. Any system that installs source water treatment pursuant to subsection (j)(9)(A)(iii) of this section shall monitor during two (2) consecutive six (6) month monitoring periods by the date specified in subsection (j)(9)(A)(iv) of this section.

(F) Monitoring after the department specifies water quality parameter values for optimal corrosion control.

After the department specifies the values for water quality control parameters under subsection (j)(8)(F)of this section, the system shall monitor during each subsequent six (6)month monitoring period, with the first monitoring period to begin on the date the department specifies the optimal values under subsection (j)(8)(F) of this section.

(G) Reduced monitoring.

(i) A small or medium-size water system that meets the lead and copper action levels during each of two (2) consecutive six (6) month monitoring periods may reduce the number of samples in accordance with subparagraph (c) of this subdivision, and reduce the frequency of sampling to once per year.

(ii) Any water system that maintains the range of values for the water quality control parameters reflecting optimal corrosion control treatment specified by the department under subsection (j)(8)(F) of this section during each of two (2) consecutive six (6) month monitoring periods may reduce the frequency of monitoring to once per year and reduce the number of lead and copper samples in accordance with subparagraph (C) of this subdivision if it receives written approval from the department. The department shall review monitoring, treatment and other relevant information submitted by the water system in accordance with section 19-13-B102(h)(5) of the Regulations of Connecticut State Agencies and shall notify the system in writing, when it determines the system is eligible to commence reduced monitoring pursuant to this subclause. The department shall review, and where appropriate, revise its determination when the system submits new monitoring or treatment data, or when other data relevant to the number and frequency of tap sampling becomes available.

(iii) A small or medium-size water system that meets the lead and copper action levels during three (3) consecutive years of monitoring may reduce the frequency of monitoring for lead and copper from annually to once every three (3) years. Any water system that maintains the range of values for the water quality control parameters reflecting optimal corrosion control treatment specified by the department under subsection (j)(8)(F) of this section during three (3) consecutive years of monitoring may reduce the frequency of monitoring from annually to once every three (3) years if it receives written approval from the department. The department shall review monitoring, treatment, and other relevant information submitted by the water system in accordance with section 19-13-B102(h)(5) of the Regulations of Connecticut State Agencies, and shall notify the system in writing, when it determines the system is eligible to reduce the frequency of monitoring to once every three (3) years. The department shall review, and where appropriate, revise its determination when the

system submits new monitoring or treatment data, or when other data relevant to the number and frequency of tap sampling becomes available.

(iv) A water system that reduces the number and frequency of sampling shall collect these samples from representative sites included in the pool of targeted sampling sites identified in subparagraph (A) of this subdivision. Systems sampling annually or less frequently shall conduct the lead and copper tap sampling during the months of June, July, August or September unless the department has approved a different sampling period in accordance with this subclause.

The Department, in its discretion, may approve a different period for conducting the lead and copper tap sampling for systems collecting a reduced number of samples. Such a period shall be no longer than four (4) consecutive months and shall represent a time of normal operation when the highest levels of lead are most likely to occur. For a non-transient non-community water system that does not operate during the months of June through September, and for which the period of normal operation when the highest levels of lead are most likely to occur is not known, the department shall designate a period that represents a time of normal operation for the system.

Systems monitoring annually, that have been collecting samples during the months of June through September and that receive department approval to alter their sample collection period under this subclause, shall collect their next round of samples during a time period that ends no later than twenty-one (21) months after the previous round of sampling. Systems monitoring once every three (3) calendar years that have been collecting samples during the months of June through September and that receive department approval to alter their sampling collection period under this subclause, shall collect their next round of samples during a time period that ends no later than forty-five (45) months after the previous round of sampling. Subsequent rounds of sampling shall be collected annually or once every three (3) calendar years, as required by this section.

(v) Any water system that demonstrates for two (2) consecutive six (6) month monitoring periods that the tap water lead level computed under section 19-13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State Agencies is less than or equal to 0.005 mg/l and the tap water copper level computed under section 19-13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State agencies is less than or equal to 0.65 mg/l may reduce the number of samples in accordance with section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies and reduce the frequency of sampling to once every three (3) calendar years.

(vi) A small or medium-size water system subject to reduced monitoring that exceeds the lead or copper action level shall resume sampling in accordance with section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies and collect the number of samples specified for standard monitoring under subparagraph (C) of this subdivision. Such system shall also conduct water quality parameter monitoring in accordance with subdivision (9) (B), (C) or (D) of this subsection (as appropriate) during the designated four (4) consecutive month monitoring period in which it exceeded the action level. Any such system may resume annual monitoring for lead and copper at the tap at the reduced number of sites specified in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies after it has completed two (2) subsequent consecutive six (6) month rounds of monitoring that meet the criteria of section 19-13-B102(e)(8)(G)(i) of the Regulations of Connecticut State Agencies and may resume monitoring once every three (3) calendar years for lead and copper at the reduced number of sites after it demonstrates through subsequent rounds of monitoring that it meets the criteria of either section 19-13-B102 (e)(8)(G)(iii) or (v) of the Regulations of Connecticut State Agencies.

(vii) Any water system subject to the reduced monitoring frequency that fails to operate, at or above the minimum value or within the range of values for the water quality parameters specified by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies, for more than nine (9) days in any six (6) month period specified in section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies, shall conduct tap water sampling for lead and copper at the frequency specified in section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies, collect the number of samples specified for standard monitoring in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies and shall resume monitoring for water quality parameters within the distribution system in accordance with section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies. Such a system may resume reduced monitoring for lead and copper at the tap and for water quality parameters within the distribution system under the following conditions:

(I) The system may resume annual monitoring for lead and copper at the tap at the reduced number of sites specified in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies after it has completed two (2) subsequent six (6) month rounds of monitoring that meet the criteria of section 19-13-B102(e)(8)(G)(ii) of the Regulations of Connecticut State Agencies and the system has received written approval from the department that it is appropriate to resume reduced monitoring on an annual frequency;

(II) The system may resume monitoring once every three (3) calendar years for lead and copper at the tap at the reduced number of sites after it demonstrates through subsequent rounds of monitoring that it meets the criteria of either section 19-13-B102(e)(8)(G)(iii) or (iv) of the Regulations of Connecticut State Agencies and the system has received written approval from the department that it is appropriate to resume monitoring once every three (3) calendar years; and

(III) The system may reduce the number of water quality parameter tap water samples required in accordance with section 19-13-B102(e)(9)(E)(i) of the Regulations of Connecticut State Agencies and the frequency with which it collects such samples in accordance with section 19-13-B102 (e)(9)(E)(ii) of the Regulations of Connecticut State Agencies. Such a system may not resume monitoring once every three (3) calendar years for water quality parameters at the tap until it demonstrates, in accordance with the requirements of section 19-13-B102(e)(9)(E)(ii) of the Regulations of Connecticut State Agencies, that it has re-qualified for monitoring once every three (3) calendar years.

(viii) Any water system subject to a reduced monitoring frequency under this subparagraph shall obtain the approval of the department in writing, pursuant to section 19-13-B102(d)(2) of the Regulations of Connecticut State Agencies, prior to any change in treatment or the addition of a new source. The department may require the system to resume routine sampling in accordance with subparagraph (F) of this subdivision and collect the number of samples specified for standard monitoring under section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies or take other appropriate steps, such as increased water quality parameter monitoring or re-evaluation of its corrosion control treatment given the potentially different water quality considerations.

(H) Additional monitoring by systems. The results of any monitoring conducted in addition to the minimum requirements of this subsection shall be considered by the system and the department in making any determinations (i.e., calculating the 90th percentile lead or copper level) under this subsection.

(I) Invalidation of lead or copper tap water samples. A sample invalidated under this subparagraph does not count toward determining lead or copper 90th percentile levels under section 19-13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State Agencies or toward meeting the minimum monitoring requirements of section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies.

(i) The department may invalidate a lead or copper tap water sample if at least one of the following conditions is met:

(I) The laboratory establishes that improper sample analysis caused erroneous results;

(II) The department determines that the sample was taken from a site that did not meet the site selection criteria of this section;

(III) The sample container was damaged in transit;

(IV) There is substantial reason to believe that the sample was subject to tampering; or

(V) There is substantial reason to believe that the sample was collected improperly.

(ii) The system shall report the results of all samples to the department and all supporting documentation for samples the system believes should be invalidated.

(iii) To invalidate a sample under this subparagraph, the department shall document, in writing, the decision and the rationale for the decision. The department may not invalidate a sample solely on the grounds that a follow-up sample result is higher or lower than that of the original sample.

The water system shall collect replacement samples for any samples invalidated under this section if, after the invalidation of one or more samples, the system has too few samples to meet the minimum requirements of section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies. Any such replacement samples shall be taken as soon as possible, but no later than twenty (20) days after the date the department invalidates the sample or by the end of the applicable monitoring period, whichever occurs later. Replacement samples taken after the end of the applicable monitoring period shall not also be used to meet the monitoring requirements of a subsequent monitoring period. The replacement samples shall be taken at the same locations as the invalidated samples or, if that is not possible, at locations other than those already used for sampling during the monitoring period.

(e)(9) Monitoring requirements for water quality parameters.

All large water systems and all small and medium-size systems that exceed the lead or copper action level shall monitor water quality parameters in addition to lead and copper in accordance with this subdivision. The requirements of this subdivision are summarized in the table at the end of this subdivision.

(A) General requirements.

(i) Sample collection methods.

Tap samples shall be representative of water quality throughout the distribution system taking into account the number of persons served, the different sources of water, the different treatment methods employed by the system, and seasonal variability. Tap sampling under this subdivision is not required to be conducted at taps targeted for lead and copper sampling under subdivision (8)(A)(i) of this subsection. Samples collected at the entry point(s) to the distribution system shall be from locations representative of each source after treatment. If a system draws water from more than one (1) source and the sources are combined before distribution, the system shall sample at an entry point to the distribution system during periods of normal operating conditions (i.e., when water is representative of all sources being used).

(ii) Number of samples.

Systems shall collect two (2) tap samples for applicable water quality parameters during each monitoring period specified under subparagraphs (B) through (E) of this subdivision from the following number of sites.

System Size (Number People Served)	*Number of Sites For Water Quality Parameters*
Greater than 100,000	25
10,001-100,000	10
3,301 to 10,000	3
501 to 3,300	2
101 to 500	1
Less than or equal to 100	1

Systems shall collect two (2) samples for each applicable water quality parameter at each entry point to the distribution system during each monitoring period specified in subparagraph (B) of this subdivision. During each monitoring period specified in subparagraphs (C) through (E) of this subdivision, systems shall collect one (1) sample for each applicable water quality parameter at each entry point to the distribution system.

(B) Initial sampling. All large water systems shall measure the applicable water quality parameters as specified in this subparagraph at taps and at each entry point to the distribution system during each six (6) month monitoring period specified in subdivision (8)(D) of this subsection. All small and medium-size systems shall measure the applicable water quality parameters at the locations specified in this subparagraph during each six (6) month monitoring period specified in subdivision (8)(D) of this subsection during which the system exceeds the lead or copper action level.

(i) Monitoring at taps shall include: pH; alkalinity; orthophosphate when an orthophosphate compound is used; orthophosphate and hydrolyzable phosphate when a condensed or blended phosphate is used; silica, when a silicate compound is used; calcium; conductivity; and water temperature.

(ii) At each entry point to the distribution system all of the applicable parameters listed in subparagraph (B)(i).

(C) Monitoring after installation of corrosion control. Any large system that installs optimal corrosion control treatment pursuant to subsection (j)(7)(D)(iv) of this section shall measure the water quality parameters at the locations and frequencies specified in this subparagraph during each six (6) month monitoring period specified in subdivision (8) (E) of this subsection. Any small or medium-size system that installs optimal corrosion control treatment shall conduct such monitoring during each six-month monitoring period specified in subdivision (8) (E) of this subsection in which the system exceeds the lead or copper action level.

(i) Monitoring at taps, two (2) samples for: pH; alkalinity; orthophosphate, when an inhibitor containing an orthophosphate compound is used; orthophosphate and hydrolyzable phosphate when an inhibitor containing condensed or blended phosphate compounds is used; silica, when an inhibitor containing a silicate compound is used; calcium, when calcium carbonate stabilization is used as part of corrosion control.

(ii) At each entry point to the distribution system, at least one (1) sample no less frequently than every two (2) weeks for: pH; when alkalinity is adjusted as part of

optimal corrosion control, a reading of the dosage rate of the chemical used to adjust alkalinity, and the alkalinity concentration; and when a corrosion inhibitor is used as part of optimal corrosion control, a reading of the dosage rate of the inhibitor used, and the concentration of orthophosphate or orthophosphate and hydrolyzable phosphate or silica (whichever is applicable).

(D) Monitoring after the department specifies water quality parameter values for optimal corrosion control. After the department specifies the values for applicable water quality control parameters reflecting optimal corrosion control treatment under section 19-13-B102 (j)(8)(F) of the Regulations of Connecticut State Agencies, all large systems shall measure the applicable water quality parameters in accordance with subparagraph (C) of this subdivision and determine compliance with the requirements of section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies every six (6) months with the first six (6) month period to begin on the date the department specifies the optimal values under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies. Any small or medium-size system shall conduct such monitoring during each six (6) month period specified in this subparagraph in which the system exceeds the lead or copper action level. For any such small and medium-size system that is on a reduced monitoring frequency pursuant to section 19-13-B102(e)(8)(G) of the Regulations of Connecticut State Agencies at the time of the action level exceedance, the end of the applicable monitoring period under this subparagraph shall coincide with the end of the applicable monitoring period under section 19-13-B102(e)(8)(G) of the Regulations of Connecticut State Agencies. Compliance with department-designated optimal water quality parameter values shall be determined as specified under section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies.

(E) Reduced monitoring.

(i) Any water system that maintains the range of values for the water quality parameters reflecting optimal corrosion control treatment during each of two (2) consecutive six (6) month monitoring periods under subparagraph (D) of this subdivision shall continue monitoring at the entry point(s) to the distribution system as specified in subparagraph (C) (ii) of this subdivision. Such system may collect two (2) tap samples for applicable water quality parameters from the following reduced number of sites during each six (6) month monitoring period.

System Size (Number People Served)	*Reduced Number of Sites For Water Quality Parameters*
Greater than 100,000	10
10,001 to 100,000	7
3,301 to 10,000	3
501 to 3,300	2
101 to 500	1
Less than or equal to 100	1

(ii) Any water system that maintains the range of values for the water quality parameters reflecting optimal corrosion control treatment specified by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies during three (3) consecutive years of monitoring may reduce the frequency with which it collects the number of tap samples for applicable water quality parameters specified in this subparagraph from every six (6) months to annually. Any water system that maintains the range of values for the water quality parameters reflecting

optimal corrosion control treatment specified by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies during three (3) consecutive years of annual monitoring under this paragraph may reduce the frequency with which it collects the number of tap samples for applicable water quality parameters specified in subclause (i) of this subparagraph from annually to every three (3) years.

(iii) A water system may reduce the frequency with which it collects tap samples for applicable water quality parameters specified in subclause (i) of this subparagraph to every three (3) years if it demonstrates during two (2) consecutive monitoring periods that its tap water lead level at the 90th percentile is less than or equal to the PQL for lead of 0.005 milligrams per liter, that its tap water copper level at the 90th percentile is less than or equal to the PQL for copper of 0.65 mg/l, and that it also has maintained the range of values for the water quality parameters reflecting optimal corrosion control treatment specified by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies.

(iv) A water system that conducts sampling annually shall collect these samples evenly throughout the year so as to reflect seasonal variability.

(v) Any water system subject to reduced monitoring frequency that fails to operate at or above the minimum value or within the range of values for the water quality parameters specified by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies for more than nine (9) days in any six (6) month period specified in section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies shall resume distribution system tap water sampling for water quality parameters in accordance with the number and frequency requirements in subparagraph (D) of this subdivision, shall conduct tap water sampling for lead and copper at the frequency specified in section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies, and shall collect the number of samples specified for standard monitoring in section 19-13-B102 (e)(8)(C) of the Regulations of Connecticut State Agencies. Such a system may resume annual monitoring for water quality parameters at the tap, at the reduced number of sites specified in subclause (i) of this subparagraph, after it has completed two (2) subsequent consecutive six (6) month rounds of monitoring that meet the criteria of subclause (I) of this subparagraph and may resume monitoring once every three (3) calendar years for water quality parameters at the tap at the reduced number of sites, after it demonstrates through subsequent rounds of monitoring that it meets the criteria of either subclause (ii) or (iii) of this subparagraph.

(F) Additional monitoring by systems. The results of any monitoring conducted in addition to the minimum requirements of this subdivision shall be considered by the system and the department in making any determinations (i.e. determining concentrations of water quality parameters) under this subdivision or section 19-13-B102 (j)(8) of the Regulations of Connecticut State Agencies.

SUMMARY OF MONITORING REQUIREMENTS FOR WATER QUALITY PARAMETERS[1]

Monitoring Period	*Parameters*[2]	Location	Frequency
Initial Monitoring	pH, alkalinity, orthophosphate or silica[3] calcium, conductivity, system, temperature	Taps and at entry points to distribution system	Every six (6) months
After Installation of Corrosion Control	pH, alkalinity, orthophosphate or silica,[3] calcium[4]	Taps	Every six (6) months
	pH, alkalinity dosage rate concentration (if alkalinity adjusted as part of corrosion control), inhibitor dosage rate and inhibitor residual[5]	Entry point(s) to distribution system	No less frequently than every two (2) weeks
After Department Specifies Parameter Values for Optimal Corrosion Control	pH, alkalinity, orthophosphate or silica,[3] calcium[4]	Taps	Every six (6) months
	pH, alkalinity dosage rate and concentration (if alkalinity adjusted as part of corrosion control), inhibitor dosage rate and inhibitor residual[5]	Entry point(s) to distribution system	No less frequently than every two (2) weeks
Reduced Monitoring	pH, alkalinity, orthophosphate or silica,[3] calcium[4]	Taps	Every six (6) months, annually[6], or every three (3) years[7], at reduced number of sites
	pH, alkalinity dosage rate and concentration (if alkalinity adjusted as part of corrosion control), inhibitor dosage rate and inhibitor residual[5]	Entry point(s) to distribution system	No less frequently than every two (2) weeks

Notes:

[1] Table is for illustrative purposes. Consult the text of this section for detailed regulatory requirements.

[2] Small and medium-size systems shall monitor for water quality parameters only during monitoring periods in which the system exceeds the lead or copper action level.

[3] Orthophosphate shall be measured only when an inhibitor containing phosphate compound is used. Silica shall be measured only when an inhibitor containing silicate compound is used.

[4] Calcium shall be measured only when calcium carbonate stabilization is used as part of corrosion control.

[5] Inhibitor dosage rates and inhibitor residual concentrations (orthophosphate or silica) shall be measured only when an inhibitor is used.

[6] A water system may reduce frequency of monitoring for water quality parameters at the tap, from every six (6) months to annually, if it has maintained the range of values for water quality parameters reflecting optimal corrosion control during three (3) consecutive years of monitoring.

[7] A water system may further reduce the frequency of monitoring for water quality parameters at the tap, from annually to once every three (3) years, if it has maintained the range of values for water quality parameters reflecting optimal corrosion control during three (3) consecutive years of annual monitoring. Water system may reduce monitoring from every six (6) months to once every three (3) calendar years for water quality parameters at the tap if it has maintained all of the following 90th percentile lead levels less than or equal to 0.005 mg/l, 90th percentile copper levels less than or equal to 0.65 mg/l, and the range of water quality parameters designated by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies, as representing optimal corrosion control, during two (2) consecutive six (6) month monitoring periods.

(e)(10) Monitoring requirements for lead and copper in source water.

(A) Sample location, collection methods, and number of samples.

(i) A water system that fails to meet the lead or copper action level on the basis of tap samples collected in accordance with subdivision (8) of this subsection shall collect lead and copper source water samples in accordance with the following requirements regarding sample location, number of samples, and collection methods:

Groundwater systems shall take a minimum of one sample, at every point of entry to the distribution system which is representative of each active source of supply after treatment, unless conditions make another location more representative of each source or treatment plant. Surface water systems and systems with a combination of active surface and groundwater sources shall take a minimum of one sample, at every point of entry to the distribution system after any application of treatment or in the distribution system at a point which is representative of each active source after treatment, unless conditions make another location more representative of each source or treatment plant.

If a system draws water from more than one source and the sources are combined before distribution, the system shall sample at a point of entry to the distribution system during periods of normal operating conditions (i.e., when water is representative of all sources being used).

(ii) Where the results of sampling exceed the maximum permissible source water levels established under subsection (j)(9)(B)(iv)of this section, the department may require that one (1) additional sample be collected as soon as possible after the initial sample was taken (but not to exceed two (2) weeks) at the same sampling point. If a department-required confirmation sample is taken for lead or copper, then the results of the initial and confirmation sample shall be averaged in determining compliance with the department-specified maximum permissible levels. Any sample value below the detection limit shall be considered to be zero. Any value above the detection limit but below the PQL shall be considered as either the measured value or one-half the PQL.

(B) Monitoring frequency after system exceeds tap water action level. Any system which exceeds the lead or copper action level at the tap shall collect one source

water sample from each entry point to the distribution system within six (6) months after the end of the tap monitoring period, pursuant to sections 19-13-B102(e)(8)(D) through (G) of the Regulations of Connecticut State Agencies, in which the exceedance occurred.

(C) Monitoring frequency after installation of source water treatment. Any system that installs source water treatment pursuant to subsection (j)(9)(A)(iii) of this section, shall collect an additional source water sample from each entry point to the distribution system during two (2) consecutive six (6) month monitoring periods by the deadline specified in subsection (j)(9)(A)(iv) of this section.

(D) Monitoring frequency after the department specifies maximum permissible source water levels or determines that source water treatment is not needed.

(i) A system shall monitor at the frequency specified in this subparagraph in cases where the department specifies maximum permissible source water levels under subsection (j)(9)(B)(iv) of this section or determines that the system is not required to install source water treatment under subsection (j)(9)(B)(ii) of this section. A water system using only groundwater shall collect samples once during the three-year compliance period in effect when the applicable department determination under this subparagraph is made. Such systems shall collect samples once during each subsequent compliance period. A water system using surface water or a combination of surface water and groundwater shall collect samples once during each year, the first annual monitoring period to begin on the date on which the applicable department determination is made under this subparagraph.

(ii) A system is not required to conduct source water sampling for lead or copper if the system meets the action level for the specific contaminant in tap water samples during the entire source water sampling period applicable to the system under this subparagraph.

(11) Monitoring requirements for disinfection byproducts, residuals, and precursors

(A) Compliance dates and applicability

(i) Chlorine, chloramines, and ozone

CWS or NTNC that uses at least one of these chemicals in any part of the treatment process, uses surface water or GWUDI as a source in whole or in part and serves at least 10,000 persons shall comply with the requirements of this subdivision. Any other CWS and NTNC that uses at least one of these chemicals in any part of the treatment process shall comply with the requirements of this subdivision beginning January 1, 2004. Additionally, any CWS or NTNC that purchases water from a system that uses at least one of these chemicals and is not part of the supplying system's monitoring plan, developed in accordance with subsection 19-13-B102(e)(11)(F), shall comply with the requirements of this subdivision if it serves at least 10,000 persons, and beginning January 1, 2004 if it serves fewer than 10,000 persons or uses only groundwater not under the direct influence of surface water.

(ii) Chlorine Dioxide

Any public water system that uses chlorine dioxide as a disinfectant or oxidant, or purchases water from a system that uses chlorine dioxide and is not part of the supplying system's monitoring plan developed in accordance with section 19-13-B102(e)(11)(F), shall comply with any requirements for chlorine dioxide in this subdivision if it serves at least 10,000 persons, or beginning January 1, 2004 if it serves fewer than 10,000 persons.

(iii) A system that is installing granular activated carbon or membrane technology to comply with this subdivision may apply to the department for an extension of up to twenty-four (24) months past the dates in subclauses (i) and (ii) of this

subparagraph but not later than December 31, 2003. In granting the extension, the department shall set a schedule for compliance and may specify any interim measures that the system shall take.

(B) General Requirements

(i) A system that is required to monitor for disinfection byproducts in accordance with subparagraph (A) of this subdivision shall test for the following disinfectant residuals and disinfection byproducts according to the requirements of this subdivision.

DISINFECTANTS AND THEIR LIMITS

Disinfectant Residual	*MRDLG (mg/l)*	*MRDL (mg/l)*	*Compliance based on*
Chlorine	4 (as Cl_2)	4.0 (as Cl_2)	Annual average[1]
Chloramine	4 (as Cl_2)	4.0 (as Cl_2)	Annual average[1]
Chlorine Dioxide	0.8 (as ClO_2)	0.8 (as ClO_2)	Consecutive daily samples[2]

NOTES:
[1] See subparagraph (G)(vii) of this subdivision.
[2] See subparagraph (G)(viii) of this subdivision.

DISINFECTION BYPRODUCTS AND THEIR LIMITS

Disinfection Byproducts	*MCLG (mg/l)*	*MCL (mg/l)*	*Compliance based on*
Total trihalomethanes	N/A	0.080	Running annual average
Bromodichloromethane	zero	*	
Dibromochloromethane	0.06	*	
Bromoform	zero	*	
Chloroform	not available	*	
Haloacetic acids (five) -dichloracetic acid -trichloroacetic acid	N/A zero 0.3	0.060 * *	
Bromate	zero	0.010	
Chlorite	0.8	1.0	3 sample set

N/A — Not applicable.
* — No individual MCL for TTHM and HAA5 constituents

(ii) A system shall take all samples during normal operating conditions.

(iii) A system may use previously collected data to qualify for reduced monitoring if the data meets the location and frequency requirements of this subdivision.

(iv) A system shall use only the analytical method(s) specified in 40 CFR 141.131 for monitoring under this subdivision.

(v) All samples, including those described in subclause (iii), shall be analyzed by a department approved laboratory pursuant to section 19-13-B102(g) of the Regulations of Connecticut State Agencies. The department may grant an exemption, in writing, for the daily chlorite samples when the chlorite analysis is conducted by a certified treatment operator using a method approved by the department.

(C) Disinfection byproducts

(i) Routine monitoring for TTHM and HAA5

A system shall conduct routine monitoring at the locations and frequencies indicated in the following table:

Type of System	*Minimum Monitoring Frequency*[1]	Sample Location in the Distribution System[2]
A system using surface water or GWUDI in whole or in part and serving 10,000 or more persons	Four (4) samples per quarter per treatment plant	At least 25% of all samples collected each quarter at locations representing maximum residence time. Remaining samples taken at locations representative of at least average residence time in the distribution system and representing the entire distribution system.
A system using surface water or GWUDI in whole or in part and serving fewer than 10,000 persons	One (1) sample per quarter per treatment plant	Location representing maximum residence time
A system using only groundwater not under the direct influence of surface water and serving 10,000 or more persons	One (1) sample per quarter per treatment plant	Location representing maximum residence time
A system using only groundwater not under the direct influence of surface water and serving fewer than 10,000 persons	One (1) sample per year per treatment plant during the third calendar quarter	Location representing maximum residence time[3]

NOTES:

[1] Multiple wells drawing water from a single aquifer may be considered one treatment plant for determining the minimum number of samples required, with written approval from the department.

[2] If a system elects to sample more frequently than the minimum required, at least twenty-five (25) percent of all samples collected each quarter, including those taken in excess of the required frequency, shall be taken at locations that represent the maximum residence time of the water in the distribution system. The remaining samples shall be taken at locations representative of at least average residence time in the distribution system.

[3] If the sample, or average of annual samples if more than one sample is taken, exceeds the MCL, the system shall increase monitoring to one sample per treatment plant per quarter, taken at a point reflecting the maximum residence time in the distribution system. Systems on increased monitoring may return to routine monitoring if, after at least one year of monitoring, their TTHM annual average is 0.060 mg/l and HAA5 annual average is <0.045 mg/l and the system is granted approval by the department in writing.

(ii) Reduced monitoring for TTHM and HAA5

A system may reduce monitoring in accordance with the following table with the written approval of the department:

Type of System	*Criteria for Monitoring Reduction*[1]	*Minimum Monitoring Frequency*	*Sample Location in the Distribution System*
A system using surface water or GWUDI in whole or in part and serving at least 10,000 persons	Source water annual average TOC level, before any treatment, <4.0 mg/l; TTHM annual average <0.040 mg/l; and HAA5 annual average <0.030 mg/l	One (1) sample per quarter per treatment plant	Location representing maximum residence time
A system using surface water or GWUDI in whole or in part and serving fewer than 10,000 persons	Source water annual average TOC level, before any treatment, <4.0 mg/l; TTHM annual average <0.040 mg/l; and HAA5 annual average <0.030 mg/l	One (1) sample per year per treatment plant during the third calendar quarter	Location representing maximum residence time
A system using only groundwater not under the direct influence of surface water and serving at least 10,000 persons	TTHM annual average <0.040 mg/l; and HAA5 annual average <0.030 mg/l	One (1) sample per year per treatment plant during the third calendar quarter	Location representing maximum residence time
A system using only groundwater not under the direct influence of surface water and serving fewer than 10,000 persons	TTHM annual average <0.040 mg/l; and HAA5 annual average <0.030 mg/l[2]	One (1) sample every three (3) years per treatment plant during the third calendar quarter[3]	Location representing maximum residence time

NOTES:
[1] A system shall have monitored for at least one (1) year.
[2] Averages for two (2) consecutive years, or TTHM annual average <0.020 mg/l and HAA5 annual average <0.015 mg/l for one year.
[3] Three (3) year cycle begins January 1 following quarter in which system qualifies for reduced monitoring.

A system on a reduced monitoring schedule may remain on that reduced schedule as long as the average of all samples taken in the year (for systems which shall monitor quarterly) or the result of the sample (for systems which shall monitor no more frequently than annually) is no more than 0.060 mg/l and 0.045 mg/l for TTHM and HAA5, respectively. Systems that do not meet these levels shall resume routine monitoring in the quarter immediately following the quarter in which the system exceeds either of these levels. For a system using only groundwater not under the direct influence of surface water and serving fewer than 10,000 persons, if either the TTHM annual average is >0.080 mg/l or the HAA5 annual average is >0.060 mg/l, the system shall begin increased monitoring, as indicated in section 19-13-B102(e)(11)(C)(i), in the quarter immediately following the monitoring period in which the system exceeds 0.080 mg/l or 0.060 mg/l for TTHM or HAA5 respectively.

(iii) Routine monitoring for chlorite

A system using chlorine dioxide for disinfection or oxidation, shall conduct monitoring for chlorite. The system shall take daily chlorite samples at the entrance to the distribution system and shall also take a three (3) sample set for chlorite each month in the distribution system. The system shall take one sample at each of the following locations: near the first customer, at a location representative of average residence time and at a location reflecting maximum residence time in the distribution system. Any additional routine sampling shall be conducted in the same manner (as three-sample sets, at the specified locations). The system may use the results of additional monitoring conducted according to subclause (iv) of this subparagraph to meet their monthly requirement.

(iv) Additional monitoring for chlorite

On each day following a routine sample monitoring result that exceeds the chlorite MCL at the entrance to the distribution system, the system is required to take three (3) chlorite distribution system samples at the following locations: as close to the first customer as possible, in a location representative of average residence time and as close to the end of the distribution system as possible (reflecting maximum residence time in the distribution system).

(v) Reduced monitoring for chlorite

Routine chlorite monitoring at the entrance to the distribution system may not be reduced. Chlorite monitoring in the distribution system may be reduced to one three (3) sample set per quarter after one year of monitoring where no routine individual chlorite sample taken in the distribution system has exceeded the chlorite MCL and the system has not been required to conduct additional monitoring in accordance with subclause (iv) of this subparagraph. The system may remain on the reduced monitoring schedule until (1) any of the three (3) individual chlorite samples taken quarterly in the distribution system exceeds the chlorite MCL; or (2) the system is required to conduct additional monitoring according to subclause (iv) of this subparagraph, at which time the system shall revert to routine monitoring.

(vi) Routine monitoring for bromate

A system using ozone in any part of the treatment process shall take one bromate sample each month at the entrance to the distribution system for each treatment plant in the system using ozone.

(vii) Reduced monitoring for bromate

A system required to analyze for bromate may reduce monitoring from monthly to once per quarter, if the system demonstrates that the average source water bromide concentration is less than 0.05 mg/l based upon representative monthly bromide measurements for one year. The system may remain on reduced bromate monitoring until the running annual average source water bromide concentration, computed quarterly, is equal to or greater than 0.05 mg/l based upon representative monthly measurements. The system shall continue bromide monitoring to remain on reduced bromate monitoring. If the running annual average source water bromide concentration is equal to or greater than 0.05 mg/l, the system shall resume routine monitoring for bromate in accordance with subclause (vi) of this subparagraph. Public water systems that purchase water from systems that are eligible for reduced bromate monitoring are also eligible for reduced bromate monitoring.

(viii) A system required to comply with this subdivision shall determine their minimum monitoring frequency for disinfection byproducts using:

(I) Their own sources of water, if any, as well as each seller's source(s) of water to determine if they use surface water or GWUDI, in whole or in part, or if they use only groundwater not under the direct influence of surface water;

(II) Their own population, without considering the population of any system that purchases water from or sells water to their system; and

(III) A sum for the number of treatment plants calculated as the number of treatment plants in their own system plus one (1) for each applicable system that sells water to their system.

(D) Disinfectant residuals

(i) Routine monitoring for chlorine and chloramines

CWS and NTNC that uses chlorine or chloramines in any part of the treatment process shall measure the residual disinfectant level in the distribution system, at the same point in the distribution system and at the same time as total coliforms are sampled in accordance with subdivision (7) of this subsection. Surface water or GWUDI systems may use the results of residual disinfectant concentration sampling conducted under 40 CFR 141.74(c)(3)(i) in lieu of taking separate samples. Monitoring may not be reduced.

(ii) Routine monitoring for chlorine dioxide

A system using chlorine dioxide for disinfection or oxidation shall take daily chlorine dioxide samples at the entrance to the distribution system. For any daily sample that exceeds the MRDL, the system shall take chlorine dioxide samples in the distribution system the following day at the locations required by subclause (iii) of this subparagraph, in addition to the sample required at the entrance to the distribution system. Systems that purchase water from a system that is required to conduct additional monitoring shall also comply with subclause (iii) of this subparagraph. Routine monitoring may not be reduced.

(iii) Additional monitoring for chlorine dioxide

On each day following a routine sample monitoring result that exceeds the MRDL, the system shall take three (3) chlorine dioxide distribution system samples. If chlorine dioxide or chloramines are used to maintain a disinfectant residual in the distribution system, or if chlorine is used to maintain a disinfectant residual in the distribution system and there are no disinfection addition points after the entrance

to the distribution system (i.e., no booster chlorination), the system shall take three (3) samples as close to the first customer as possible, at intervals of at least six (6) hours. If chlorine is used to maintain a disinfectant residual in the distribution system and there are one or more disinfection addition points after the entrance to the distribution system (i.e., booster chlorination), the system shall take one sample at each of the following locations: as close to the first customer as possible, in a location representative of average residence time, and as close to the end of the distribution system as possible (reflecting maximum residence time in the distribution system).

(E) Disinfection byproduct precursors

(i) Routine monitoring

A surface water or GWUDI system, which uses conventional treatment, shall monitor each treatment plant for TOC, no later than the point of combined filter effluent turbidity monitoring and representative of the treated water. The system shall also monitor for TOC in the source water, prior to any treatment, at the same time as monitoring for TOC in the treated water. These samples (source water and treated water) are referred to as paired samples. At the same time as the source water sample is taken, all systems shall monitor for alkalinity in the source water prior to any treatment. System shall take one paired sample and one source water alkalinity sample each month for each plant, at a time representative of normal operating conditions and influent water quality.

(ii) Reduced monitoring

A Surface water or GWUDI system with an average treated water TOC of less than 2.0 mg/l for two consecutive years, or less than 1.0 mg/l for one year, may reduce monitoring for both TOC and alkalinity to one paired sample and one source water alkalinity sample for Each plant for each quarter. The system shall revert to routine monitoring in the month following the quarter when the annual average treated water TOC is 2.0 mg/l or greater.

(F) Monitoring plans

Each system required to monitor under this subdivision shall develop and implement a monitoring plan. The system shall maintain the plan and make it available for inspection by the department and the general public no later than thirty (30) days following the applicable compliance dates in subparagraph (a) of this subdivision. Any surface water or GWUDI system serving more than 1000 persons shall submit a copy of the monitoring plan to the department no later than the date of the first report required under section 19-13-B102(h)(7) of the Regulations of Connecticut State Agencies. The department may also require any other system to submit a monitoring plan. After review, the department may require changes in any plan elements. Failure by a system to monitor in accordance with its monitoring plan is a monitoring violation. The plan shall include the following elements:

(i) Specific locations and schedules for collecting samples for any parameters included in this subdivision. Sample locations that represent a point of average or maximum residence time for multiple treatment plants may be used to satisfy the requirements of subparagraph (C) of this subdivision for each applicable treatment plant, with the department's written approval; and

(ii) How the system will calculate compliance with MCL, MRDL, and treatment techniques.

(G) Compliance

(i) Where compliance is based on a running annual average of monthly or quarterly samples or averages and the system fails to monitor for TTHM, HAA5, or bromate,

this failure to monitor will be treated as a monitoring violation for the entire period covered by the annual average. Where compliance is based on a running annual average of monthly or quarterly samples or averages and the system's failure to monitor makes it impossible to determine compliance with MRDL for chlorine and chloramines, this failure to monitor will be treated as a monitoring violation for the entire period covered by the annual average.

(ii) All samples taken and analyzed under the provisions of this subdivision shall be included in determining compliance, even if that number is greater than the minimum required.

(iii) If, during the first year of monitoring, any individual quarter's average will cause the running annual average of that system to exceed the MCL, the system is out of compliance at the end of that quarter.

(iv) TTHM and HAA5

For a system monitoring quarterly, compliance with MCL shall be based on a running annual average, computed quarterly, of quarterly averages of all samples collected by the system as prescribed by this subdivision. If a system fails to complete four (4) consecutive quarters of monitoring, compliance with the MCL for the last four (4) quarter compliance period shall be based on an average of the available data.

For a system monitoring less frequently than quarterly, the system shall demonstrate MCL compliance if the average of samples taken under the provisions of section 19-13-B102(e)(11)(C)(i) do not exceed any MCL. If the average of these samples exceeds the MCL, the system shall increase monitoring to once each quarter for each treatment plant and such a system is not in violation of the MCL until it has completed one (1) year of quarterly monitoring, unless the result of fewer than four (4) quarters of monitoring will cause the running annual average to exceed the MCL, in which case the system is in violation at the end of that quarter. Systems required to increase monitoring frequency to quarterly monitoring shall calculate compliance by including the sample which triggered the increased monitoring plus the following three (3) quarters of monitoring.

If the running annual arithmetic average of quarterly averages covering any consecutive four (4) quarter period exceeds the MCL, the system is in violation of the MCL.

(v) Bromate

Compliance shall be based on a running annual average, computed quarterly, of monthly samples (or, for months in which the system takes more than one sample, the average of all samples taken during the month) collected by the system as prescribed by section 19-13-B102(e)(11)(C) of the Regulations of Connecticut State Agencies. If the average of samples covering any consecutive four-quarter period exceeds the MCL, the system is in violation of the MCL. If a system fails to complete twelve (12) consecutive months' monitoring, compliance with the MCL for the last four-quarter compliance period shall be based on an average of the available data.

(vi) Chlorite

Compliance shall be based on an arithmetic average of each three-sample set taken in the distribution system as prescribed by sections 19-13-B102(e)(11)(C)(iii) and (e)(11)(C)(iv) of the Regulations of Connecticut State Agencies. If the arithmetic average of any three (3) sample set exceeds the MCL, the system is in violation of the MCL.

(vii) Chlorine and chloramines

Compliance shall be based on a running annual average, computed quarterly, of monthly averages of all samples collected by the system under subparagraph (D)

of this subdivision. If the average of quarterly averages covering any consecutive four (4) quarter period exceeds the MRDL, the system is in violation of the MRDL.

In cases where systems switch between the use of chlorine and chloramines for residual disinfection during the year, compliance shall be determined by including together all monitoring results of both chlorine and chloramines in calculating compliance. Reports submitted pursuant to section 19-13-B102(h)(7) of the Regulations of Connecticut State Agencies shall clearly indicate which residual disinfectant was analyzed for each sample.

Notwithstanding the MRDL in subparagraph (B) of this subdivision, systems may increase residual disinfectant levels in the distribution system of chlorine or chloramines, but not chlorine dioxide, to a level and for a time necessary to protect public health, to address specific microbiological contamination problems caused by circumstances such as, including but not limited to, distribution line breaks, storm run-off events, source water contamination events, or cross-connection events.

(viii) Chlorine dioxide

Tier 1 notice. Compliance shall be based on consecutive daily samples collected by the system under subparagraph (D) of this subdivision. If any daily sample taken at the entrance to the distribution system exceeds the MRDL and, on the following day, one (or more) of the three (3) samples taken in the distribution system exceed the MRDL, the system is in violation of the MRDL and shall take immediate corrective action to lower the level of chlorine dioxide below the MRDL and shall notify the public pursuant to the procedures for a tier 1 notice in section 19-13-B102(i)(1) of the Regulations of Connecticut State Agencies. Failure to take samples in the distribution system the day following an exceedance of the chlorine dioxide MRDL at the entrance to the distribution system will also be considered an MRDL violation and the system shall notify the public of the violation in accordance with the procedures for tier 1 notices in section 19-13-B102(i)(1) of the Regulations of Connecticut State Agencies.

Tier 2 notice. Compliance shall be based on consecutive daily samples collected by the system under subparagraph (D) of this subdivision. If any two (2) consecutive daily samples taken at the entrance to the distribution system exceed the MRDL and all distribution system samples taken are below the MRDL, the system is in violation of the MRDL and shall take corrective action to lower the level of chlorine dioxide below the MRDL at the point of sampling and will notify the public pursuant to the procedures for a tier 2 notice in section 19-13-B102(i)(2) of the Regulations of Connecticut State Agencies. Failure to monitor at the entrance to the distribution system the day following an exceedance of the chlorine dioxide MRDL at the entrance to the distribution system is also an MRDL violation and the system shall notify the public of the violation in accordance with the procedures for tier 2 notice in section 19-13-B102(i)(2) of the Regulations of Connecticut State Agencies.

(ix) Disinfection byproduct precursors

Compliance shall be determined as specified by section 19-13-B102 (j)(11) of the Regulations of Connecticut State Agencies. Systems may begin monitoring to determine whether Step 1 TOC removals can be met twelve (12) months prior to the compliance date for the system. This monitoring is not required and failure to monitor during this period is not a violation. However, any system that does not monitor during this period, and then determines in the first twelve (12) months after the compliance date that it is not able to meet the Step 1 requirements in section 19-13-B102(j)(11)(B)(i) of the Regulations of Connecticut State Agencies and shall therefore apply for alternate minimum TOC removal (Step 2) requirements, is

not eligible for retroactive approval of alternate minimum TOC removal (Step 2) requirements as allowed pursuant to section 19-13-B102 (j)(11)(B)(ii) of the Regulations of Connecticut State Agencies and is in violation. Systems may apply for alternate minimum TOC removal (Step 2) requirements any time after the compliance date. for systems required to meet step 1 TOC removals, if the value calculated under Section 19-13-B102(j)(11)(C)(iv) of the Regulations of Connecticut State Agencies is less than 1.00, the system is in violation of the treatment technique requirements.

(f) **Protection of distribution system.**

(1) All service connections shall have a water pressure at the main of at least 25 psi under normal conditions. Where pressure is normally less than 25 psi, special provision as approved by the department, shall be made to furnish adequate service to the consumer.

(2) Each public water system which serves water to any of the consumer premises listed in subparagraph (a) of this subdivision shall report the following information to the Department by March 1 of each year covering the preceding calendar year, or upon notification by the department.

(A) A list of all consumer premises where the following categories of concern are known to exist:

(1) Any water supply source other than that of the public water system is known to exist.

(2) Toxic or objectionable chemical or biological substances are used in water solution on public, commercial or industrial premises.

(3) Water pressure is raised by pumping on other than residential premises above that furnished by the supplier.

(4) There is a water storage tank, public swimming pool or water filter, for other than residential use.

(5) There is known to be a sprinkler system for either fire protection or irrigation.

This list shall identify the category or categories of concern for each premise listed.

(B) Date of last inspection of each consumer premises listed in item (A). Also, the number of violations detected of the Public Health Code regulations relating to water distribution systems, and the status of correction of these violations. listings under item (A)(2) shall be inspected at least once each year and the remaining items shall be inspected at least once every five years. At premises where the public water system has determined a reduced pressure principle backflow preventer, double check valve assembly or pressure vacuum breaker is required, the type(s) of device(s) shall be specified and a summary of test results shall be included.

(3) Each public water system which serves water to any of the consumer premises listed in subdivision (2)(a) of this subsection shall have those premises inspected for cross connections by a person who has met the requirements of section 25-32-11(h) of the Regulations of Connecticut State Agencies.

(4) Each public water system which does not serve water to any of the consumer premises listed in subdivision (2)(a) of this subsection shall verify to the department that it does not serve water to any of those premises. The system shall provide such verification on a form provided by the department by March 1, 2002, and every five years thereafter.

(5) Finished water storage tanks, basins and clearwells.

(A) All finished water storage tanks, basins and clearwells connected to a public water distribution system shall be constructed and located so as to adequately protect the water from contamination. Finished water storage tanks, basins and clearwells

shall be properly constructed in a sanitary manner to prevent stormwater and precipitation from entering; and vents and overflows shall be provided and suitably protected and screened to prevent entry of insects, birds or other foreign matter. Overflow pipes shall not be directly connected to sanitary sewers or to storm drainage systems.

(B) In-ground finished water clearwells, basins or tanks shall be at least fifty feet from any part of the nearest subsurface sewage disposal system and twenty-five feet from the nearest watercourse or storm drain or other source of pollution. They shall be at least fifty feet from the nearest sanitary sewer unless the sewer is constructed in accordance with the technical standards for subsurface sewage disposal systems pursuant to section 19-13-B103d of the Regulations of Connecticut State Agencies, in which case it may be no closer than twenty-five (25) feet. Exemptions may be sought for existing structures which do not conform to these requirements.

(C) All atmospheric finished water storage tanks, basins and clearwells shall be inspected at a minimum of once every ten years for sanitary conditions and structural integrity. The inspection report shall be retained for reference and submitted to the department upon request.

(D) Uncovered finished water clearwells, tanks and basins are prohibited.

(6) An annual distribution system flushing program shall be conducted to maintain the distribution system free from excessive accumulation of sediment, organic growths, products of corrosion and erosion, and other extraneous matter. The program shall be made available to the department upon request.

(g) **Laboratory and operating tests.** The water samples taken to conform with the monitoring requirements of these regulations must be analyzed and reported to the public water system by a laboratory approved by the department for the parameters tested. Laboratory techniques shall conform to those approved by the federal environmental protection agency. The department may grant an exemption from this requirement in writing for chlorine, pH, temperature, turbidity, fluoride and color when the analysis is conducted by a certified treatment operator using a method approved by the department. Continuous analyzers may be used provided the instruments used are approved by the department and are maintained by a certified treatment plant operator or technical personnel employed by an environmental laboratory approved by the department under section 25-40 of the Connecticut General Statutes.

(h) **Reporting of tests.**

(1) A system that has exceeded the MCL for total coliforms shall report the violation to the department and the local director of health of each city, town, borough, or district served by the system no later than the end of the next business day after it learns of the violation, and notify the public in accordance with subsection (i) of this section.

(2) A system that has failed to comply with a monitoring requirement, pursuant to subsections 19-13-B102 (e) (6) and (e) (7) of the Regulations of Connecticut State Agencies, shall report the monitoring violation to the department within ten (10) days after the system discovers the violation, and notify the public in accordance with subsection (i) of this section.

(3) Except where a different reporting period is specified in this section, the supplier of water must report to the department and the local director of health of each city, town, borough, or district served by the system within forty-eight (48) hours the failure to comply with any established MCL.

(4) The system shall ensure that the department receives a report no later than nine (9) calendar days following the end of each month. The report shall be in a

format and manner prescribed by the department and shall contain the results of required samples that are collected during the month in compliance with Section 19-13-B102 of the Regulations of Connecticut State Agencies.

(5) Lead and copper. All water systems shall report all of the following information to the department.

(A) Reporting requirements for tap water monitoring for lead and copper and for water quality parameter monitoring. Unless the department has specified a more frequent reporting requirement, a water system shall report the information specified in this subparagraph for all tap water samples specified in section 19-13-B102 (e)(8) of the Regulations of Connecticut State Agencies and for all water quality parameter samples specified in section 19-13-B102 (e)(9) of the Regulations of Connecticut State Agencies no later than nine (9) calendar days following the end of each applicable monitoring period specified in sections 19-13-B102(e)(8) and 19-13-B102(e)(9) of the Regulations of Connecticut State Agencies:

(i) The results of all tap samples for lead and copper including the location of each site and the criteria under subsection (e)(8)(A) of this section under which the site was selected for the system's sampling pool; upon request of the department, a certification that each first-draw sample collected by the water system is one (1) liter in volume and, has stood motionless in the service line, or in the interior plumbing of a sampling site, for at least six (6) hours; where residents collected samples, a certification that each tap sample collected by the residents was taken after the water system informed them of proper sampling procedures specified in section 19-13-B102(e)(8)(B)(ii) of the Regulations of Connecticut State Agencies;

(ii) Documentation for each tap water lead or copper sample for which the water system requests invalidation pursuant to section 19-13-B102 (e)(8)(I)(i) of the Regulations of Connecticut State Agencies;

(iii) The 90th percentile lead and copper concentrations measured from among all lead and copper tap water samples collected during each monitoring period (calculated in accordance with section 19-13-B102(j)(6)(B)(iii) of the Regulations of Connecticut State Agencies);

(iv) With the exception of initial tap sampling conducted pursuant to section 19-13-B102(e)(8)(D) of the Regulations of Connecticut State Agencies, the system shall designate any site which was not sampled during previous monitoring periods, and include an explanation of why sampling sites have changed;

(v) The results of all tap samples for pH, and where applicable, alkalinity, calcium, conductivity, temperature, and orthophosphate or silica collected under sections 19-13-B102(e)(9)(B) through (E) of the Regulations of Connecticut State Agencies;

(vi) The results of all samples collected at the entry point(s)to the distribution system for applicable water quality parameters under sections 19-13-B102(e)(9)(B) through (E) of the Regulations of Connecticut State Agencies; and

(vii) For a non-transient non-community water system, or a community water system whose operation mandates continuous daily flow, such as a prison or hospital, that does not have enough taps that can provide first-draw samples, the system shall identify, in writing, each site that did not meet the six (6) hour minimum standing time and the length of standing time for that particular substitute sample collected pursuant to section 19-13-B102(e)(8)(B)(v) of the Regulations of Connecticut State Agencies and include this information with the lead and copper tap sample results required to be submitted pursuant to subclause (i) of this subparagraph.

(B) Source water reporting requirements:

(i) A water system shall report the sampling results for all source water samples collected in accordance with section 19-13-B102(e)(10) of the Regulations of Con-

necticut State Agencies within the first ten (10) days following the end of each source water monitoring period (i.e., annually, per compliance period) specified in subsection(e)(10)(A) through (D) of this section.

(ii) With the exception of the first round of source water sampling conducted pursuant to section 19-13-B102(e)(10)(B) of the Regulations of Connecticut State Agencies, the system shall specify any site which was not sampled during previous monitoring periods, and include an explanation of why the sampling point has changed.

(C) Corrosion control treatment reporting requirements. By the applicable dates under section 19-13-B102(j)(7) of the Regulations of Connecticut State Agencies, systems shall report the following information:

(i) For systems demonstrating that they have already optimized corrosion control, information required in section 19-13-B102(j)(7)(B) of the Regulations of Connecticut State Agencies;

(ii) For systems required to optimize corrosion control, their recommendation regarding optimal corrosion control treatment under section 19-13-B102(j)(8)(A) of the Regulations of Connecticut State Agencies;

(iii) For systems required to evaluate the effectiveness of corrosion control treatments under section 19-13-B102(j)(8)(C) of the Regulations of Connecticut State Agencies, the information required by that subparagraph; and

(iv) For systems required to install optimal corrosion control approved by the department under section 19-13-B102(j)(8)(D) of the Regulations of Connecticut State Agencies, a letter certifying that the system has completed installing that treatment.

(D) Source water treatment reporting requirements; By the applicable dates in section 19-13-B102(j)(9) of the Regulations of Connecticut State Agencies, systems shall provide the following information to the department:

(i) If required under section 19-13-B102(j)(9)(B)(i) of the Regulations of Connecticut State Agencies, their proposal regarding source water treatment; and

(ii) For systems required to install source water treatment under section 19-13-B102(j)(9)(B)(ii) of the Regulations of Connecticut State Agencies, a letter certifying that the system has completed installing the treatment approved by the department within twenty four (24) months after the department approved the treatment.

(E) Lead service line replacement reporting requirements. Systems shall report the following information to the department to demonstrate compliance with the requirements of section 19-13-B102(j)(10) of the Regulations of Connecticut State Agencies:

(i) Within twelve (12) months after a system exceeds the lead action level in sampling referred to in section 19-13-B102(j)(10)(A) of the Regulations of Connecticut State Agencies, the system shall demonstrate in writing to the department that it has conducted a materials evaluation, including but not necessarily limited to the evaluation in section 19-13-B102(e)(8)(A)(i) of the Regulations of Connecticut State Agencies, to identify the initial number of lead service lines in its distribution system, and shall provide the department with the system's schedule for annually replacing at least seven percent (7%) of the initial number of lead service lines in its distribution system.

(ii) Within twelve (12) months after a system exceeds the lead action level in sampling referred to in section 19-13-B102(j)(10)(A) of the Regulations of Connecticut State Agencies, and every twelve (12) months thereafter, the system shall demonstrate in writing to the department that the system has either: replaced in the

previous twelve (12) months at least seven percent (7%) of the initial lead service lines or a greater number of lines specified by the department under section 19-13-B102(j)(10)(E) of the Regulations of Connecticut State Agencies in its distribution system, or conducted sampling that demonstrates that the lead concentration in all service line samples from individual line(s),taken pursuant to section 19-13-B102(e)(8)(B)(iii) of the Regulations of Connecticut State Agencies, is less than or equal to 0.015 mg/l. In such cases, the total number of lines replaced and those that meet the criteria in section 19-13-B102(j)(10)(C) of the Regulations of Connecticut State Agencies equals at least seven percent (7%) of the initial number of lead lines identified under subparagraph (A) of this subdivision or the number of lines specified by the department under section 19-13-B102(j)(10)(E) of the Regulations of Connecticut State Agencies.

(iii) The letter submitted annually to the department under subparagraph (E)(ii) of this subdivision shall contain the following information: the number of lead service lines that were scheduled to have been replaced during the previous year of the system's replacement schedule; the number and location of each lead service line replaced during the previous year of the system's replacement schedule; if measured, the water lead concentration and location of each lead service line sampled, the sampling method, and the date of sampling.

(iv) Any system which collects lead service line samples following partial lead service line replacement, required by section 19-13-B102(j)(10) of the Regulations of Connecticut State Agencies, shall report the results to the department no later than nine (9) calendar days following the end of the month in which the system receives the laboratory results, or as specified by the department. Systems shall also report any additional information as specified by the department, in a time and manner prescribed by the department, to verify that all partial lead service line replacement activities have taken place.

(F) Public education program reporting requirements. Any water system that is subject to the public education requirements in section 19-13-B102(i)(6) of the Regulations of Connecticut State Agencies shall, no later than nine (9) calendar days after the end of each period in which the system is required to perform public education tasks in accordance with 40 CFR 141.85(c), send written documentation to the department that contains:

(i) A demonstration that the system has delivered the public education materials that meet the content requirements in paragraphs (a) to (b) inclusive, of 40 CFR 141.85 and the delivery requirements in 40 CFR 141.85(c); and

(ii) A list of all the newspapers, radio stations, television stations, and facilities and organizations to which the system delivered public education materials during the period in which the system was required to perform public education tasks.

(G) Reporting of additional monitoring data. Any system that collects sampling data in addition to that required by this subsection shall report the results to the department by the end of the applicable monitoring period under sections 19-13-B102(e)(8) through (10) of the Regulations of Connecticut State Agencies during which the samples are collected.

(6) Reporting requirements -- Surface water source and groundwater source under the direct influence of surface water.

(A) For a system with a groundwater source under the direct influence of surface water and that does not provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, interim reporting shall be required prior to installation of treatment. Specific requirements shall be

determined on a case-by-case basis depending on raw water quality, proficiency of existing treatment, and adequate watershed protection. In addition, total coliform test results, turbidity measurements and daily test for residual chlorine as required by sections 19-13-B102(e)(7)(H) and (M) of the Regulations of Connecticut State Agencies, respectively, shall be reported to the department no later than nine (9) calendar days after the end of each month the system serves water to the public.

(B) A system that uses a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, shall report monthly to the department the information specified in the following sub clauses.

(i) Combined filtered water turbidity measurements as required by section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies shall be reported to the department within nine (9) calendar days after the end of each month the system serves water to the public. Information that shall be reported includes: the total number of measurements taken during the month; the maximum daily measurement; the number and percentage of measurements taken during the month that are less than or equal to the turbidity limits specified in section 19-13-B102(j)(4) of the Regulations of Connecticut State Agencies, for the filtration technology being used; the date and value of any measurements taken during the month that exceed one (1) NTU. In addition, for any system using conventional filtration treatment or direct filtration and required to monitor the turbidity of each individual filter (or the turbidity of combined filter effluent for systems serving fewer than 10,000 persons and having two or fewer filters) under section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies:

(I) The system shall submit a report to the department, no later than nine (9) calendar days following the end of each month, indicating that the system has conducted individual filter monitoring or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters as required under section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies;

(II) If any individual filter or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters has a measured turbidity level of greater than 1.0 NTU in two (2) consecutive measurements taken fifteen (15) minutes apart, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements and date(s) on which an exceedance occurred.

For systems serving 10,000 or more persons, the report shall also include either a filter profile, as defined in section 19-13-B102(a) of the Regulations of Connecticut State Agencies, which shall be produced no later than seven (7) days of an exceedance, or a reason for the exceedance.

For systems serving fewer than 10,000 persons, the report shall also include the cause of the exceedance(s), if known;

(III) For systems serving 10,000 or more persons, if any individual filter has a measured turbidity level of greater than 0.5 NTU in two (2) consecutive measurements, taken fifteen (15) minutes apart at the end of the first four (4) hours of continuous filter operation, after the filter has been backwashed or otherwise taken off line, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements, date(s) on which an exceedance occurred, and

provide either a filter profile, as defined in subsection (a) of this section, which shall be produced no later than seven (7) days of an exceedance, or a reason for the exceedance;

(IV) If any individual filter or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters has a measured turbidity level of greater than 1.0 NTU in two (2) consecutive measurements, taken fifteen (15) minutes apart at any time in each of three (3) consecutive months, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements, and date(s) on which an exceedance occurred. In addition, the system shall produce a self assessment of the filter (if monitoring CFE in lieu of monitoring each individual filter, the system shall produce a self-assessment of both filters), as defined in section 19-13-B102(a) of the Regulations of Connecticut State Agencies, within fourteen (14) days of the exceedance and provide it to the department within 9 days of the end of the month in which the exceedance occurred or within 14 days of the exceedance, whichever is sooner. Systems serving fewer than 10,000 persons shall not be required to complete a filter self-assessment if a comprehensive performance evaluation (CPE) is required under section (V) of this subclause; and

(V) If any individual filter or combined filter effluent (CFE) for systems serving fewer than 10,000 persons that have 2 or fewer filters has a measured turbidity level of greater than 2.0 NTU in two (2) consecutive measurements, taken fifteen (15) minutes apart at any time in each of two (2) consecutive months, the system shall submit a report to the department, no later than nine (9) calendar days following the end of each month. The report shall indicate the filter number, the turbidity measurements, dates on which an exceedance occurred, and that a comprehensive performance evaluation (CPE) is required. In addition the system shall arrange to have a comprehensive performance evaluation conducted by a third party, approved by the department, no later than thirty (30) days following an exceedance for systems serving 10,000 or more persons and no later than sixty (60) days following an exceedance for systems serving fewer than 10,000 persons and have the evaluation completed and submitted to the department no later than ninety (90) days following the exceedance for systems serving 10,000 or more persons and no later than one-hundred-twenty (120) days following an exceedance for systems serving fewer than 10,000 persons.

(ii) Disinfection information specified in subsections (e)(7)(S)(ii) and (e)(7)(S)(iii) shall be reported to the department within nine (9) calendar days after the end of each month the system serves water to the public. Information that shall be reported includes: for each day, the lowest measurement of residual disinfectant concentration in mg/L in the water entering the distribution system, the dates and duration of each period when the residual disinfectant concentration in water entering the distribution system fell below 0.2 mg/L and when the department was notified of the occurrence. The following information shall be submitted on the samples taken in the distribution system in conjunction with total coliform monitoring pursuant to section 19-13-B102(e)(7) of the Regulations of Connecticut State Agencies: number of instances where the residual disinfectant concentration is measured, number of instances where the residual disinfection concentration is not measured but heterotrophic bacteria plate count (HPC) is measured, number of instances where the residual disinfectant concentration is measured but not detected and no HPC is measured, number of instances where no residual disinfectant concentration is detected and where HPC is greater than (500)/ml, number of instances where the residual disinfectant concen-

tration is not measured and HPC is greater than (500)/ml and for the current and previous month the system serves water to the public the value of ''V'' in the formula specified in section 19-13-B102(j)(3)(B)(iii) of the Regulations of Connecticut State Agencies.

(iii) Each system, upon discovering that a waterborne disease outbreak potentially attributable to that water system has occurred, shall report that occurrence to the department as soon as possible, but no later than by the end of the next business day. If at any time the combined filtered water turbidity exceeds one (1) NTU, the system shall inform the department as soon as possible, but no later than the end of the next business day. If at any time the residual falls below 0.2 mg/L in the water entering the distribution system, the system shall notify the department as soon as possible, but no later than by the end of the next business day. The system also shall notify the department by the end of the next business day whether the residual was restored to at least 0.2 mg/L within four (4) hours from the time of discovery of insufficient chlorine residual.

(iv) A system required to develop a disinfection profile pursuant to section 19-13-B102(e)(7)(S)(iv) or (v) of the Regulations of Connecticut State Agencies shall submit the disinfection profile to the department no later than nine (9) calendar days following the end of each month.

(v) A system required to develop a disinfection profile and which decides to make a significant change to its disinfection practice, as defined in 40 CFR 141.172(c)(1), and in 40 CFR 141.541, as amended January 14, 2002, shall submit to the department the following: 1) a description of the proposed disinfection practice change; 2) a disinfection benchmark in accordance with paragraphs (2) to (3) inclusive, of 40 CFR 141.172(c), 40 CFR 141.543, as amended January 14, 2002 and 141.544, as amended January 14, 2002; 3) disinfection profiling data used to determine the disinfection benchmark as monitored pursuant to sections 19-13-B102(e)(7)(S)(iv) or 19-13-B102(e)(7)(S)(v) of the Regulations of Connecticut State Agencies, and; 4) an analysis of how the proposed change will affect current levels of disinfection. Prior to implementing the proposed disinfection practice change, the system shall consult with and obtain approval from the department.

(7) Reporting and recordkeeping requirements — disinfectants and disinfection byproducts

Disinfectant residual, disinfection byproduct, and disinfection byproduct precursor information collected under section 19-13-B102(e) of the Regulations of Connecticut State Agencies shall be reported to the department no later than nine (9) calendar days after the end of each monitoring period in which samples were collected.

(A) Disinfectants.

(i) A system monitoring for chlorine or chloramines as required by section 19-13-B102(e)(11)(D)(i) of the Regulations of Connecticut State Agencies shall report:

(I) The number of samples taken during each month of the last quarter;

(II) The monthly arithmetic average of all samples taken in each month for the last 12 months;

(III) The arithmetic average of all monthly averages for the last 12 months; and

(IV) Whether, based on section 19-13-B102(e)(11)(G), the MRDL was violated.

(ii) A system monitoring for chlorine dioxide as required by sections 19-13-B102(e)(11)(D)(ii) and (iii) of the Regulations of Connecticut State Agencies shall report:

(I) The dates, results, and locations of samples taken during the last quarter;

(II) Whether, based on section 19-13-B102(e)(11)(G), the MRDL was violated;

(III) Whether the MRDL was violated in any two consecutive daily samples; and
(IV) Whether the resulting violation was a tier 1 or tier 2 notice.
(B) Disinfection byproducts.
A system monitoring for disinfection byproducts as required by section 19-13-B102(e)(11)(C) of the Regulations of Connecticut State Agencies shall report the following information to the department.
(i) A system monitoring for TTHM and HAA5 on a quarterly or more frequent basis shall report:
(I) The number of samples taken during the last quarter;
(II) The location, date, and result of each sample taken in the last quarter;
(III) The arithmetic average of all samples taken in the last quarter;
(IV) The annual arithmetic average of the quarterly arithmetic averages for the last four (4) quarters; and
(V) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.
(ii) A system monitoring for TTHM and HAA5 less frequently than quarterly (but at least annually) shall report:
(I) The number of samples taken during the last monitoring period;
(II) The location, date, and result of each sample taken during the last monitoring period;
(III) The arithmetic average of all samples taken over the last year; and
(IV) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.
(iii) A system monitoring for TTHM and HAA5 less frequently than annually shall report the location, date, and result of each sample taken as well as whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.
(iv) A system monitoring for chlorite shall report:
(I) The number of entry point samples taken each month for the last three months;
(II) The location, date, and result of each sample (both entry point and distribution system) taken during the last quarter;
(III) For each month in the reporting period, the individual arithmetic averages of each three (3) sample set taken in the distribution system; and
(IV) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated and in which month it was violated.
(v) A system monitoring for bromate shall report:
(I) The number of samples taken during the last quarter;
(II) The location, date, and result of each sample taken during the last quarter;
(III) The arithmetic average of the monthly arithmetic averages of all samples taken in the last year; and
(IV) Whether, based on section 19-13-B102(e)(11)(G), the MCL was violated.
(C) Disinfection byproduct precursors and enhanced coagulation or enhanced softening.
(i) Systems monitoring monthly or quarterly for TOC under the requirements of section 19-13-B102(e)(11)(E) of the Regulations of Connecticut State Agencies and required to meet the enhanced coagulation or enhanced softening requirements in section 19-13-B102(j)(11)(B)(i) or (ii) of the Regulations of Connecticut State Agencies shall report the following to the department:
(I) The number of paired samples taken during the last quarter;
(II) The location, date, and result of each paired sample and associated alkalinity taken during the last quarter;
(III) For each month in the reporting period that paired samples were taken, the arithmetic average of the percent reduction of toc for each paired sample and the required TOC percent removal;

(IV) Calculations for determining compliance with the TOC percent removal requirements, as provided in section 19-13-B102(j)(11)(C) of the Regulations of Connecticut State Agencies; and

(V) Whether the system is in compliance with the enhanced coagulation or enhanced softening percent removal requirements in section 19-13-B102 (j)(11)(B) of the Regulations of Connecticut State Agencies for the last four (4) quarters.

(ii) Systems monitoring monthly or quarterly for TOC under the requirements of section 19-13-B102(e)(11)(E) of the Regulations of Connecticut State Agencies and meeting one or more of the alternative compliance criteria in section 19-13-B102(j)(11)(A) of the Regulations of Connecticut State Agencies shall report the following to the department:

(I) The alternative compliance criterion that the system is using;

(II) The number of paired samples taken during the last quarter;

(III) The location, date, and result of each paired sample and associated alkalinity taken during the last quarter;

(IV) The running annual average based on monthly averages, or quarterly samples, of source water TOC for systems meeting a criterion in section 19-13-B102(j)(11)(A)(i) or (ii) of the Regulations of Connecticut State Agencies or of treated water TOC for systems meeting the criterion in subsection (j)(11)(A)(i) of this section;

(V) The running annual average based on monthly samples, or quarterly samples, of source or finished water SUVA for systems meeting the criterion in section 19-13-B102(j)(11)(A)(iv) of the Regulations of Connecticut State Agencies;

(VI) The running annual average of source water alkalinity for systems meeting the criterion in section 19-13-B102(j)(11)(A)(ii) of Regulations of Connecticut State Agencies and of treated water alkalinity for systems meeting the criterion in section 19-13-B102 (j)(11)(A)(v) of the Regulations of Connecticut State Agencies;

(VII) The running annual average for both TTHM and HAA5 for systems meeting the criterion in section 19-13-B102(j)(11)(A)(iii) of the Regulations of Connecticut State Agencies;

(VIII) The running annual average of the amount of magnesium hardness removal (as $CaCO_3$, in mg/l) for systems meeting the criterion in section 19-13-B102(j)(11)(A)(vi) of the Regulations of Connecticut State Agencies; and

(IX) Whether the system is in compliance with the particular alternative compliance criterion in section 19-13-B102(j)(11)(A) of the Regulations of Connecticut State Agencies.

(8) Reporting and recordkeeping requirements — filter backwash recycling

(A) A system shall notify the department in writing by December 8, 2003, if the system recycles spent filter backwash water, thickener supernatant, or liquids from dewatering processes. This notification shall include the following:

(i) A plant schematic showing the origin of all flows, which are recycled including, but not limited to, spent filter backwash water, thickener supernatant, and liquids from dewatering processes, the hydraulic conveyance used to transport them, and the location where they are reintroduced back into the treatment plant; and

(ii) Typical recycle flow in gallons per minute (gpm), the highest observed plant flow experienced in the previous year in gpm, design flow for the treatment plant in gpm, and the approved operating capacity for the plant where the department has made such determinations.

(B) A system shall collect and retain on file for review and evaluation by the department beginning June 8, 2004, the following recycle flow information:

(i) A copy of the recycle notification and information submitted to the department pursuant to subparagraph (A) of this subdivision;

(ii) A list of all recycle flows and the frequency with which they are returned;

(iii) Average and maximum backwash flow rates through the filters and the average and maximum duration of the filter backwash process in minutes;

(iv) Typical filter run length and a written summary of how filter run length is determined;

(v) The type of treatment provided for the recycle flow; and

(vi) Data on the physical dimensions of the equalization and treatment units, typical and maximum hydraulic loading rates, type of treatment chemicals used and average dose and frequency of use, and frequency at which solids are removed, if applicable.

(i) **Public notification and consumer confidence report requirements.**

(1) A public water system that has a tier 1 notice shall do the following:

(A) Provide a public notice to its customers as soon as practical but no later than twenty four (24) hours after the system learns of the violation in one or more of the following forms of delivery:

(i) Appropriate broadcast media, such as radio and television;

(ii) Posting of the notice in conspicuous location(s) throughout the area served by the public water system;

(iii) Hand delivery of the notice to persons served by the public water system; or

(iv) Another delivery method approved in writing by the department.

(B) Initiate consultation with the department as soon as practical but no later than twenty-four (24) hours after the public water system learns of the violation or situation, to determine additional public notice requirements. The system shall comply with any additional public notification requirements that are established as a result of the consultation with the department. Such requirements may include the timing, form, manner, frequency, and content of repeat notices (if any) and other actions designed to reach all persons served.

(2) A public water system that has a tier 2 notice shall do the following:

(A) Provide a public notice to its customers as soon as practical but no later than thirty (30) days after the system learns of the violation in one or more of the following forms of delivery:

(i) Mail or other direct delivery to each customer receiving a bill and to other service connections to which water is delivered by the system; and publication in a local newspaper or newsletter;

(ii) Posting the notice in conspicuous locations throughout the distribution system and frequented by persons served by the system; or

(iii) Any other delivery method approved in writing by the department.

(B) After the initial notice, the public water system shall repeat the notice every three (3) months for as long as the violation or situation persists.

(C) If the public notice is posted, the notice shall remain in place for as long as the violation or situation persists, but in no case for less than seven (7) days, even if the violation or situation is resolved.

(3) A public water system that has a tier 3 notice shall do the following:

(A) Provide a public notice no later than one (1) year after the system learns of the violation or situation or begins operating under a variance or exemption in one or more of the following forms of delivery:

(i) Mail or other direct delivery to each customer receiving a bill and to other service connections to which water is delivered by the system; and

(ii) Publication in a local newspaper or newsletter; or

(iii) Posting the notice in conspicuous locations throughout the distribution system frequented by persons served by the system; or

(iv) Any other delivery method approved in writing by the department.

(B) After the initial notice, the notice shall be repeated annually for as long as the violation, variance, exemption or other situation persists. If the notice is posted, the notice shall remain in place for as long as the violation, variance, exemption or other situation persists, but in no case less than seven (7) days even if the violation or situation is resolved.

(C) The consumer confidence report (CCR) required under section 19-13-B102(i)(10) of the Regulations of Connecticut State Agencies may be used as a vehicle for the initial public notice of a tier 3 notice and all required repeat notices, provided:

(i) The CCR is provided to persons served no later than twelve (12) months after the system learns of the violation or situation, as required under section 19-13-B102(i)(3)(A) of the Regulations of Connecticut state agencies;

(ii) The tier 3 notice contained in the CCR follows the content requirements under section 19-13-B102(i)(4) of the Regulations of Connecticut State Agencies; and

(iii) The CCR is distributed following the delivery requirements under section 19-13-B102(i)(3)(A) of the Regulations of Connecticut State Agencies.

(4) General content of public notice for tier 1, tier 2 or tier 3 notice. Each notice required by this section shall be approved by the department.

(A) Each public notice for a tier 1, tier 2 or tier 3 notice shall contain the following information:

(i) a description of the violation or situation, including the contaminant(s) of concern, and when applicable the contaminant level(s);

(ii) any potential adverse health effects from the violation or situation, including, but not limited to, any applicable standard language required by 40 CFR 141.205 as amended from time to time;

(iii) the population at risk, including any subpopulation particularly vulnerable if exposed to the contaminant in their drinking water;

(iv) what the system is doing to correct the violation or situation;

(v) whether alternative water supplies should be used;

(vi) what action the consumer should take, including when the consumer should seek medical help, if known;

(vii) the name, business address, and the telephone number of the owner, operator or designee of the public water system as a source of additional information concerning the notice;

(viii) when the violation or situation occurred;

(ix) when the water system expects to return to compliance or resolve the situation; and

(x) a statement to encourage the recipient of notice to distribute the public notice to other persons served, using the following language, where applicable: ''please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.''

(B) Each notice for public water systems operating under a variance, administrative order or an exemption shall contain the following information:

(i) an explanation of the reasons for the variance, order or exemption;

(ii) the date on which the variance, order or exemption was issued;

(iii) a brief status report on the steps the system is taking to install treatment, find alternative sources of water, or otherwise comply with the terms and schedules of the variance, order or exemption; and

(iv) a notice of any opportunity for public input in the review of the variance, order or exemption.

(C) Each public notice required by this section:

(i) shall be displayed in a conspicuous way when printed or posted;

(ii) shall not contain overly technical language or very small print;

(iii) shall not be formatted in a way that defeats the purpose of the notice; and

(iv) shall not contain language that nullifies the purpose of the notice.

(D) For systems serving a large proportion of non-english speaking consumers, as determined in writing by the department, the notice shall also contain information in the appropriate foreign language regarding the importance of the notice or contain a telephone number or address where persons served may contact the water system to obtain a translated copy of the notice or to request assistance in the appropriate foreign language.

(5) General notice requirements for other than tier 1, tier 2 or tier 3 notice.

(A) A water system that exceeds the copper action level, based on tap water samples collected in accordance with section 19-13-B102(e)(8), shall notify consumers of the concentration by direct mail, no later than thirty (30) days after the system learns of the exceedance. The form and manner of the public notice shall follow the requirements for a tier 2 notice as prescribed in section 19-13-B102(i)(2). At a minimum, the notice shall include the following mandatory language: ''if you have been diagnosed with copper intolerance due to a genetic deficiency, please inform your physician that the 90th percentile level of copper in our water is (BLANK) milligrams per liter.'' (the blank space should contain the 90th percentile level of copper in the water).

(B) When the sodium concentration for water ready for consumption exceeds twenty eight (28.0) mg/l consumers of the public water system shall be notified of the concentration by direct mail or in the next billing cycle, and such notification shall be repeated annually for as long as the exceedance exists. At a minimum the notice shall include the following mandatory language: ''If you have been placed on a sodium-restricted diet, please inform your physician that our water contains (BLANK) mg/l of sodium.'' (the blank ____ should contain the level of sodium in the water.)

(C) A public water system that is required to monitor for the unregulated contaminants, pursuant to 40 CFR 141.40, shall notify persons served by the system of the availability of the results of such sampling no longer than twelve (12) months after the monitoring results are known. The form and manner of the public notice shall follow the requirements for a tier 3 notice prescribed in section 19-13-B102(i)(3). The notice shall also identify a person and provide a telephone number for information on the monitoring results.

(D) A public water system with fluoride concentration between 2 mg/l and 4.1 mg/l shall provide public notice to persons served as soon as practical, but no later than twelve (12) months from the day the water system learns of the fluoride level. The notice shall be repeated annually for as long as the fluoride level remains between 2 mg/l and 4.1 mg/l. If the notice is posted, it shall remain in place for as long as the fluoride level remains between 2 mg/l and 4.1 mg/l, but in no case for less than seven (7) days. The notice shall follow the requirements for a tier 3

notice as specified in section 19-13-B102(i)(3), and shall contain at a minimum, the language required in 40 CFR 141.208(c).

(6) Public education requirements. A water system that exceeds the lead action level based on tap water samples collected in accordance with subsection (e)(8) of this section shall deliver the public education materials contained in 40 CFR 141.85(a) and 40 CFR 141.85(b) in accordance with the requirements in 40 CFR 141.85(c) within sixty (60) days after the end of the monitoring period in which the exceedance occurs and shall offer to sample the tap water of any customer who requests it according to 40 CFR 141.85(d), as amended from time to time.

(7) A public water system that sells or otherwise provides drinking water to a consecutive public water system is required to give public notice to the owner or operator of the consecutive public water system. The consecutive public water system is responsible for providing public notice to the persons it serves.

(8) A public water system, no later than ten (10) days after completing the public notification requirements of this section for the initial public notice and any repeat notices, shall submit to the department a certification that it has fully complied with the requirements of section 19-13-B102(i). The public water system shall include with this certification a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system and to the media.

(9) Notice to new customers or billing units.

(A) A community water system shall give a copy of the most recent public notice for any continuing violation or for the existence of a variance, order, exemption, or other ongoing situations requiring a public notice, to all new billing units or new customers, prior to or at the time service begins.

(B) A non-community water system shall continuously post the public notice in conspicuous locations in order to inform new customers of any continuing violation, variance, order exemption, or other situation requiring a public notice, for as long as the violation, variance, order, exemption, or other situation persists.

(10) Consumer confidence report requirements.

(A) A community water system shall annually prepare a consumer confidence report that contains data collected during the previous calendar year and includes the information specified in 40 CFR 141.153 and 40 CFR 141.154.

(B) No later than July 1st of each year, a community water system serving 10,000 or more persons shall mail or directly deliver the report to its customers. a good faith effort to reach the customers who do not get water bills, using methods acceptable to the department, shall be made. Systems serving 100,000 persons or more shall post the report to a publicly accessible site on the internet. A new community water system shall deliver its first report by July 1st of the year after its first full calendar year in operation and annually thereafter.

(C) A community water system that sells water to another community water system shall deliver the applicable information required in 40 CFR 141.153 to the buyer system by April 1st of each year.

(D) Community water systems serving more than 500 persons and fewer than 10,000 persons shall, by July 1st of each year, do the following:

(i) publish the report in one or more local newspapers serving the area in which the system's customers are located;

(ii) inform the customers, by mail or door-to-door delivery, that the report is available upon request; and

(iii) make copies of the report available to the public upon request.

(E) Community water systems serving 500 or fewer persons shall, by July 1st of each year, do the following:

(i) inform the customers, by mail, door-to-door delivery, or by posting in a location approved by the department that the report is available upon request; and

(ii) make copies of the report available to the public upon request.

(F) No later than July 1st of each year, a community water system shall mail three (3) copies of the report to the department and one (1) copy to the local director of health of each city, town, borough or district served by the community water system.

(G) No later than August 9th of each year a community water system shall submit to the department a certification that the report has been distributed or, when applicable, made available to customers, and that the information is correct and consistent with the compliance monitoring data previously submitted to the department. The certification shall be on a form provided by the department.

(H) Each community water system shall make its reports available to the public upon request.

(I) For the purpose of section 19-13-B102(i)(10) of the Regulations of Connecticut State Agencies, the term ''detected'' is defined in 40 CFR 141.151(d).

(J) Each community water system serving one thousand or more persons or two hundred fifty consumers or more shall include in its consumer confidence report educational materials or information on:

(i) water conservation;

(ii) water supply source protection methods, including methods to reduce contamination; and

(iii) health effects and sources of lead and copper.

(j) **Treatment techniques.**

(1) A MCLG of zero (0) is set for the following microbiological contaminants: Giardia lamblia, cryptosporidium, viruses and legionella.

(2) General Requirements -- Surface Water source and groundwater source under the direct influence of surface water.

(A) Each system with a surface water source or a groundwater source under the direct influence of surface water shall install and properly operate water treatment processes that reliably achieve:

(i) At least 99.9 percent (3-LOG) removal and/or inactivation of Giardia lamblia cysts between a point where the raw water is not subject to recontamination by surface water runoff and a point downstream before or at the first customer;

(ii) At least 99.99 percent (4-LOG) removal and/or inactivation of viruses between a point where the raw water is not subject to recontamination by surface water runoff and a point downstream before or at the first customer; and

(iii) For systems serving 10,000 or more persons, and for systems serving fewer than 10,000 persons, at least 99 percent (2-log) removal of cryptosporidium between a point where the raw water is not subject to recontamination by surface water runoff and a point downstream before or at the first customer.

(B) A system using a surface water source or a groundwater source under the direct influence of surface water is considered to be in compliance with the requirements of subparagraph (A) of this subdivision if it meets the filtration requirements in subsection (j)(4) and the disinfection requirements in subsection (j)(3)(B) of this section.

(C) Each system using a surface water source or a groundwater source under the direct influence of surface water shall be operated by qualified personnel pursuant to sections 25-32-7a through 25-32-14 of the Regulations of Connecticut State Agencies.

(D) A system shall install and have operational treatment consisting of disinfection and filtration in accordance with section 19-13-B102(j)(2) of the Regulations of

Connecticut State Agencies within eighteen (18) months following the department's determination that treatment is required for a groundwater source. Such determination shall be made if that groundwater source is at risk of contamination from surface water. In making this determination, the department shall be guided by its document entitled ''Determination Of Groundwater Under The Direct Influence of Surface Water.'' As an interim requirement until such treatment is operational, turbidity shall not exceed a monthly average of one (1) NTU or a two (2) consecutive day average of five (5) NTUS as monitored pursuant to section 19-13-B102(e)(7)(H) of the Regulations of Connecticut State Agencies and the system supplied by this source shall be free of any waterborne disease outbreak.

(3) Disinfection.

(A) A system that uses a groundwater source under the direct influence of surface water, and that does not provide and operate treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut State Agencies, shall provide interim disinfection pursuant to section 19-13-B102(e)(7)(M) of the Regulations of Connecticut State Agencies.

(B) A system that uses a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102(j)(2) of the Regulations of Connecticut state agencies, shall provide disinfection treatment as specified in the following subclauses of this subparagraph.

(i) The disinfection treatment shall be sufficient to ensure that the total treatment processes of that source achieve at least 99.9 percent (3-LOG) inactivation and/or removal of Giardia lamblia cysts and at least 99.99 percent (4-LOG) inactivation and/or removal of viruses. Disinfection effectiveness shall be determined by the calculation of ''CT'' values as specified in the most recent edition of the EPA ''Guidance Manual For Compliance With The Filtration And Disinfection Requirements For Public Water Systems Using Surface Water Sources.''

(ii) The residual disinfectant concentration in the water entering the distribution system, measured as specified in 40 CFR 141.74(a)(2) and section 19-13-B102(e)(7)(S)(ii) of the Regulations of Connecticut State Agencies shall not be less than 0.2 mg/l for more than four (4) hours.

(iii) The residual disinfectant concentration in the distribution system, measured as free chlorine, combined chlorine, or chlorine dioxide, as specified in 40 CFR 141.74(a)(2) and section 19-13-B102(e)(7)(S)(ii) of the Regulations of Connecticut state Agencies, shall not be undetectable in more than five percent (5%) of the samples each month, for any two (2) consecutive months that the system serves water to the public. Water in the distribution system with a heterotrophic bacteria concentration less than or equal to five hundred (500)/ML, measured as heterotrophic plate count (HPC) as specified in 40 CFR 141.74(a)(1) is deemed to have a detectable disinfectant residual for purposes of determining compliance with this requirement. The value ''V'' in the following formula shall not exceed five percent (5%) in one (1) month, for any two (2) consecutive months.

$$V = \frac{C + D + E}{A + B} \times 100$$

Where:

A = Number of instances where the residual disinfectant concentration is measured;

B = Number of instances where the residual disinfectant concentration is not measured but heterotrophic bacteria plate count (HPC) is measured;

C = Number of instances where the residual disinfectant concentration is measured but not detected and no HPC is measured;

D = Number of instances where no residual disinfectant concentration is detected and where the HPC is greater than five hundred (500)/ml; and

E = Number of instances where the residual disinfectant concentration is not measured and HPC is greater than five hundred (500)/ml.

(4) Filtration.

A system that uses a surface water source or a groundwater source under the direct influence of surface water, and that provides and operates treatment pursuant to section 19-13-B102(j)(2), shall provide filtration which complies with the requirements of subparagraphs (A), (B), (C), or (D) of this subdivision.

(A) Conventional filtration treatment or direct filtration.

(i) For systems serving 10,000 or more persons and using conventional or direct filtration, and for systems serving fewer than 10,000 persons and using conventional or direct filtration, the turbidity level of representative samples of a system's combined filtered water shall be less than or equal to 0.3 NTU in at least ninety five percent (95%) of the measurements taken each month pursuant to section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies.

(ii) The turbidity level of representative samples of a system's combined filtered water (treatment effluent) shall at no time exceed one (1) NTU, measured pursuant to section 19-13-B102(e)(7)(S)(i) of the Regulations of Connecticut State Agencies.

(iii) A system required to submit a report to the department for a self assessment or comprehensive performance evaluation, pursuant to section 19-13-B102(h)(6)(B)(i) of the Regulations of Connecticut State Agencies, shall implement the improvements identified in accordance with a schedule as approved in writing by the department.

(B) Slow sand filtration.

For systems using slow sand filtration, the turbidity level of representative samples of a system's combined filtered water shall be less than or equal to one (1) NTU in all of the measurements taken each month, measured as specified in 40 CFR 141.74(a)(4) and subsection (e)(7)(S)(i) of this section.

(C) Diatomaceous earth filtration.

For systems using diatomaceous earth filtration, the turbidity level of representative samples of a system's combined filtered water shall be less than or equal to one (1) NTU in all of the measurements taken each month, measured as specified in 40 CFR 141.74(a)(4) and subsection (e)(7)(S)(i) of this section.

(D) Other filtration technologies.

A system may use filtration technology not listed in subparagraphs (A) through (C) of this subdivision if it demonstrates to the department, using pilot plant studies or other means, that the alternative filtration technology, in combination with disinfection treatment that meets the requirements of subdivision (3)(B) of this subsection, consistently achieves ninety nine and nine tenths percent (99.9%) removal and/or inactivation of Giardia lamblia cysts and ninety nine and ninety nine hundredths percent (99.99%) removal and/or inactivation of viruses. For a system that makes this demonstration, the requirements of subparagraphs (3)(B) and (4)(A) of this subsection apply.

(E) A system serving 10,000 or more persons shall achieve ninety nine percent (99%) removal of cryptosporidium. Systems serving fewer than 10,000 persons shall achieve ninety nine percent (99%) removal of cryptosporidium. A system is deemed to be in compliance with this requirement if it meets the combined filtered

water turbidity level requirements of subparagraphs (4)(A) through (4)(D) of this subsection.

(F) Any system that recycles spent filter backwash water, thickener supernatant, or liquids from dewatering processes shall return these flows through the processes of a system's existing conventional or direct filtration or at an alternate location approved by the department by June 8, 2004. If capital improvements are required to modify the recycle location to meet this requirement, all capital improvements shall be completed, as approved by the department, no later than June 8, 2006.

(5) Treatment techniques for acrylamide and epichlorohydrin. Each public water system shall certify annually in writing to the department that when acrylamide and epichlorohydrin are used in drinking water systems, the combination of dose and monomer level does not exceed the levels specified in 40 CFR 141.111.

(6) General Requirements–control of lead and copper.

(A) Applicability and effective dates.

(i) The requirements of this subsection constitute the drinking water regulations for lead and copper. Unless otherwise indicated, each of the provisions of this subsection applies to community water systems and non-transient, non-community water systems (hereinafter referred to as ''water systems'' or ''systems'').

(ii) The requirements set forth in subsections (e) (7) (L), (e) (8) through (e) (10), (h) (5) and (*l*) (1) (G) of this section shall take effect July 7, 1991. The requirements in subdivisions (7) through (10) of this subsection and subsection (i) (6) of this section shall take effect December 7, 1992.

(B) Lead and copper action levels.

(i) The lead action level is exceeded if the concentration of lead in more than ten percent (10%) of tap water samples collected during any monitoring period conducted in accordance with subsection (e) (8) of this section is greater than 0.015 mg/l (i.e., if the ''90th percentile'' lead level is greater than 0.015 mg/l).

(ii) The copper action level is exceeded if the concentration of copper in more than ten percent (10%) of tap water samples collected during any monitoring period conducted in accordance with subsection (e) (8) of this section is greater than 1.3 mg/l (i.e., if the ''90th percentile'' copper level is greater than 1.3 mg/l).

(iii) The 90th percentile lead and copper levels shall be computed as follows:

The results of all lead or copper samples taken during a monitoring period shall be placed in ascending order from the sample with the lowest concentration to the sample with the highest concentration. Each sampling result shall be assigned a number, ascending by single integers beginning with the number one (1) for the sample with the lowest contaminant level. The number assigned to the sample with the highest contaminant level shall be equal to the total number of samples taken. The number of samples taken during the monitoring period shall be multiplied by 0.9. The contaminant concentration in the numbered sample yielded by the calculation above is the 90th percentile contaminant level. For water systems serving fewer than one hundred (100) people that collect five (5) samples per monitoring period, the 90th percentile is computed by taking the average of the highest and second highest concentrations.

(C) Corrosion control treatment requirements

(i) All water systems shall install and operate optimal corrosion control treatment as defined in subsection (a) (44) of this section.

(ii) Any public system that complies with the applicable corrosion control treatment requirements approved by the department under subdivisions (7) and (8) of this

subsection shall be deemed to be in compliance with the treatment requirement contained in subparagraph (D) (i) of this subdivision.

(D) Source water treatment requirements. Any system exceeding the lead or copper action level shall implement all applicable source water treatment requirements approved by the department under subdivision (9) of this subsection.

(E) Lead service line replacement requirements. Any system exceeding the lead action level after implementation of applicable corrosion control and source water treatment requirements shall complete the lead service line replacement requirements contained in subdivision (10) of this subsection.

(F) Public education requirements.

(i) Any system exceeding the lead action level shall implement the public education requirements contained in 40 CFR 141.85 as amended within sixty (60) days after the end of the monitoring period in which the exceedance occurs.

(ii) Any system exceeding the copper action level shall notify consumers as required in section 19-13-B102(i)(5)(A) of the Regulations of Connecticut State Agencies.

(G) Monitoring and analytical requirements. Tap water monitoring for lead and copper, monitoring for water quality parameters, source water monitoring for lead and copper, and analyses of the monitoring results under this subsection shall be completed in compliance with subsections (e) (7) (L) and (e) (8) through (e) (10) of this section.

(H) Reporting requirements. Systems shall report to the department any information required by the treatment provisions of this subsection and subsection (h) (5) of this section.

(I) Recordkeeping requirements. Systems shall maintain records in accordance with subsection (*l*) (1) (G) of this section.

(J) Violation of drinking water regulations. Failure to comply with the applicable requirements of subsections (e) (7) (L), (e) (8) through (e) (10), (h) (5), (i) (6), (j) (6) through (j) (10) and (*l*) (1) (G) of this section, including requirements established by the department pursuant to these provisions, shall constitute a violation of the drinking water regulations for lead and/or copper.

(7) Applicability of corrosion control treatment steps to small, medium-size and large water systems.

(A) Systems shall complete the applicable corrosion control treatment requirements described in subdivision (8) of this subsection by the deadlines established in this subdivision.

(i) A large system (serving greater than fifty thousand (50,000) persons) shall complete the corrosion control treatment steps specified in subparagraph (D) of this subdivision, unless it is deemed by the department to have optimized corrosion control under subparagraph (B) (ii) or (B) (iii) of this subdivision.

(ii) A small system (serving less than or equal to 3,300 persons) and a medium-size system (serving greater than 3,300 and less than or equal to 50,000 persons) shall complete the corrosion control treatment steps specified in subparagraph (E) of this subdivision, unless it is deemed to have optimized corrosion control under subparagraph (B) (i), (B) (ii), or (B) (iii) of this subdivision.

(B) A system is deemed to have optimized corrosion control and is not required to complete the applicable corrosion control treatment steps identified in this subdivision if the system satisfies one (1) of the criteria specified in subclauses (i) through (iii) of this subparagraph. Any such system deemed to have optimized corrosion control under this subparagraph, and which has treatment in place, shall continue

to operate and maintain optimal corrosion control treatment and meet any requirements that the department determines appropriate to ensure optimal corrosion control treatment is maintained.

(i) A small or medium-size water system is deemed to have optimized corrosion control if the system meets the lead and copper action levels during each of two (2) consecutive six (6) month monitoring periods conducted in accordance with section 19-13-B102(e)(8) of the Regulations of Connecticut State Agencies.

(ii) Any water system may be deemed by the department to have optimized corrosion control treatment if the system demonstrates to the satisfaction of the department that it has conducted activities equivalent to the corrosion control steps applicable to such system under this subdivision. If the department makes this determination, it shall provide the system with written notice explaining the basis for its decision and shall specify the water quality control parameters representing optimal corrosion control in accordance with subdivision (8)(F) of this subsection. Water systems deemed to have optimized corrosion control under this subclause shall operate in compliance with the department-designated optimal water quality control parameters in accordance with section 19-13-B102(j)(8)(G) of the Regulations of Connecticut State Agencies and continue to conduct lead and copper tap and water quality parameter sampling in accordance with sections 19-13-B102(e)(8)(F) and 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies, respectively. A system shall provide the department with the following information in order to support a determination under this subparagraph: the results of all test samples collected for each of the water quality parameters in subdivision (8)(C)(iii) of this subsection; a report explaining the test methods used by the water system to evaluate the corrosion control treatments listed in subdivision (8)(C)(i) of this subsection, the results of all tests conducted, and the basis for the system's selection of optimal corrosion control treatment, a report explaining how corrosion control has been installed and how it is being maintained to insure minimal lead and copper concentrations at consumers taps; and the results of tap water samples collected in accordance with section 19-13-B102(e)(10)(B) of the Regulations of Connecticut State Agencies at least once every six (6) months for one (1) year after corrosion control has been installed.

(iii) Any water system is deemed to have optimized corrosion control if it submits results of tap water monitoring conducted in accordance with section 19-13-B102(e)(8) of the Regulations of Connecticut State Agencies and source water monitoring conducted in accordance with section 19-13-B102(e)(10) of the Regulations of Connecticut State Agencies that demonstrate for two (2) consecutive six (6) month monitoring periods that the difference between the 90th percentile tap water lead level computed under subdivision (6)(C)(iii) of this subsection and the highest source water lead concentration, is less than the practical quantification level for lead of 0.005 mg/l.

Those systems whose highest source water lead level is below the method detection limit may also be deemed to have optimized corrosion control under this subclause if the 90th percentile tap water lead level is less than or equal to the practical quantification level for lead for two consecutive six (6) month monitoring periods.

Any water system deemed to have optimized corrosion control in accordance with this subclause shall continue monitoring for lead and copper at the tap, no less frequently than once every three calendar years using the reduced number of sites specified in section 19-13-B102(e)(8)(C) of the Regulations of Connecticut State Agencies and collecting the samples at times and locations specified in section 19-13-B102(e)(8)(G) of the Regulations of Connecticut State Agencies.

Any water system deemed to have optimized corrosion control pursuant to this subclause shall obtain the approval of the department in writing, pursuant to section 19-13-B102(d)(2) of the Regulations of Connecticut State Agencies, prior to any change in treatment or the addition of a new source. The department may require any such system to conduct additional monitoring or to take other action the department deems appropriate to ensure that such system maintains minimal levels of corrosion in its distribution system.

A system is not deemed to have optimized corrosion control under this subclause unless it meets the copper action level.

Any system that is required to implement corrosion control because it is no longer deemed to have optimized corrosion control under this subclause shall implement corrosion control treatment in accordance with the deadlines in section 19-13-B102(j)(7)(E) of the Regulations of Connecticut State Agencies. Any such large system shall adhere to the schedule specified in that subparagraph for medium-size systems, with the time periods for completing each step being determined as of the date the system is no longer deemed to have optimized corrosion control under this subclause.

(C) Any small water system or medium-size water system that is required to complete the corrosion control steps because it exceeded the lead or copper action level may cease completing the treatment steps whenever the system meets both action levels during each of two (2) consecutive monitoring periods conducted pursuant to section 19-13-B102(e)(8) of the Regulations of Connecticut State Agencies and submits the result to the department. If any such water system thereafter exceeds the lead or copper action level during any monitoring period, the system (or the department, as the case may be) shall recommence completion of the applicable treatment steps, beginning with the first treatment step that was not previously completed in its entirety. The department may require a system to repeat treatment steps previously completed by the system where the department determines that this is necessary to properly implement the treatment requirements of this subdivision. The department shall notify the system in writing of such a determination and explain the basis for its decision. The requirement for any small or medium-size system to implement corrosion control treatment steps in accordance with section 19-13-B102(j)(7)(E) of the Regulations of Connecticut State Agencies, including systems deemed to have optimized corrosion control under section 19-13-B102(j)(7)(B) of the Regulations of Connecticut State Agencies, is triggered whenever any small or medium-size system exceeds the lead or copper action level.

(D) Treatment steps and deadlines for large systems. Except as provided in subparagraphs (B)(ii) and (B)(iii) of this subdivision, large water systems shall complete the following corrosion control treatment steps (described in the referenced portions of subdivision (8)(A) of this subsection and sections 19-13-B102(e)(8) and (9) of the Regulations of Connecticut State Agencies) by the indicated dates.

(i) Step 1: The system shall conduct initial monitoring (sections 19-13-B102 (e)(8)(D) and (e)(9)(B) of the Regulations of Connecticut State Agencies) during two (2) consecutive six(6) month monitoring periods by January 1, 1993.

(ii) Step 2: The system shall complete and submit corrosion control studies and proposed treatment to the department (subdivision (8)(c) of this subsection) by July 1, 1994.

(iii) Step 3: The department shall review and either approve or reject, with written reasons, the proposed optimal corrosion control treatment in accordance with subdivision (8)(D) of this subsection by January 1, 1995. If rejected, the system shall revise proposed treatment and resubmit to the department for review by July 1, 1995.

(iv) Step 4: The system shall install the approved optimal corrosion control treatment in accordance with subdivision (8)(E) of this subsection by January 1, 1997.

(v) Step 5: The system shall complete follow-up sampling (sections 19-13-B102(e)(8)(E) and (e)(9)(C) of the Regulations of Connecticut State Agencies) by January 1, 1998.

(vi) Step 6: The department shall review installation of treatment and designate optimal water quality control parameters in accordance with subdivision (8)(F) of this subsection by July 1, 1998.

(vii) Step 7: The system shall operate in compliance with the department-specified optimal water quality control parameters (subdivision (8)(G) of this subsection) and continue to conduct tap sampling (sections 19-13-B102(e)(8)(F) and (e)(9)(D) of the Regulations of Connecticut State Agencies).

(E) Treatment steps and deadlines for small water systems and medium-size water systems. Except as provided in subparagraph (B) of this subdivision, small water systems and medium-size water systems shall complete the following corrosion control treatment steps (described in the referenced portions of subdivision (8) of this subsection and sections 19-13-B102(e)(8) and (9) of the Regulations of Connecticut State Agencies) by the indicated time periods.

(i) Step 1: The system shall conduct initial tap sampling in accordance with sections 19-13-B102(e)(8)(D) and (e)(9)(B) of the Regulations of Connecticut State Agencies until the system either exceeds the lead or copper action level or becomes eligible for reduced monitoring under section 19-13-B102(e)(8)(G) of the Regulations of Connecticut State Agencies. A water system exceeding the lead or copper action level shall propose optimal corrosion control treatment in accordance with subdivision (8)(A) of this subsection within six (6) months after the end of the tap monitoring period, pursuant to section 19-13-B102(e)(8)(D) through (G) of the Regulations of Connecticut State Agencies, in which the exceedance occurred.

(ii) Step 2: Within twelve (12) months after a water system exceeds the lead or copper action level, the department may require the system to perform corrosion control studies in accordance with subdivision (8)(B) of this subsection. If the department does not require the system to perform such studies, the department shall review and either approve or reject with written reasons the optimal corrosion control treatment in accordance with subdivision (8)(D) of this subsection proposed in step 1 and the system shall obtain department approval for its proposed optimal corrosion control treatment within the following time frames: for medium-size systems, within eighteen (18) months after it exceeds the lead or copper action level; for small systems, within twenty-four (24) months after such system exceeds the lead or copper action level.

(iii) Step 3: If the department requires a water system to perform corrosion control studies under (ii) of this subparagraph, the system shall complete the studies in accordance with subdivision (8)(C) of this subsection and propose optimal corrosion control treatment within eighteen (18) months after the department requires that such studies be conducted.

(iv) Step 4: If the water system has performed corrosion control studies under (ii) of this subparagraph, the department shall review and either approve or reject with written reasons optimal corrosion control treatment in accordance with subdivision (8)(D) of this subsection. The system shall obtain department approval for its proposed optimal corrosion control treatment within six (6) months after completion of (iii) of this subparagraph.

(v) Step 5: The water system shall install and have operational the approved optimal corrosion control treatment (subdivision (8)(E) of this subsection) within twenty-four (24) months after the department approves such treatment.

(vi) Step 6: The water system shall complete follow-up sampling in accordance with sections 19-13-B102(e)(8)(E) and (e)(9)(C) of the Regulations of Connecticut State Agencies within thirty-six (36) months after the department approves optimal corrosion control treatment.

(vii) Step 7: The department shall review the water system's installation of treatment and designate optimal water quality control parameters in accordance with subdivision(8)(F)of this subsection within six (6) months after completion of (vi) of this subparagraph.

(viii) Step 8: The water system shall operate in compliance with the department-designated optimal water quality control parameters (subdivision (8)(G) of this subsection) and continue to conduct tap sampling in accordance with sections 19-13-B102(e)(8)(F) and (e)(9)(D) of the Regulations of Connecticut State Agencies.

(8) Description of corrosion control treatment requirements. Each system shall complete the corrosion control treatment requirements described in this subdivision that are applicable to such system under subdivision (7) (A) of this subsection.

(A) Water system's proposal regarding corrosion control treatment. Based upon the results of lead and copper tap monitoring and water quality parameter monitoring, small water systems and medium-size water systems exceeding the lead or copper action level shall propose installation of one (1) or more of the corrosion control treatments in subparagraph (C) (i) of this subdivision. The department may require the system to conduct additional water quality parameter monitoring in accordance with subsection (e) (9) (B) of this section to assist the department in reviewing the system's proposal.

(B) Department's decision to require studies of corrosion control treatment (applicable to small water systems and medium-size water systems). The department may require any small water systems or medium-size water system that exceeds the lead or copper action level to perform corrosion control studies under subparagraph (C) of this subdivision to identify optimal corrosion control treatment for the water system.

(C) Performance of corrosion control studies.

(i) Any public water system performing corrosion control studies shall evaluate the effectiveness of each of the following treatments, and, if appropriate, combinations of the following treatments to identify the optimal corrosion control treatment for that system, alkalinity and pH adjustment, calcium hardness adjustment, and the addition of a phosphate or silicate-based corrosion inhibitor at a concentration sufficient to maintain an effective residual concentration in all test tap samples.

(ii) The water system shall evaluate each of the corrosion control treatments using either pipe rig/loop tests, metal coupon tests, partial-system tests, or analyses based on documented analogous treatments with other systems of similar size, water chemistry and distribution system configuration.

(iii) The water system shall measure the following water quality parameters in any tests conducted under this subparagraph before and after evaluating the corrosion control treatments listed above: lead, copper, pH, alkalinity, calcium, conductivity, orthophosphate (when an inhibitor containing a phosphate compound is used), silicate (when an inhibitor containing a silicate compound is used), water temperature.

(iv) The water system shall identify all chemical or physical constraints that limit or prohibit the use of a particular corrosion control treatment and document such constraints with at least one (1) of the following: data and documentation showing

that a particular corrosion control treatment has adversely affected other water treatment processes when used by another water system with comparable water quality characteristics; and/or data and documentation demonstrating that the water system has previously attempted to evaluate a particular corrosion control treatment and has found that the treatment is ineffective or adversely affects other water quality treatment processes.

(v) The water system shall evaluate the effect of the chemicals used for corrosion control treatment on other water quality treatment processes.

(vi) On the basis of an analysis of the data generated during each evaluation, the water system shall propose to the department in writing the treatment option that the corrosion control studies indicate constitutes optimal corrosion control treatment for that system. The water system shall provide a rationale for its proposal along with all supporting documentation specified in this subparagraph.

(D) Department review of optimal corrosion control treatment.

(i) Based upon consideration of available information including, where applicable, studies performed under subparagraph (C) of this subdivision and a water system's proposed treatment alternative, the department shall either approve or reject with written reasons the corrosion control treatment option proposed by the system. If rejected, the water system shall propose an alternative corrosion control treatment(s) from among those listed in subparagraph (c)(i) of this subdivision, or revise the original proposal based on the department's recommendations, and then resubmit for department review in consideration for approval.

(ii) The department shall notify the system of its decision on optimal corrosion control treatment in writing and explain the basis for this determination. If the department requests additional information to aid its review, the water system shall provide the information.

(E) Installation of optimal corrosion control. Each system shall properly install and operate throughout its distribution system the optimal corrosion control treatment approved by the department under subparagraph (D) of this subdivision.

(F) Department review of treatment and specification of optimal water quality control parameters. The department shall evaluate the results of all lead and copper tap samples and water quality parameter samples submitted by the water system and determine whether the system has properly installed and operated the optimal corrosion control treatment approved by the department in accordance with subparagraph (D) of this subdivision. After the department reviews the results of tap water and water quality parameter monitoring by the system, both before and after the system installs optimal corrosion control treatment, the system shall operate in accordance with specific parameter values defined by the department that are within the following water quality parameter ranges, unless the water system can demonstrate to the satisfaction of the department that other measurable parameter values are necessary for optimal corrosion control treatment:

(i) For pH measured at each entry point to the distribution system, a range of seven (7.0) to ten (10.0) must be maintained;

(ii) A minimum pH value, measured in all tap samples. Such value shall be equal to or greater than seven (7.0), unless the department determines that meeting a pH level of 7.0 is not technologically feasible or is not necessary for the system to optimize corrosion control;

(iii) If a corrosion inhibitor is used, concentrations for the inhibitor, measured at each entry point to the distribution system and in all tap samples, shall be maintained within the following ranges:

Corrosion Inhibitor	**Range (mg/*l*)**
Silicates	2.0 - 12.0
Orthophosphate	0.1 - 10.0

(iv) If alkalinity is adjusted as part of optimal corrosion control treatment, a range of concentrations for alkalinity, measured at each entry point to the distribution system and in all tap samples, shall be determined based on the results of tap water and water quality parameter monitoring;

(v) If calcium carbonate stabilization is used as part of corrosion control, a range of concentrations for calcium, measured in all tap samples, shall be determined based on the results of tap water and water quality parameter monitoring.

(vi) The values for the applicable water quality control parameters listed in this subparagraph shall be those that the department determines to reflect optimal corrosion control treatment for the system. The department may designate values for additional water quality control parameters determined by the department to reflect optimal corrosion control for the system. The department shall notify the system in writing of these determinations and explain the basis for its decisions.

(G) All systems optimizing corrosion control shall continue to operate and maintain optimal corrosion control treatment, including maintaining water quality parameters at or above minimum values or within ranges designated by the department under section 19-13-B102(j)(8)(F) of the Regulations of Connecticut State Agencies, in accordance with this subparagraph for all samples collected under sections 19-13-B102(e)(9)(D) through (F), inclusive, of the Regulations of Connecticut State Agencies. Compliance with the requirements of this subparagraph shall be determined every six months, as specified under section 19-13-B102(e)(9)(D) of the Regulations of Connecticut State Agencies. A water system is out of compliance with the requirements of this subparagraph for a six (6) month period if it has excursions for any department-specified parameter on more than nine (9) days during the period. An excursion occurs whenever the daily value for one or more of the water quality parameters measured at a sampling location is below the minimum value or outside the range designated by the department. Daily values are calculated as indicated in subclauses (i) through (iii) of this subparagraph. The department has discretion to delete results of obvious sampling errors from this calculation.

(i) On days when more than one measurement for the water quality parameter is collected at the sampling location, the daily value shall be the average of all results collected during the day, regardless of whether they are collected through continuous monitoring, grab sampling, or a combination of both.

(ii) On days when only one measurement for the water quality parameter is collected at the sampling location, the daily value shall be the result of that measurement.

(iii) On days when no measurement is collected for the water quality parameter at the sampling location, the daily value shall be the daily value calculated on the most recent day on which the water quality parameter was measured at the sample site.

(H) Modification of department treatment decisions. Upon its own initiative or in response to a request by a water system or other interested party, the department may modify its determination of the optimal corrosion control treatment under subparagraph (D) of this subdivision or optimal water quality control parameters under subparagraph (F) of this subdivision. A request for modification by a system or other interested party shall be in writing, explain why the modification is appropriate, and provide supporting documentation. The department may modify its

determination where it concludes that such change is necessary to ensure that the system continues to optimize corrosion control treatment. A revised determination shall be made in writing, set forth the new treatment requirements, explain the basis for the department's decision, and provide an implementation schedule for completing the treatment modifications.

(9) Source water treatment requirements. Systems shall complete the applicable source water monitoring and treatment requirements by the following deadlines.

(A) Deadlines for completing source water treatment steps.

(i) Step 1: A system exceeding the lead or copper action level shall complete lead and copper source water monitoring in accordance with section 19-13-B102(e)(10)(B) of the Regulations of Connecticut State Agencies and make a treatment proposal to the department in accordance with subparagraph (9)(B)(i) of this subsection within six (6) months after exceeding the lead or copper action level.

(ii) Step 2: The department shall make a determination regarding source water treatment in accordance with subparagraph (9)(B)(ii) of this subsection within six (6) months after submission of monitoring results in (i).

(iii) Step 3: If the department requires installation of source water treatment, the system shall install the treatment in accordance with subparagraph (9)(B)(iii) of this subsection within twenty four (24) months after completion of (ii).

(iv) Step 4: The system shall complete follow-up tap water monitoring in accordance with section 19-13-B102(e)(8)(E) of the Regulations of Connecticut State Agencies and source water monitoring in accordance with section 19-13-B102(e)(10)(C) of the Regulations of Connecticut State Agencies within thirty six (36) months after completion of (ii).

(v) Step 5: The department shall review the system's installation and operation of source water treatment and specify maximum permissible source water levels in accordance with subparagraph(9)(B)(iv)of this subsection within six (6) months after completion of (iv).

(vi) Step 6: The system shall operate in compliance with the department-specified maximum permissible lead and copper source water levels in accordance with subparagraph (9)(B)(v)of this subsection and continue source water monitoring in accordance with section 19-13-B102(e)(10)(D) of the Regulations of Connecticut State Agencies.

(B) Description of source water treatment requirements.

(i) Water system treatment proposal. Any water system that exceeds the lead or copper action level shall propose in writing to the department the installation and operation of one (1) of the source water treatments listed in subparagraph (B) (ii) of this subdivision. A water system may propose that no treatment be installed based upon a demonstration that source water treatment is not necessary to minimize lead and copper levels at users' taps.

(ii) Department determination regarding source water treatment. The department shall complete an evaluation of the results of all source water samples submitted by the water system to determine whether source water treatment is necessary to minimize lead or copper levels in water delivered to users' taps. If the department determines that treatment is needed, the department shall review and either approve or reject with written reasons the installation and operation of the source water treatment proposed by the system. If rejected, the water system shall propose, in consideration for approval, the installation and operation of another source water treatment from among the following: ion exchange, reverse osmosis, lime softening or coagulation/filtration; or revise the original proposal based upon the department's

recommendations and resubmit this to the department for review in consideration for approval. If the department requests additional information to aid in its review, the water system shall provide the information by the date specified by the department in its request. The department shall notify the water system in writing of its determination and set forth the basis for its decision.

(iii) Installation of source water treatment. Each water system shall properly install and operate the source water treatment approved by the department under subparagraph (B) (ii) of this subdivision.

(iv) Department review of source water treatment and specification of maximum permissible source water levels. The department shall review the source water samples taken by the system both before and after the system installs source water treatment, and determine whether the water system has properly installed and operated the source water treatment approved by the department. Based upon its review, the department shall designate the maximum permissible lead and copper concentrations for finished water entering the distribution system. Such levels shall reflect the contaminant removal capability of the treatment properly operated and maintained. The department shall notify the water system in writing and explain the basis for its decision.

(v) Continued operation and maintenance. Each water system shall maintain lead and copper levels below the maximum permissible concentrations designated by the department at each sampling point monitored in accordance with subsection (e) (10) of this section. The system is out of compliance with this subparagraph if the level of lead or copper at any sampling point is greater than the maximum permissible concentration designated by the department.

(vi) Modification of department treatment decisions. Upon its own initiative or in response to a request by a water system or other interested party, the department may modify its determination of the source water treatment under subparagraph (B) (ii) of this subdivision, or maximum permissible lead and copper concentrations for finished water entering the distribution system under subparagraph (B) (iv) of this subdivision. A request for modification by a system or other interested party shall be in writing, explain why the modification is appropriate, and provide supporting documentation. The department may modify its determination where it concludes that such change is necessary to ensure that the system continues to minimize lead and copper concentrations in source water. A revised determination shall be made in writing, set forth the new treatment requirements, explain the basis for the department's decision, and provide an implementation schedule for completing the treatment modifications.

(j)(10) Lead service line replacement requirements.

(A) Water systems that fail to meet the lead action level in tap samples taken pursuant to section 19-13-B102(e)(8)(E) of the Regulations of Connecticut State Agencies, after installing corrosion control or source water treatment, whichever sampling occurs later, shall replace lead service lines in accordance with the requirements of this subdivision. If a water system is in violation of subdivisions (7) or (9) of this subsection for failure to install source water or corrosion control treatment, the department may require the water system to commence lead service line replacement under this subdivision after the date by which the water system was required to conduct monitoring under section 19-13-B102(e)(8)(E) of the Regulations of Connecticut State Agencies has passed.

(B) A water system shall annually replace at least seven percent (7%) of the initial number of lead service lines in its distribution system. The initial number of

lead service lines is the number of lead lines in place at the time the replacement program begins. The water system shall identify the initial number of lead service lines in its distribution system, including an identification of the portion(s) owned by the system, based on a materials evaluation, including the evaluation required under section 19-13-B102(e)(8)(A) of the Regulations of Connecticut State Agencies and relevant legal documents such as, contractual agreements, local land records and local land ordinances regarding the portion owned by the system. The first year of lead service line replacement shall begin on the date the action level has exceeded in tap sampling referenced in subparagraph (A) of this subdivision.

(C) A water system is not required to replace an individual lead service line if the lead concentration in all service line samples from that line, taken pursuant to section 19-13-B102(e)(8)(B)(iii) of the Regulations of Connecticut State Agencies, is less than or equal to 0.015 mg/l.

(D) A water system shall replace that portion of the lead service line that it owns. In cases where the system does not own the entire lead service line, the system shall notify the owner of the line, or the owner's authorized agent, that the system will replace the portion of the service line that it owns and shall offer to replace the owner's portion of the line. A system is not required to bear the cost of replacing the privately-owned portion of the line, nor is it required to replace the privately-owned portion where the owner chooses not to pay the cost of replacing the privately-owned portion of the line, or where replacing the privately-owned portion would be precluded by state, local or common law. A water system that does not replace the entire length of the service line also shall complete the following tasks.

(i) at least forty-five (45) days prior to commencing with the partial replacement of a lead service line, the water system shall provide notice to the resident(s) of all buildings served by the line, explaining that they may experience a temporary increase of lead levels in their drinking water, along with guidance on measures consumers can take to minimize their exposure to lead. The department may allow the water system to provide notice less than forty-five (45) days prior to commencing partial lead service line replacement where such replacement is in conjunction with emergency repairs. In addition, the water system shall inform the resident(s) served by the line that the system will, at the system's expense, collect a sample, from each partially-replaced lead service line that is representative of the water in the service line for, analysis of lead content, as prescribed under section 19-13-B102(e)(8)(B)(iii) of the Regulations of Connecticut State Agencies, no later than seventy-two (72) hours after the completion of the partial replacement of the service line. The system shall collect the sample and report the results of the analysis to the owner and the resident(s) served by the line no later than three (3) business days after receiving the results. Mailed notices post-marked no later than three (3) business days after receiving the results shall be considered ''on time.''

(ii) the water system shall provide, by mail or by other methods approved by the department, the information required by section 19-13-B102 (j)(10)(D)(1) of Regulations of Connecticut State Agencies, to the residents of individual dwellings. In instances where multi-family dwellings are served by the line, the water system shall have the option to post the information at a conspicuous location.

(E) The department shall require a system to replace lead service lines on a shorter schedule than that required by this subdivision, taking into account the number of lead service lines in the water system, where such a shorter replacement schedule is feasible. The department shall make this determination in writing and notify the system of its finding within six (6) months after the system is triggered into lead

service line replacement based on monitoring referenced in subparagraph (A) of this subdivision.

(F) Any system may cease replacing lead service lines whenever first-draw samples collected pursuant to section 19-13-B102(e)(8)(F) of the Regulations of Connecticut State Agencies meet the lead action level during each of two (2) consecutive monitoring periods and the system submits the results to the department. If first-draw tap samples in any such water system thereafter exceed the lead action level, the system shall recommence replacing lead service lines, pursuant to subparagraph (B) in this subdivision.

(G) To demonstrate compliance with subparagraphs (A) through (D) of this subdivision, a system shall report to the department the information specified in section 19-13-B102(h)(5)(E) of the Regulations of Connecticut State Agencies.

(11) Treatment technique for control of disinfection byproduct precursors

For systems using conventional filtration treatment that are required to comply with subdivision (2) of this subsection, enhanced coagulation or enhanced softening are identified as treatment techniques to control the level of disinfection byproduct precursors in drinking water treatment and distribution systems.

(A) Applicability

Systems using conventional filtration treatment that are required to comply with subdivision (2) of this subsection shall operate with enhanced coagulation or enhanced softening to achieve the TOC percent removal levels specified in subparagraph (C) of this subdivision, unless the system meets at least one of the alternative compliance criteria listed in this subparagraph. Systems may use the alternative compliance criteria listed in subclauses (i) through (vi) of this subparagraph to comply with this subdivision and in lieu of complying with subparagraph (B) of this subdivision. In all cases Systems shall still comply with monitoring requirements specified in section 19-13-B102(e)(11)(E) of the Regulations of Connecticut State Agencies.

(i) The system's source or treated water TOC level is less than 2.0 MG/L, calculated quarterly as a running annual average.

(ii) The system's source water TOC level is less than 4.0 MG/L, calculated quarterly as a running annual average; the source water alkalinity is greater than 60 MG/L (as $CaCO_3$), calculated quarterly as a running annual average; and either the TTHM and HAA5 running annual averages are no greater than 0.040 MG/L and 0.030 MG/L, respectively or prior to the effective date for compliance in section 19-13-B102(e)(11)(A) of the Regulations of Connecticut State Agencies, the system has made a clear and irrevocable financial commitment to use technologies that will limit the levels of TTHM and HAA5 to no more than 0.040 MG/L and 0.030 MG/L, respectively, as described in 40 CFR 141.135(a)(2)(iii).

(iii) The TTHM and HAA5 running annual averages are no greater than 0.040 MG/L and 0.030 MG/L, respectively, and the system uses only chlorine for primary disinfection and maintenance of a residual in the distribution system.

(iv) The system's source water (prior to any treatment) or finished water SUVA is less than or equal to 2.0 L/MG-M, measured monthly and calculated quarterly as a running annual average.

(v) the treated water alkalinity of a system with an enhanced softening is less than 60 MG/L (as $CaCO_3$), measured monthly and calculated quarterly as a running annual average.

(vi) The treated water of a system with an enhanced softening demonstrates a removal of at least 10 MG/L of magnesium hardness (as $CaCO_3$), measured monthly and calculated quarterly as a running annual average.

(B) Enhanced coagulation and enhanced softening performance requirements

Systems shall achieve the percent reduction of TOC specified in subclause (i) of this subparagraph between the source water and the combined filter effluent, unless the state approves in writing a system's request for alternate minimum TOC removal (Step 2) requirements under subclause (ii) of this subparagraph.

(i) Required Step 1 TOC reductions, indicated in the following table, are based upon specified source water parameters. Systems practicing softening are required to meet the Step 1 TOC reductions in the far-right column (Source water alkalinity >120 MG/L) for the specified source water TOC:

Step 1 required removal of TOC by enhanced coagulation and enhanced softening

	Source Water Alkalinity, mg/l as $CaCO_3$		
Source Water TOC, mg/l	0-60	>60-120	>120[1]
>2.0-4.0	35.0%	25.0%	15.0%
>4.0-8.0	45.0%	35.0%	25.0%
>8.0	50.0%	40.0%	30.0%

[1] Systems practicing softening shall meet the TOC removal requirements in this column.

(ii) A system that cannot achieve the Step 1 TOC removals required by subclause (i) of this subparagraph due to water quality parameters or operational constraints shall apply to the department, no later than three (3) months after failure to achieve the TOC removals required by subclause (i) of this subparagraph, for approval of alternative minimum TOC (Step 2) removal requirements submitted by the system. If the department approves the alternative minimum TOC removal (Step 2) requirements, the department may make those requirements retroactive for the purposes of determining compliance. Until the department approves the alternate minimum TOC removal (Step 2) requirements, the system shall meet the Step 1 TOC removals contained in subclause (i) of this subparagraph. Alternate minimum TOC removal (Step 2) requirements shall be determined in accordance with 40 CFR 141.135(b)(4).

(C) Compliance calculations

Systems using conventional filtration treatment that are required to comply with subdivision (2) of this subsection, other than those identified in subparagraph (A) of this subdivision, shall comply with requirements contained in subparagraph (B) of this subdivision. Systems shall calculate compliance quarterly, beginning after the system has collected twelve (12) months of data, by determining an annual average using the following method:

(i) Determine actual monthly TOC percent removal, equal to: (1 - (treated water TOC/source water TOC)) x 100;

(ii) Determine the required monthly TOC percent removal, from either the table in subparagraph (B)(i) of this subdivision or from subparagraph (B)(ii) of this subdivision;

(iii) Divide the value in (i) by the value in (ii);

(iv) Add together the results of (iii) for the last twelve (12) months and divide by 12; and

(v) If the value calculated in (iv) is less than 1.00, the system is not in compliance with the TOC percent removal requirements.

(D) Systems may use the provisions in subclauses (i) through (v) of this subparagraph in lieu of the calculations in subparagraph (C) of this subdivision to determine compliance with TOC percent removal requirements.

(i) In any month that the system's treated or source water TOC level is less than 2.0 MG/L, the system may assign a monthly value of 1.0 (in lieu of the value calculated in subparagraph (C)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(ii) In any month that a system practicing softening removes at least 10 MG/L of magnesium hardness (as $CaCO_3$), the system may assign a monthly value of 1.0 (in lieu of the value calculated in subparagraph (C)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(iii) In any month that the system's source water SUVA, prior to any treatment, is less than or equal to 2.0 L/MG-M, the system may assign a monthly value of

1.0 (in lieu of the value calculated in subparagraph (C)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(iv) In any month that the system's finished water SUVA is less than or equal to 2.0 L/MG-M, the system may assign a monthly value of 1.0 (in lieu of the value calculated in subparagraph (C)(iii) of this subdivision) when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(v) In any month that a system practicing enhanced softening lowers alkalinity below 60 MG/L (as $CaCO_3$), the system may assign a monthly value of 1.0 in lieu of the value calculated in subparagraph (C)(iii) of this subdivision when calculating compliance under the provisions of subparagraph (C) of this subdivision.

(vi) Systems may also comply with the requirements of this section by meeting the criteria in subparagraph (A) of this subdivision.

(k) **Variances and exemptions.** Variances and Exemptions from the MCL for total coliforms of subparagraph 19-13-B102 (e) (6) (B) of the Regulations of Connecticut State Agencies may be granted by the department for systems that demonstrate to the satisfaction of the department that the violation of the total coliform MCL is due to a persistent growth of total coliforms in the distribution system rather than fecal or pathogenic contamination, a treatment lapse or deficiency, or a problem in the operation or maintenance of the distribution system. The department shall use the following criteria to identify systems that could operate under a variance without posing an unreasonable risk to health:

(1) Over the past thirty (30) days, water entering the distribution system is shown to:

(A) Be free from fecal coliform or E.coli occurrence based on at least daily sampling;

(B) contain less than one (1) total coliform per hundred (100) milliliters of influent water in at least ninety five percent (95%) of all samples based on at least daily sampling;

(C) Comply with the total turbidity requirements of Section 19-13-B102 (j);

(D) Contain a continuous disinfection residual of at least 0.2 mg/l;

(2) The system has had no waterborne disease outbreak while operated in its present configuration;

(3) The system maintains biweekly contact with the department and local health departments to assess illness possibly attributable to microbial occurrence in the public drinking water system;

(4) The system has evaluated, on a monthly basis, at least the number of samples specified in Section 19-13-B102 (e) and has not had an E.coli-positive compliance sample within the last six months, unless the system demonstrates to the department that the occurrence is not due to contamination entering the distribution system;

(5) The system has undergone a sanitary survey conducted by a party approved by the department within the past twelve (12) months;

(6) The system has a cross connection control program acceptable to the department and performs an audit of the effectiveness program;

(7) The system agrees to submit a biofilm control plan to the department within twelve (12) months of the granting of the first request for a variance;

(8) The system monitors general distribution system bacterial quality by conducting heterotrophic bacteria plate counts on at least a weekly basis at a minimum of ten percent (10%) of the number of total coliform sites specified for that system size in Section 19-13-B102 (e); and

(9) The system conducts daily monitoring at distribution system sites approved by the department and maintains a detectable disinfectant residual at a minimum of ninety five percent (95%) of those points and a heterotrophic plate count of less than five hundred (500) colonies per ml at sites without a disinfectant residual.

(*l*) **Record maintenance.**

(1) Any owner or operator of a public water system subject to the provisions of this section shall retain on its premises or at a convenient location near its premises the following records,

(A) Records of all bacteriological analyses shall be kept for not less than five (5) years. Records of chemical analyses shall be kept for not less than ten (10) years. Actual laboratory reports may be kept; or data may be transferred to tabular summaries, provided that the following information is included:

(i) the date, place and time of sampling, and the name of the person who collected the sample;

(ii) identification of the sample as to whether it was a routine distribution system sample, check sample, raw or processed water sample or other special purpose sample;

(iii) date of analysis;

(iv) laboratory and person responsible for performing analysis;

(v) the analytical technique/method used; and

(vi) the results of the analysis.

(B) Records of action taken by the system to correct violations of primary drinking water regulations, shall be kept for a period not less than three (3) years after the last action taken with respect to the particular violation involved.

(C) Copies of any written reports, summaries or communications relating to sanitary surveys of the system conducted by the system itself, by a private consultant, or by any local, state or federal agency, shall be kept for a period not less than ten (10) years after completion of the sanitary survey involved.

(D) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than five (5) years following the expiration of such variance or exemption.

(E) Accurate and up-to-date maps and records showing the location of all mains, valves, hydrants, service connections, and other facilities including pumps, tanks and treatment plants shall be maintained for each community water system. An integrated map of the system showing supply, treatment, pumping and storage facilities and major mains shall be filed with the department and updated at least every five (5) years.

(F) Records of each complaint received about water quality or adequacy shall be retained for each community water system and made available for inspection by the department on request. A record of the original complaint shall be kept for a period of three (3) years subsequent to the final resolution of the complaint.

(G) Recordkeeping requirements for lead and copper. Any water system subject to the requirements of this section shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, department determinations and any other information required by subsections (e)(7)(L),(e)(8) through (e)(10),(i)(6), and (j)(7) through (j)(10) of this section. Each water system shall retain the records required by this subsection for no fewer than twelve (12) years.

(H) Records of any reports, test results, correspondence or other records collected as part of the system's cross connection control program, pursuant to subsection (f) of this section, shall be kept for a period of not less than five (5) years.

(I) The system shall keep a copy of the consumer confidence report for no less than five (5) years.

(J) The system shall keep a copy of the public records for combined and individual filter turbidity measurements, as required in subsection (e)(7)(S), for not less than three (3) years.

(K) The system shall keep a copy of the public notice and certification of compliance pursuant to section 19-13-B102 (i)(8) of the Regulations of Connecticut State Agencies for no less than three (3) years.

(2) Records of each of the following decisions shall be retained by the department for five (5) years:

(A) Any decision to waive the twenty four (24) hour time limit for collecting repeat samples after a total coliform-positive routine sample; and

(B) Any decision to invalidate a total coliform-positive sample.

(3) Records of each of the following decisions shall be retained by the department in such a manner so that each system's current status may be determined by the department:

(A) Any decision to reduce the total coliform and physical parameters monitoring frequency for a community water system serving one thousand (1,000) persons or fewer to less than once per month;

(B) Any decision to reduce the total coliform and physical parameter monitoring frequency for a non-community water system using only ground water and serving one thousand (1,000) persons or fewer to less than once per quarter;

(C) Any decision to waive the twenty four (24) hour limit for taking a total coliform sample near the first service connection when the source water turbidity level exceeds one (1) NTU pursuant to section 19-13-B102(e)(7)(H)(i) of the Regulations of Connecticut State Agencies;

(D) Any decision that a non-community water system is using only protected and disinfected groundwater and therefore may reduce the frequency of its sanitary survey to less than once every five (5) years;

(E) Any decision made on records of consultation by a system concerning the modification to a disinfection practice under 40 CFR 141.172 (c), or 40 CFR 141.542, as amended January 14, 2002, with respect to disinfection benchmarking;

(F) Any decision allowing a system to use an alternative filtration technology in accordance with section 19-13-B102(j)(4)(D) of the Regulations of Connecticut State Agencies; and

(G) Any decision made on records for systems required to do a filter self assessment, comprehensive performance evaluation, or composite correction program

(4) The department shall maintain a copy of the consumer confidence reports required pursuant to section 19-13-B102(i)(10)(F) of the Regulations of Connecticut State Agencies for a period of one (1) year and the certification required pursuant to section 19-13-B102(i)(10)(G) for a period of five (5) years.

(5) The department shall retain the following records for the duration indicated:

(A) Records for turbidity measurements and other information, which are required to be reported in accordance with section 19-13-B102(h)(6)(B)(i) of the Regulations of Connecticut State Agencies, shall be retained for not less than one (1) year; and

(B) Records for disinfection residual and other parameters necessary to document isinfection effectiveness, which are required to be reported in accordance with section 19-13-B102(h)(6)(B)(ii) of the Regulations of Connecticut State Agencies, shall be retained for not less than one (1) year.

(6) The department shall maintain a copy of the public notice and the certification of compliance required to be submitted pursuant to section 19-13-B102(i)(8) for a period of three (3) years.

(m) **Emergency powers.** The state commissioner of public health may, upon receipt of information that the security of a public water system is threatened or suspicious activities are observed on or near water company land or the treatment of a public water supply is interrupted or the source of supply is damaged so as to impair the quality or the sufficiency of the supply or a contaminant is present in or is likely to enter a public water system which constitutes an imminent and substantial danger to health, take such actions and issue such orders as the commissioner may deem necessary in order to protect the health of any persons that may be affected.

(n) **Reservoir, ground water and water use monitoring.** Meters shall be provided at all sources of water supply for community water systems so that the amount of water delivered to the distribution system can be measured. Representative weekly readings of instantaneous flow rate and total quantity of water delivered over the previous week shall be taken, recorded and retained for reference. Such records shall be submitted to the department upon request. More frequent readings shall be taken upon request of the department. Any water company maintaining a reservoir shall submit records of reservoir status to the department according to a schedule specified by the department which shall include at least weekly measurements of water elevation, instantaneous usable storage capacity, reservoir withdrawals and amount of precipitation. Any water company with a ground water source in an unconsolidated unconfined aquifer shall submit records of groundwater status to the department according to a schedule specified by the department which shall include at least weekly measurements of instantaneous pumping rates and ground water elevations. A system of observation wells, approved by the department, shall be maintained to provide sufficient information on ground water elevations and ground water quality. Any water company serving more than 1,000 people or 250 service connections, and any other water company notified by the department, shall submit to the department according to a schedule specified by the department records of water use which shall include at least weekly measurements of the volume of water withdrawn from each source and for the total system. The volume of water bought from or sold to another water company, and the type of restrictions, if any, imposed on water use and at least annual records of the volume of water used and average number of customers. Forms provided by the department shall be utilized when available.

(o) The supply capacity of each community water system shall be maintained in excess of the demand of the system, with sufficient margin of safety to properly allow for:

(1) Sudden increases in consumption which may occur during a dry period.

(2) The time required to bring new sources of supply on line.

(3) Increases or growth in the service area which may be reasonably expected.

A plan shall be prepared for each community water system relating the safe yield and available water, as defined in sections 25-32d-1a(4) and 25-32d-1a(30) of the regulations of Connecticut State Agencies, of the supply system to the existing and projected demands of the service area. The plan shall be updated on a regular basis. If for any reason it becomes evident that the demands of the service area will exceed the supply capability of the system for a significant period of time, measures to effectively reduce consumption shall be promptly instituted for the system, and a program to provide sufficient supply capacity to meet existing and projected demands shall be implemented.

(p) Sources of supply, treatment, pumping, transmission and storage facilities of sufficient capacity shall be maintained to provide flows in excess of the maximum flows experienced in the community water system, and in individual service zones within integrated systems. Whenever peak period consumption interrupts water service to consumers under normal conditions, conservation measures that effectively reduce consumption shall be promptly instituted for the community water supply, and a program to provide sufficient supply, treatment, pumping, transmission and storage capacity to meet existing and projected peak period consumption shall be implemented.

(q) Essential water supply valves shall be maintained in operating condition.

(r) All customers served by a community water system shall be notified at least annually of an emergency telephone number which is continuously available for personal contact and reporting service problems. A crew shall be available to deal with emergencies within each community water system or a working arrangement or contract shall exist with others, such as pump installers, pipe layers, electricians or another water system for such coverage. Sufficient spare parts and clean up and disinfectant equipment shall be available. On or before January 1 of each year, or upon any change, the continuously available emergency telephone number and other methods of contact shall be reported in writing to the department.

(s) A program to reduce the amount of water which cannot be accounted for, shall be established and filed with the Department for review and approval. Such program shall include a schedule of implementation and consideration of the following elements:

(1) Calibration of supply and main line meters.

(2) Calibration of consumers' meters.

(3) Pipeline flow measurements.

(4) Leakage surveys.

(5) Inspection of bleeders.

(Effective August 23, 1994; amended September 4, 1997, July 26, 2001, December 5, 2001, May 2, 2003, March 30, 2004; August 1, 2005)

On-Site Sewage Disposal Systems with Design Flows of 5,000 Gallons per Day or Less and Non-Discharging Toilet Systems

Sec. 19-13-B103a. Scope

These regulations establish minimum requirements for household and small commercial subsurface sewage disposal systems with a capacity of 5,000 gallons per day or less, non-discharging toilet systems and procedures for the issuance of permits or approvals of such systems by the director of health or registered sanitarian, as required by Section 25-54i (g) of the General Statutes.

(Effective August 16, 1982)

Sec. 19-13-B103b. Definitions

The following definitions shall apply for the purposes of Sections 19-13-B103c to 19-13-B103f, inclusive:

(a) ''Sewage'' means domestic sewage consisting of water and human excretions or other waterborne wastes incidental to the occupancy of a residential building or a non-residential building, as may be detrimental to the public health or the environment, but not including manufacturing process water, cooling water, waste water from water softening equipment, blow down from heating or cooling equipment,

water from cellar or floor drains or surface water from roofs, paved surface or yard drains.

(b) ''Septic tank'' means a water-tight receptacle which is used for the treatment of sewage and is designed and constructed so as to permit the settling of solids, the digestion of organic matter by detention and the discharge of the liquid portion to a leaching system;

(c) ''Subsurface sewage disposal system'' means a system consisting of a house sewer; a septic tank followed by a leaching system, any necessary pumps and siphons, and any ground water control system on which the operation of the leaching system is dependent.

(d) ''Residential building'' means any house, apartment, trailer or mobile home, or other structure occupied by individuals permanently or temporarily as a dwelling place but not including residential institutions;

(e) ''Residential institution'' means any institutional or commercial building occupied by individuals permanently or temporarily as a dwelling, including dormitories, boarding houses, hospitals, nursing homes, jails, and residential hotels or motels;

(f) ''Nonresidential building'' means any commercial, industrial, institutional, public or other building not occupied as a dwelling, including transient hotels and motels;

(g) ''Impervious soil'' means soil that has a minimum percolation rate slower than one inch in sixty minutes when the ground water level is at least eighteen inches below the bottom of the percolation test hole;

(h) ''Suitable soil'' means soil having a minimum percolation rate of one inch in one to sixty minutes when the ground water level is at least eighteen inches below the bottom of the percolation test hole;

(i) ''Maximum ground water level'' means the level to which ground water rises for a duration of one month or longer during the wettest season of the year;

(j) ''Open watercourse'' means a well defined surface channel, produced wholly or in part by a definite flow of water and through which water flows continuously or intermittently and includes any ditch, canal, aquaduct or other artificial channel for the conveyance of water to or away from a given place, but not including gutters for storm drainage formed as an itegral part of a paved roadway; or any lake, pond, or other surface body of water, fresh or tidal; or other surface area intermittently or permanently covered with water.

(k) ''Local director of health'' means the local director of health or his authorized agent;

(*l*) ''Technical Standards'' means the standards established by the commissioner of health services in the most recent revision of the publication entitled ''Technical Standards for Subsurface Sewage Disposal Systems'' available from the State Department of Health Services;

(m) ''Department'' means the State Department of Health Services;

(n) ''Gray water'' means domestic sewage containing no fecal material or toilet wastes.

(o) ''Drawdown area'' means the area adjacent to a well in which the water table is lowered by withdrawal of water from the well by pumping at a rate not exceeding the recharge rate of the aquifer.

(Effective August 16, 1982)

Sec. 19-13-B103c. General provisions

(a) All sewage shall be disposed of by connection to public sewers, by subsurface sewage disposal systems, or by other methods approved by the Commissioner of Health Services, in accordance with the following requirements.

(b) All sewers, subsurface sewage disposal systems, privies and toilet or sewage plumbing systems shall be kept in a sanitary condition at all times and be so constructed and maintained as to prevent the escape of odors and to exclude animals and insects.

(c) The contents of a septic tank, subsurface sewage disposal system or privy vault shall only be disposed of in the following manner.

(1) If the contents are to be disposed of on the land of the owner, disposal shall be by burial or other method which does not present a health hazard or nuisance; or

(2) If the contents are to be disposed of on land of other than the owner;

(A) The contents shall be transferred and removed by a cleaner licensed pursuant to Connecticut General Statutes § 20-341, and

(B) Only on the application for and an issuance of a written permit from the local director of health in accordance with the provisions of this section;

(3) If the contents are to be dispersed on a public water supply water shed, only on the application and issuance of a written permit by the Commissioner of Health Services in accordance with the provisions of this section.

Each application for a permit under (c) (2) and (3) shall be in writing and designate where and in what manner the material shall be disposed of.

(d) All material removed from any septic tank, privy, sewer, subsurface sewage disposal system, sewage holding tank, toilet or sewage plumbing system shall be transported in water-tight vehicles or containers in such a manner that no nuisance or public health hazard is presented. All vehicles used for the transportation of such material shall bear the name of the company or licensee and shall be maintained in a clean exterior condition at all times. No defective or leaking equipment shall be used in cleaning operations. All vehicles or equipment shall be stored in a clean condition when not in use. Water used for rinsing such vehicles or equipment shall be considered sewage and shall be disposed of in a sanitary manner approved by the local director of health.

(e) Septic tanks shall be cleaned by first lowering the liquid level sufficiently below the outlet to prevent sludge or scum from overflowing to the leaching system where it could cause clogging and otherwise damage the system. Substantially all of the sludge and scum accumulation shall be removed whenever possible, and the inlet and outlet baffles shall be inspected for damage or clogging. Cleaners shall use all reasonable precaution to prevent damaging the sewage disposal system with their vehicle or equipment. Accidental spillages of sewage, sludge or scum shall be promptly removed or otherwise abated so as to prevent a nuisance or public health hazard.

(f) No sewage shall be allowed to discharge or flow into any storm drain, gutter, street, roadway or public place, nor shall such material discharge onto any private property so as to create a nuisance or condition detrimental to health. Whenever it is brought to the attention of the local director of health that such a condition exists on any property, he shall investigate and cause the abatement of this condition.

(Effective August 16, 1982)

Sec. 19-13-B103d. Minimum requirements

(a) Each subsurface sewage disposal system shall be constructed, repaired, altered or extended pursuant to the requirements of this section unless an exception is granted in accordance with the following provisions:

(1) A local director of health may grant an exception, except with respect to the requirements of Section 19-13-B103d (d) and Technical Standard IIA, for the repair, alteration, or extension of an existing subsurface sewage disposal system where he

determines the repair, alteration or extension cannot be affected in compliance with the requirements of this section and upon a finding that such an exception is unlikely to cause a nuisance or health hazard. All exceptions granted by the local director of health shall be submitted to the Commissioner of Health Services within thirty days after issuance on forms provided by the Department.

(2) The Commissioner of Health Services may grant an exception to the requirements of Section 19-13-B103d (d) upon written application and upon a finding that:

(A) A central subsurface sewage disposal system serving more than one building is technically preferable for reasons of site limitations, or to facilitate construction, maintenance or future connection to public sewers, or;

(B) A subsurface sewage disposal system not located on the same lot as the building served is located on an easement attached thereto. Such easement shall be properly recorded on the land records and shall be revokable only by agreement of both property owners and the Commissioner of Health Services.

(3) The Commissioner of Health Services may grant an exception to the requirements of Technical Standard IIA, upon written application and upon a finding that such an exception is unlikely to pollute the well in such a manner as to cause a health hazard.

(b) **Technical standards.** Subsurface sewage disposal systems within the scope of this regulation shall be designed, installed and operated in accordance with the technical standards established in the ''Technical Standards for Subsurface Sewage Disposal Systems'' published by the Commissioner of Health Services. The Technical Standards shall be reviewed annually and changes to the Technical Standards shall be available on January 1st of each year.

(c) **Large subsurface disposal systems.** The Commissioner of Health Services shall approve plans for subsurface sewage disposal systems serving a building with a designed sewage flow of two thousand gallons per day or greater, and no such systems shall be constructed, repaired, altered or extended unless the plans for such systems are approved by the Commissioner in accordance with the following:

(1) Plans for the system are submitted at least twenty days prior to approval to construct by the local director of health.

(2) The plans are designed by a professional engineer registered in the State of Connecticut.

(3) The plans submitted contain:

(A) The basis of design,

(B) Soil conditions and test pit locations,

(C) Maximum ground water and ledge rock elevations,

(D) Original and finished surface contours and elevations,

(E) Property lines, and

(F) Locations of buildings, open water courses, ground and surface water drains, nearby wells and water service lines.

(d) **Location.** Each building shall be served by a separate subsurface sewage disposal system. Each such system shall be located on the same lot as the building served.

(e) **Disposal of sewage in areas of special concern.** (1) Disposal system for areas of special concern shall merit particular investigation and special design, and meet the special requirements of this subsection. The following are determined to be areas of special concern:

(A) A minimum soil percolation rate faster than one inch per minute, or

(B) Slower than one inch in thirty minutes, or

(C) Maximum ground water less than three feet below ground surface, or

(D) Ledge rock less than five feet below ground surface, or

(E) Soils with slopes exceeding twenty-five per cent, or

(F) Consisting of soil types interpreted as having severe limitations for on-site sewage disposal by most recent edition of the National Cooperative Soil Survey of the Soil Conservation Service, or

(G) Designated as wetland under the provisions of Sections 22a-36 through 22a-45 of the Connecticut General Statutes, as amended.

(H) Located within the drawdown area of an existing public water supply well with a withdrawal rate in excess of fifty gallons per minute, or within five hundred feet of land owned by a public water supply utility and approved for a future wellsite by the Commissioner of Health Services.

(2) In such areas of special concern, the local director of health may require investigation for maximum ground water level to be made between February 1 and May 31, or such other times when the ground water level is determined by the Commissioner of Health Services to be near its maximum level.

(3) (A) Plans for new subsurface systems in areas of special concern shall:

(i) Be prepared by a professional engineer registered in the State of Connecticut;

(ii) Include all pertinent information as to the basis of design, and soil conditions, test pit locations, ground water and ledge rock elevations, both original and finished surface contours and elevation, property lines, building locations, open water courses, ground and surface water drains, nearby wells and water service lines;

(iii) Demonstrate an ability to solve the particular difficulty or defect associated with the area of special concern and which caused its classification. The Commissioner or local director of health, as the case may be, may require a study of the capacity of the surrounding natural soil to absorb or disperse the expected volume of sewage effluent without overflow, breakout, or detrimental effect on ground or surface waters if in their opinion such may occur.

(B) The plans for new subsurface disposal systems in areas of special concern shall be submitted to the local director of health and the Commissioner of Health Services for a determination as to whether the requirements of the subsection have been met, except that such submission need not be made to the Commissioner of Health Services if the local director or authorized agent has been approved to review such plans by the Commissioner of Health Services in accordance with Section B103e (b). All submissions to the Commissioner of Health Services shall be made at least 20 days prior to issuance of an approval to construct by the local director of health.

(4) If application is made for the repair, alteration or extension of an existing subsurface disposal system in an area of special concern, the local director of health may require that the applicant comply with the requirement of Subdivision (3) if he determines that the contemplated repair, alteration or extension involves technical complexities which cannot reasonably be addressed by himself, his authorized agent or the system installer.

(5) While a sewage disposal system in an area of special concern is under construction, the local director of health may require that the construction, be supervised by a professional engineer registered in the State of Connecticut, if in the opinion of the local director of health it is necessary to insure conformance to the plans approved or because of the difficulties likely to be encountered. The engineer shall make a record drawing of the sewage disposal system, as installed,

which he shall submit to the local director of health prior to issuance of a discharge permit.

(6) In such areas of special concern, the Commissioner of Health Services or the local director of health who has been approved by the Commissioner to review engineering plans in areas of special concern pursuant to Section 19-13-B103e (b) may require a study of the capacity of the surrounding natural soil to absorb or disperse the expected volume of sewage effluent without overflow, breakout, or detrimental effect on ground or surface waters.

(f) **Gray water systems.** Disposal systems for sinks, tubs, showers, laundries and other gray water from residential buildings, where no water flush toilet fixtures are connected, shall be constructed with a septic tank and leaching system at least one-half the capacity specified for the required residential sewage disposal system.

(Effective August 16, 1982)

Sec. 19-13-B103e. Procedures and conditions for the issuance of permits and approvals

No subsurface sewage disposal system shall be constructed, altered, repaired or extended without an approval to construct issued in accordance with this section. No discharge shall be initiated to a subsurface sewage disposal system without a discharge permit issued in accordance with this section. Such permits and approvals shall be issued and administered by the local director of health.

(a) No permit or approval shall be issued:

(1) For any subsurface sewage system which is designed to discharge or overflow any sewage or treated effluent to any watercourse;

(2) For any new subsurface sewage disposal system until it is demonstrated to the satisfaction of the local director of health that there is a public water supply available or a satisfactory location for a water supply well complying with Sections 19-13-B51a through 19-13-B51m of the Public Health Code;

(3) For any new subsurface sewage disposal system where the soil conditions in the area of the leaching system are unsuitable for sewage disposal purposes at the time of the site investigation made pursuant to this section. Unsuitable conditions occur where the existing soil is impervious, or where there is less than four feet depth of suitable existing soil over ledge rock, two feet of which is naturally occurring soil, or where there is less than 18 inches depth of suitable existing soil over impervious soil, or where the ground water level is less than 18 inches below the surface of the ground for a duration of one month or longer during the wettest season of the year;

(4) For any new subsurface sewage disposal system where the surrounding naturally occurring soil cannot adequately absorb or disperse the expected volume of sewage effluent without overflow, breakout or detrimental effect on ground or surface water.

(b) **Approval of agents by commissioner of health services.** (1) A local director of health shall authorize only persons approved by the Commissioner of Health Services to investigate, inspect and approve plans relating to subsurface sewage disposal systems.

(2) The Commissioner of Health Services shall approve agents of the local director of health whose qualifications to investigate, inspect and approve plans relating to subsurface sewage disposal systems have been established by attending training courses and passing examinations given by the Department of Health Services, as follows:

(A) Agents who have attended training courses and passed examinations relative to Sections 19-13-B100, 19-13-B103 and 19-13-B104 of the Public Health Code and the Technical Standards shall be approved to investigate, inspect and approve all plans for subsurface sewage disposal systems except those prepared by a professional engineer registered in the State of Connecticut pursuant to Sections 19-13-B103d (c) or (e).

(B) Agents who have attended training courses and passed examinations relative to the engineering design of subsurface sewage disposal systems shall be approved to investigate, inspect and approve plans for such systems prepared by a professional engineer registered in the State of Connecticut pursuant to Section 19-13-B103d (e).

(c) **Application for permit or approval.** (1) No investigation, inspection or approval of a subsurface sewage disposal system shall be made, or permit issued without an application by the owner in accordance with the following requirements.

(2) Applications for permits shall:

(A) Be on forms identical to Form #1 in the Technical Standards; or

(B) Be on forms prepared by the local director of health and deemed by the Commissioner of Health Services as equivalent to Form #1 in the Technical Standards; and

(C) Have attached a plot plan of the lot, which shall be a surveyor's plan if available or one prepared from information on the deed or land records.

(3) All the requested information shall be provided. If the information is not provided, it shall be indicated why it is not available or the application may be determined incomplete, and be rejected.

(d) **Site investigation.** (1) The local director of health or a professional engineer registered in the State of Connecticut representing the applicant shall make an investigation of the site proposed for the subsurface sewage disposal system and report the findings and recommendations of the investigation on a form identical to Form #2 in the Technical Standards to include:

(A) A record of soil test location, measures and observations.

(B) Soil percolation results.

(C) Observations of ground water and ledge rock.

(D) A conclusion as to the suitability of the site for subsurface sewage disposal.

(E) Special requirements for design of the system, or further testing which shall be in accordance with the most recent edition of the Technical Standards.

(2) Prior to the site investigation, the applicant shall:

(A) Provide for the digging of a suitable number of percolation test holes and deep observation pits in the area of the proposed leaching system and extending at least four feet below the bottom of the proposed leaching system, at the direction of the local director of health;

(B) Provide water for performing the percolation tests;

(C) If required by the local director of health, locate by field stakes or markers the sewage disposal system, house, well or property lines.

(3) The site investigation shall be made within ten working days of application unless otherwise required by subsection 19-13-B103d (e).

(4) The local director of health shall:

(A) Assure the accuracy of the findings of soil tests and deep observation pits; and

(B) When the maximum ground water level is in doubt the local director of health shall investigate pursuant to Section 19-13-B103d (e).

(5) The size of the leaching system shall be based on the results of soil percolation tests made in the area of the proposed leaching system or on other methods of determining the soil absorption capacity in accordance with the Technical Standards.

(6) In areas of special concern, or for leaching systems with a design sewage flow of 2,000 gallons per day or greater, the local director of health may require from the applicant whatever further testing or data necessary to assure that the sewage disposal system will function properly. Further testing may be required prior to or subsequent to issuance of the approval to construct. Such tests may include permeability tests, sieve analysis or compaction tests of natural soil or fill materials, and the installation of ground water level monitoring wells, or pipes, as well as additional observation pits and soil percolation tests.

(e) **Submission of plan.** (1) Every plan for a subsurface sewage disposal system shall be submitted to the local director of health.

(2) Every plan for a subsurface sewage disposal system shall include all information necessary to assure compliance with the requirements of Section 19-13-B103d of these regulations, and contain as a minimum the following information: the location of the house sewer, the location and size of the septic tank, the location and description of the leaching system, property lines, building locations, watercourses, ground and surface water drains, nearby wells and water service lines.

(3) Where required by the local director of health under subsections 19-13-B103d (c) and (e) of these regulations, the plan shall be prepared by a professional engineer, registered in the State of Connecticut, and shall be forwarded by the local director to the Commissioner of Health Services, together with his comments and recommendations.

(4) No plan shall be submitted directly by the applicant or engineer to the Commissioner of Health Services, unless requested by the local director of health.

(f) **Approval to construct.** (1) Upon determination that the subsurface sewage disposal system has been designed in compliance with the requirements of Section 19-13-B103d of these regulations, the local director of health shall issue an approval to construct. Approvals to construct shall be valid for a period of one year from the date of their issuance and shall terminate and expire upon a failure to start construction within that period. Approvals to construct may be renewed for an additional one year period by the local director of health upon a demonstration of reasonable cause for the failure to start construction within the one year period.

(2) Each subsurface sewage disposal system shall be constructed by a person licensed pursuant to Section 20-341 of the General Statutes. Such person shall notify the local director of health at least twenty-four hours prior to commencement of construction.

(3) The Commissioner of Health Services shall approve in accordance with Subsection 19-13-B103d (c) plans for a subsurface sewage disposal system to serve a building, the design sewage flow from which is two thousand gallons a day or greater prior to issuance of an approval to construct by the local director of health.

(4) Approval to construct a subsurface sewage disposal system in an area of special concern shall not be issued until twenty days following submission of the plans to the Commissioner of Health Services in accordance with subsection 19-13-B103d (e), unless earlier approved by the Commissioner.

(g) **Inspection.** (1) The local director of health shall inspect all subsurface sewage disposal systems for compliance with Subsection 19-13-B103d and the approved plans for construction prior to covering and at such other times as deemed necessary.

(2) After construction, and prior to covering, the subsurface sewage disposal system installer shall notify the local director of health the site is prepared for inspection. Such inspection shall take place as soon thereafter as feasible, but not later than two (2) working days after receipt of the request unless the owner agrees to an extension.

(3) A final inspection report shall be prepared by the local director of health on forms deemed by the Commissioner of Health Services as equivalent to Form #3 in the Technical Standards.

(4) A record plan of the sewage disposal system, as built, shall be required by the local director of health.

(h) **Permit to discharge.** (1) Upon determination that the subsurface sewage disposal system has been installed in compliance with the requirements of Section 19-13-B103d of these regulations and the approved plans, the local director of health shall issue a permit to discharge. A copy of such permit shall be sent to the local building official. No permit to discharge shall be issued until all required forms are completed and an approved as-built plan or record drawing is received.

(2) Any permit to discharge issued by the Commissioner of Health Services or a local director of health for a household or small commercial subsurface sewage disposal system with a capacity of five thousand gallons per day or less shall be deemed equivalent to a permit issued under Subsection 25-54i (b) of the Connecticut General Statutes. Such permits shall:

(A) specify the manner, nature and volume of discharge;

(B) require proper operation and maintenance of any pollution abatement facility required by such permit;

(C) be subject to such other requirements and restrictions as the commissioner deems necessary to comply fully with the purposes of this chapter and the Federal Water Pollution Control Act; and

(D) be issued on forms approved by the Commissioner of Health Services.

(3) The local director of health shall record the granting of an exception from any requirement of Section 19-13-B103d on the permit to discharge.

(i) **Enforcement.** (1) A permit to discharge to a subsurface sewage disposal system shall not be construed to permit any sewage overflow, nuisance, or similar condition or the maintenance thereof.

(2) If such a condition is found to exist, the permit to discharge may be revoked, suspended, modified or otherwise limited and any such condition is subject to an order to abate the condition pursuant to Connecticut General Statutes Section 19-79.

(j) **Records.** Copies of completed applications, investigation reports, review and inspection forms and as-built plans or record drawings of each sewage disposal system, certified as complying with this Section, shall be kept in the files of the town or health district for a minimum of ten years.

(k) **Rights of applicant.** (1) All site investigations, inspections, review of plans and issuance of permits or approvals by the local director of health shall be made without unreasonable delay.

(2) When requested in writing by the applicant, the local director of health shall designate in writing within 20 working days the requirement(s) of Section 19-13-B103d or 19-13-B103e of these regulations which prevents such investigation, inspection, review, permit or approval.

(3) Any final decision of the local director of health made in regard to these sections shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shal be deemed equivalent to an order, and may be appealed pursuant to Section 19-103 of the General Statutes.

(Effective August 16, 1982)

Sec. 19-13-B103f. Non-discharging sewage disposal systems

(a) All non-discharging sewage disposal systems shall be designed, installed and operated in accordance with the Technical Standards and the requirements of this

section, unless an exception is granted by the Commissioner upon a determination that system shall provide for the proper and complete disposal and treatment of toilet wastes or gray water.

(b) **Composting toilets.** (1) The local director of health may approve the use of a large capacity composting toilet or a heat-assisted composting toilet for replacing an existing privy or failing subsurface sewage disposal system, or for any single-family residential building where application is made by the owner and occupant, and the lot on which the building will be located is tested by the local director of health and found suitable for a subsurface sewage disposal system meeting all the requirements of Section 19-13-B103d of these regulations.

(2) All wastes removed from composting toilets shall be disposed of by burial or other methods approved by the local director of health.

(c) **Incineration toilets.** The local director of health may approve the use of incineration toilets for non-residential buildings or for existing single-family residential dwelings for the purpose of abating existing sewage problems or replacing the existing non-water carriage toilets.

(d) **Chemical flush toilets and chemical privies.** (1) The local director of health may approve chemical flush toilets or chemical privies for nonresidential use where they are located outside of buildings used for human habitation. Chemical flush toilets or chemical privies located inside human habitations shall be approved by the Commissioner of Health Services and the local director of health.

(2) Liquid waste from chemical flush toilets or chemical privies shall be disposed of in a location and manner approved by the local director of health. Such liquid shall not be disposed of on a public water supply watershed or within five hundred feet of any water supply well unless approved by the Commissioner of Health Services.

(e) **Dry Vault Privies.** (1) The local director of health may approve dry vault privies for nonresidential use where they are located outside of buildings used as human habitation.

(2) Wastes removed from dry privy vaults shall be disposed of by burial or other methods approved by the local director of health.

(Effective August 16, 1982)

On-Site Sewage Disposal Systems with Design Flows Greater than 5,000 Gallons per Day

Sec. 19-13-B104a. Scope

These regulations set standards for domestic sewage disposal systems receiving flows greater than 5,000 gallons per day; community sewage systems as defined in Section 7-245, Connecticut General Statutes, which utilize land treatment and disposal, alternative on-site sewage treatment systems; and septage disposal systems which utilize land treatment and disposal.

(Effective August 16, 1982)

Sec. 19-13-B104b. Definitions

(a) ''Alternative on-site sewage treatment systems'' means a system serving one or more buildings on one property which utilizes a method of treatment other than a subsurface sewage disposal system and which involves a discharge to the waters of the state.

(b) ''Domestic sewage'' means sewage that consists of water and human excretions or other waterborne waste incidental to the occupancy of the residential build-

ings or a nonresidential building but not including manufacturing process water, cooling water, wastewater from water softening equipment, commercial laundry wastewater, blowdown from heating or cooling equipment, water from cellars or floor drains or surface water from roofs, paved surfaces or yard drains.

(c) ''House sewer'' means a tight sewer pipe extending from the building served by a subsurface sewage disposal system.

(d) ''Land treatment and disposal'' means a system which utilizes soil materials for the treatment of domestic sewage and disposes of the treated effluent by percolation into underlying soil and mixing with the groundwater.

(e) ''Local Director of Health'' means the local director of health or his authorized agent.

(f) ''Person'' means any individual, partnership, association, firm, corporation or other entity, except a municipality, and includes the federal government, the state or any instrumentality of the state and any officer or governing or managing body of any partnership, association, firm or corporation.

(g) ''Septage'' means any water of material withdrawn from a septic tank used to treat domestic sewage.

(h) ''Subsurface sewage disposal system'' means a system consisting of a house or collection sewer, a septic tank followed by a leaching system, any necessary pumps or siphons, and any groundwater control system on which the operation of the leaching system is dependent.

(Effective August 16, 1982)

Sec. 19-13-B104c. General provisions

(a) All sewers, sewage disposal systems, toilets, or sewage plumbing systems shall be kept in a sanitary condition at all times and be so constructed and maintained as to prevent the escape of odors and to exclude animals and insects. All such systems shall adhere to the requirements set forth in section 25-54i of the Connecticut General Statutes.

(b) The contents of the septic tank, subsurface sewage disposal system or privy vault shall only be disposed of in the following manner.

(1) If the contents are to be disposed of on the land of the owner, disposal shall be by burial or other method which does not present a health hazard or nuisance; or

(2) If the contents are to be disposed of on land of other than the owner;

(A) The contents shall be transferred and removed by a cleaner licensed pursuant to Connecticut General Statutes § 20-341, and

(B) Only on the application for and an issuance of a written permit from the local director of health in accordance with the provisions of this section;

(3) If the contents are to be disposed of on a public water supply water-shed, only on the application and issuance of a written permit by the Commissioner of Health Services in accordance with the provisions of this section.

Each application for a permit under subdivisions (2) and (3) of subsection (b) shall be in writing and designate where and in what manner the material shall be disposed of.

(c) All material removed from any septic tank, privy, sewer, subsurface sewage disposal system, sewage holding tank, toilet or sewage plumbing system shall be transported in watertight vehicles or containers in such a manner that no nuisance or public health hazard is presented. All vehicles used for transportation of such material shall bear the name of the company or licensee and shall be maintained and a clean exterior conditions at all times. No defective or leaking equipment shall be used in cleaning operations. All vehicles or equipment shall be stored in a clean

condition when not in use. Water used for rinsing such vehicles or equipment shall be considered sewage and shall be disposed of in a sanitary manner approved by the local director of health.

(d) Septic tanks shall be cleaned by first lowering the liquid level sufficiently below the outlet to prevent sludge or scum from overflowing to the leaching system where it could cause clogging or otherwise damage the system. Substantially all of the sludge or scum accumulation shall be removed whenever possible, and the inlet and outlet baffles shall be inspected for damage or clogging. Cleaners shall use all reasonable precautions to prevent damaging the sewage disposal system with vehicles or equipment. Accidental spillages of sewage, sludge, or scum be promptly removed or otherwise abated so as to prevent a nuisance or public health hazard.

(e) No sewage shall be allowed to discharge or flow into any storm drain, gutter, street, roadway or public place, nor shall such material discharge onto any private property so as to create a nuisance or condition detrimental to health. Whenever it is brought to the attention of the local director of health that such a condition exists on any property, he shall investigate and cause the abatement of this condition.

(f) Persons who intend to conduct site investigations for the purpose of designing or constructing any septage or sewage disposal system within the scope of these regulations shall notify the local director of health of the time and place of such site investigations. Notice shall be provided to the local director of health in a timely manner to allow attendance at such site investigations by the director of health.

(g) Persons who propose sewage or septage disposal systems within the scope of this regulation shall submit plans for such systems to the Commissioner of Health Services and the local director of health. Plans shall be submitted in a timely manner to allow review and comment on such plans to be directed to the Commissioner of Environmental Protection. Such plans shall be prepared by a professional engineer registered in the State of Connecticut and shall include a report of the findings of all site investigations, the basis of design, a preliminary or final design and other information necessary for the preservation and improvement of public health.

(h) Persons who intend to construct sewage or septage disposal systems within the scope of these regulations shall file final construction plans with the local director of health at least two working days prior to the start of construction. All such systems shall be inspected during construction by the local director of health. Persons constructing such systems shall give prior notification to the local director of health of any changes which are proposed or required during construction. Persons constructing such systems shall provide the local director of health with a record drawing of the system, as-built, prior to utilizing the system.

(Effective August 16, 1982)

Sec. 19-13-B104d. Minimum requirements

(a) All sewage or septage disposal systems under the scope of these regulations shall meet the following minimum requirements necessary for the preservation and improvement of public health, unless an exception is granted by the Commissioner of Health Services upon his determination that public health shall not be impaired by such exception.

(b) All structures or facilities for the treatment or disposal of sewage or septage shall be located at least 50 feet from any open water source and 100 feet from any public supply reservoir, unless designed and constructed to prevent the leakage or overflow of raw or treated sewage to the ground or surface water.

(c) All structures, facilities or locations containing sewage or septage which is exposed to the atmosphere shall be located at least 150 feet from any school,

residential building or institution, and shall be fenced or otherwise made inaccessible to the public.

(d) The following minimum separating distances shall be maintained between any discharge or overflow of raw or treated sewage or septage to the ground waters and any drinking water supply well or spring.

Required Withdrawal Rate	*Minimum Separating Distance*
Under 10 gal. per minute	75 feet
10 to 50 gal. per minute	150 feet
Over 50 gal. per minute	200 feet

(e) The following minimum separating distances shall be maintained between any sewer, structure or facility for the conveyance or treatment of sewage or septage and any drinking water supply well or spring.

Required Withdrawal Rate	*Minimum Separating Distance*
Under 10 gal. per minute	25 feet
10 to 50 gal. per minute	75 feet
Over 50 gal. per minute	100 feet

(Effective August 16, 1982)

Toilet and Handwashing Facilities at Public Buildings, Places of Public Assembly, Places Dispensing Food and Beverage for Consumption on the Premises, and for the Patrons of Large Stores and Shopping Centers

Sec. 19-13-B105. Definitions

The following definitions shall apply for the purposes of sections 19-13-B106 to 19-13-B113, inclusive:

(a) ''Public Building'' means any building owned, leased or occupied by the state or any of its subdivisions, or by any town, city or borough in the state such as a courthouse, town or city hall, statehouse, or offices used for public transactions.

(b) ''Places of Public Assembly'' means structures where fifty (50) or more persons assemble for the purpose of discussing and acting upon some matters in which they have a common interest, transaction of some business of a common interest, religious worship, or attending a recreational, entertainment or educational event. The term shall include but not be limited to churches, chapels, meeting houses, auditoriums, assembly halls, theaters, sports complexes.

(c) ''Places Dispensing Food and Beverages for Consumption on the Premises'' means any place where food is prepared and intended for individual portion service to patrons, and includes the site at which individual portions are provided. The term includes but is not limited to restaurant, luncheonette and delicatessen-type operations that prepare sandwiches for individual portion service.

(d) ''Large Store'' (Mercantile) means a commercial establishment where goods are kept for sale, having five thousand (5,000) sq. ft. or more of space for the display of goods for patrons to purchase.

(e) ''Shopping Center'' or ''Shopping Mall'' means more than one store forming a central retail market, and situated within the same basic structure having common ownership.

(f) ''Patron'' means a client or customer of a large store or shopping center or place dispensing food and beverages for consumption on the premises.

(g) ''Easily Cleanable'' means that surfaces are readily accessible and made of such materials and finish as to be smooth and impervious to water and cleaning agents.
(Effective March 27, 1985)

Sec. 19-13-B106. Toilet and handwashing facilities

Toilet and handwashing facilities accessible to the public and separated for each sex, shall be provided at new or extensively renovated public buildings, places of public assembly, places dispensing food and beverage for consumption on the premises, and for the patrons of large stores and shopping centers in accordance with the State of Connecticut Basic Building Code, except that this regulation shall not apply to establishments constructed or altered pursuant to plans and specifications approved or building permits issued prior to October 1, 1977.
(Effective March 27, 1985)

Sec. 19-13-B107. Construction materials for fixtures

All toilets, urinals and lavatories shall be constructed of durable, easily cleanable materials and installed so that the fixture and space around it can be easily cleaned. All toilets, urinals and lavatories shall be kept in good repair, maintained in a clean condition and disinfected as necessary.
(Effective March 27, 1985)

Sec. 19-13-B108. Accommodations required

Each toilet shall occupy a separate compartment which shall be equipped with a door, inside latch, and clothes hook. Toilet rooms at places dispensing food and beverages for consumption on the premises shall have self-closing doors. Toilet paper in a holder shall be provided at all times for each toilet.
(Effective March 27, 1985)

Sec. 19-13-B109. Construction requirements

The walls of compartments, doors, or partitions between toilets may be less than the height of room walls but the top shall not be less than six feet (1830 mm) from the floor and the bottom not be more than one foot (305 mm) from the floor. The walls, floors, doors, and partitions shall be constructed of durable, easily cleanable materials. They shall be maintained in good repair and in a clean condition.
(Effective March 27, 1985)

Sec. 19-13-B110. Lighting, heating and ventilating

All toilet rooms shall be properly lighted, heated and ventilated in accordance with the requirements of the State of Connecticut Basic Building Code.
(Effective March 27, 1985)

Sec. 19-13-B111. Water requirements

The toilet room shall be provided with an adequate supply of cold and hot or tempered (warm) water. The temperature of the water shall not exceed 115° F (46° C).
(Effective March 27, 1985)

Sec. 19-13-B112. Prevention of flies and vermin

Toilet room outer openings shall be screened to prevent the entrance of flies and vermin.
(Effective March 27, 1985)

Sec. 19-13-B113. Waste receptacles

Easily cleanable receptacles shall be provided in toilet rooms for waste materials, and such receptacles in toilet rooms for women shall be covered. Individual hand towels or warm air blowers and soap shall be available at all times.

(Effective March 27, 1985)

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CHAPTER IV

Hospitals, Child Day Care Centers, Other Institutions and Children's General Hospitals

Sec. 19-13-D1. Institutions, classifications and definitions

Institutions licensed under sections 19a-490 to 19a-503 inclusive and 19a-507a(3) of the Connecticut General Statutes, as amended, are classified and defined as follows:

(a) **Classifications.**

(1) *Short-term hospitals:

(A) General; Children's general hospitals;

(B) special;

(2) *long-term hospitals:

(A) Chronic disease;

(3) other institutions:

(A) Residential care homes;

(B) rest homes with nursing supervision;

(C) chronic and convalescent nursing homes;

(D) multi-care institutions;

(E) infirmaries operated by educational institutions for the care by a licensed physician or licensed osteopath of students enrolled in, and faculty and employees, of such institutions;

(F) industrial health facilities;

(G) private freestanding mental health day treatment facilities for adults;

(H) private freestanding mental health intermediate treatment facilities for adults;

(I) private freestanding mental health psychiatric outpatient clinics for adults;

(J) private freestanding mental health residential living centers;

(K) private freestanding community residences;

(L) private freestanding facilities for the care or treatment of substance abusive or dependent persons.

(b) **Definitions:**

(1) short-term hospitals:

(A) General Hospital - a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions, including injuries; Children's general hospital - a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions among children, including injuries;

(B) Special hospital - a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a limited special group of acute conditions;

(C) Hospice - A short-term hospital having facilities, medical staff and necessary personnel to provide medical, palliative, psychological, spiritual, and supportive care and treatment for the terminally ill and their families including outpatient care and services, home based care and services and bereavement services;

(2) Long-term hospitals: chronic disease hospital - a long-term hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of a wide range of chronic diseases;

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*Short-term and long-term classified by average length of stay (under or over thirty days).

(3) Other institutions:

(A) Residential care home-an institution having facilities and all necessary personnel to furnish food, shelter and laundry for two or more persons unrelated to the proprietor and in addition, providing services of a personal nature which do not require the training or skills of a licensed nurse. Additional services of a personal nature may include assistance with bathing, help with dressing, preparation of special diets and supervision over medications which are self-administered;

(B) Rest home with nursing supervision - an institution having facilities and all necessary personnel to provide, in addition to personal care required in a home for the aged, nursing supervision under medical director twenty-four hours per day;

(C) Chronic and convalescent nursing home - a long-term institution having facilities and all necessary personnel to provide skilled nursing care under medical supervision and direction to carry out simple, non-surgical treatment and dietary procedures for chronic diseases, or convalescent stages of acute diseases or injuries;

(D) Multi-care institutions - an institution owned and operated by the same licensee having in single or multiple facilities segregated units each of which are devoted to a complexity of patient care defined in this subsection;

(E) Infirmary - a health care facility operated by an educational institution, which provides evaluation and treatment services for routine health problems and provides overnight accommodations of limited duration for students, faculty and employees of such institution who are receiving short term care and treatment for noncritical illnesses, are recovering from surgery, or require observation, and who do not require the skills and equipment of an acute hospital;

(F) Industrial health facility - a facility established, conducted, operated or maintained by a commercial or industrial establishment primarily for the ambulatory care of its employees where health services in addition to first aid are provided. First aid means emergency treatment given by a non-medical person until medical aid is obtained;

(G) Private freestanding mental health day treatment facility - a facility providing evaluation, diagnosis, and ambulatory treatment services for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association as it may be revised from time to time and whose unit of service to each client is a minimum of four hours and a maximum of twelve hours;

(H) Private freestanding mental health intermediate treatment facility for adults - a facility providing evaluative, diagnostic, and treatment services in a residential setting for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association, as it may be revised from time to time, which do not require a hospital level of treatment;

(I) Private freestanding mental health psychiatric outpatient clinic for adults - a facility providing evaluation, diagnosis, and ambulatory treatment, to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the most recent edition of the diagnostic and statistical manual of the American Psychiatric Association, as it may be revised from time to time;

(J) Private freestanding mental health residential living center - a facility providing a supervised, structured and supportive group living arrangement which includes

psychosocial rehabilitation services and may also provide assistance in obtaining necessary community services to persons in need of mental health services;

(K) Private freestanding community residence - a residence for up to eight mentally ill adults as defined in section 19a-507a(3) of the Connecticut General Statutes;

(L) Private freestanding facility for the care or treatment of substance abusive or dependent persons - a facility providing either ambulatory chemical detoxification treatment, or care and rehabilitation, or chemical maintenance treatment, or day or evening treatment, or intensive treatment, or intermediate and long term treatment, or medical triage, or outpatient treatment or residential detoxification and evaluation to substance abusive or dependent persons.

(Effective September 25, 1990; amended September 13, 2001)

Sec. 19-13-D1a. Deemed status

(a) Any institution as defined by sections 19-576 (b) through 19-576 (f) of the Connecticut General Statutes may apply to the department of health services to be deemed licensable without additional inspection or investigation if said institution:

(1) Has been certified as a provider of services by the United States Department of Health and Human Services within the immediately preceding 12 month period, except that with respect to institutions defined in subsection 19-576 (b) of the Connecticut General Statutes, the institution need only be currently so certified;

(2) Has not been denied a license or renewal thereof or has not had a condition of participation found to be out of compliance at any time during the three years immediately preceding such application;

(3) Has been inspected and investigated pursuant to ordinary license renewal procedures at least once in the immediately preceding four years and no less than a total of two times;

(4) Has agreed to allow the department of health services to inspect and review any reports issued by the reviewing or accrediting agency or by the subject institution related to the subject institution concerning certification as a provider by the department of health and human services; and

(5) With respect to institutions as defined in subsections (c), (d), (e) and (f) of section 19-576 of the Connecticut General Statutes, has not experienced a change in the personnel serving as chief administrative officer or licensed administrator, medical director, or director of nurses since the date of the immediately preceding department of health and human services provider survey.

(b) Applications for deemed status shall be on forms provided by the department and shall contain sufficient documentation to establish the satisfaction of the conditions set forth in subsection (a) hereof.

(c) In addition to the review of all material submitted in support of an application for deemed status, the department of health services may take the following actions or consider the following facts and circumstances in granting or denying said application:

(1) Joint inspections with certifying agencies or direct observation of certification procedures;

(2) Verification of compliance with Public Health Code standards not included in the federal conditions of participation;

(3) Review of departmental records or records of any other state department relating to accidents, incidents, complaints, and periodic reports;

(4) With respect to institutions as defined in subsection (b) of section 19-576 of the Connecticut General Statutes, whether such institution has experienced a change in its chief executive officer.

(d) If the applicant fully complies with the conditions set forth in section (a) and department of health services validation does not provide a basis for denial, the department shall grant the application for deemed status, and the license renewal for such institution shall be issued without further inspection or verification.

(e) Nothing contained in these regulations shall be interpreted or applied so as to limit or interfere with the right and duty of the department of health services to enforce the Public Health Code as provided by law.

(Effective April 24, 1981)

Sec. 19-13-D2. Operation and maintenance

All hospitals licensed under sections 19-32 to 19-42 of the general statutes, as amended, shall comply with the requirements set forth in sections 19-13-D2 to 19-13-D12, inclusive, before a license is issued.

Sec. 19-13-D3. Short-term hospitals, general and special

(a) **Physical plant.**

(1) The hospital buildings shall be of sound construction and shall provide adequate space and equipment for patient accommodations and for service and other areas, in accordance with the requirements of the Department of Public Health. Properly equipped diagnostic and therapeutic facilities shall be provided.

(2) The hospital buildings and equipment shall meet the requirements of the most current Fire Safety Code pursuant to section 29-292 of the Connecticut General Statutes. Annually, the licensee shall submit a current certificate of inspection by the local fire marshal to the Department of Public Health.

(3) Areas in which explosive gases are used, and areas in which radioactive materials are used, shall meet the requirements of the Department of Public Health for adequate protection of patients and personnel.

(4) The hospital buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.

(5) Each hospital that provides maternity service shall have appropriate space available and equipment for labor, delivery, recovery and post-partum care. The hospital may configure the physical space and composition of maternity service through:

(A) traditional obstetrical components (various rooms and locations used for each patient); or,

(B) labor/delivery/delivery units (birthing room with separate post-partum care); or,

(C) labor/delivery, recovery/post-partum units (single room); or,

(D) a combination of the configurations listed in subparagraphs (A) to (C) inclusive of this subdivision.

(b) **Administration.**

(1) The hospital shall be managed by a governing board whose duties shall include, as a minimum:

(A) Adoption of bylaws, rules and regulations, including medical staff bylaws;

(B) annual or biennial appointment of the medical staff;

(C) appointment of a competent hospital administrator who shall be qualified as a result of either (i) the completion of a Master's level or doctoral level degree and at least three years of experience in hospital management or administration, or (ii) at least five years in hospital management or administration. These requirements

shall not apply to an administrator already in place as of the effective date of this regulation.

(2) The administrator shall be responsible to the governing board for the management and operation of the hospital and for the employment of personnel. The administrator may attend meetings of the governing board and meetings of the medical staff.

(3) Personnel shall be employed in sufficient numbers and of adequate qualifications that the functions of the hospital may be performed efficiently.

(c) **Medical staff.**

(1) There shall be an organized medical staff of not fewer than five physicians, one of whom shall serve as a chief or president of the medical staff.

(2) The medical staff shall adopt written rules and regulations governing its own activities, subject to approval by the governing board of the hospital. As a minimum, these shall include:

(A) Method of control of privileges granted to members of the medical staff;

(B) method of control of clinical work;

(C) provision for regular staff conferences;

(D) appointment of a medical executive committee, or its equivalent, and other committees as appropriate;

(E) procedure for recommending appointments to the medical staff and for hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board.

(3) Medical staff conferences shall be held at least once each quarter, either as general medical staff meetings or through departments. Minutes and a record of attendance shall be kept for each such meeting.

(4) Each hospital shall have, as a minimum, the following departments: medicine, pathology and radiology. Hospitals may operate other departments. If surgery or obstetrics is performed in the hospital, there shall be a department of anesthesia. If a hospital operates departments in surgery, obstetrics, psychiatry, or anesthesia, each such department shall have a chief.

(A) Each chief shall be a licensed physician; responsible for supervising the overall quality of his department; and qualified on the basis of postgraduate education, equivalent training, or Board certification in the area for which the licensed physician is chief.

(B) If there is a maternity service or if there are eight hundred or more children under age twelve admitted to the hospital annually, there shall be a department of pediatrics to include on the active staff at least two physicians who have completed a residency training program approved by either the American Board of Pediatrics or the American Board of Family Medicine and one such physician shall be designated chief of that service.

(5) Psychiatric services. There shall be at least one registered nurse or licensed practical nurse with specialized psychiatric experience and training on duty at all times on the service. There shall be available a licensed clinical social worker, a registered nurse and at least one additional staff person who is qualified by education and professional discipline to assess and develop care plan interventions pertinent to the individual patient's needs.

(d) **Medical records.**

(1) There shall be a medical record department with adequate space, equipment and qualified personnel, including a records manager or director who possesses sufficient training and experience to oversee the medical records department.

(2) A medical record shall be started for each patient at the time of admission with complete identification data and a nurse's or other licensed practitioner's notation of condition on admission. Upon admission, an admission note and orders of the attending or admitting physician shall be added to the medical record. The medical record of every patient shall contain a complete history and physical examination which, except in emergencies, shall have been completed no more than seven days prior to admission or within forty-eight hours after admission. This requirement is satisfied if a history and physical examination was performed within thirty days prior to the admission and updated no more than seven days prior to, or within forty-eight hours after, the admission. The recording of the history and physical examination shall be, except in emergencies, placed in the record prior to any surgery and within the timeframe set forth in the hospital's policies in all other cases.

(3) All medical records shall include proper identification data; the clinical records shall be prepared accurately and completed promptly and shall include sufficient information including progress notes to justify the diagnosis and warrant the treatment; doctor's orders, nurse's notes and all entries shall be signed or initialed by the person making the entry. The medical records created or maintained by a hospital do not have to comply with the requirements of section 19a-14-40 to 19a-14-44, inclusive, of the Regulations of Connecticut State Agencies.

(4) If obstetrics is performed, a complete record of each case shall be kept which shall include such items of information as may be required by the Commissioner of Public Health and shall include all items necessary to fill out a death certificate for the mother and all items necessary to fill out a birth certificate or a death certificate for the baby.

(5) With respect to obstetrics, attending physicians shall provide to the hospital an adequate summary of the patient's office prenatal record or a copy of the prenatal record by the time of admission or, in the case of a precipitous admission, as soon as practicable thereafter.

(6) Medical records shall be filed in an accessible manner and shall be kept for a minimum of ten years after discharge of patients, except that original medical records may be destroyed sooner if they are preserved by a process consistent with current hospital industry standards. The hospital shall provide the Department of Public Health with a list of the process or processes it uses.

(7) Medical records shall be completed within thirty days after discharge of the patient except in unusual circumstances which shall be specified in the medical staff rules and regulations. One of these specified circumstances shall be that the hospital discharge summary shall be completed and shall accompany patients at the time of discharge to another health care facility. Persistent failure by a physician to maintain proper records of his patients, promptly prepared and completed, shall constitute grounds for disciplinary action with respect to medical staff privileges.

(8) Informed consent. It shall be the responsibility of each hospital to assure that the bylaws or rules and regulations of the medical staff include the requirement that, except in emergency situations, the responsible physician shall obtain proper informed consent as a prerequisite to any procedure or treatment for which it is appropriate and provide evidence of consent by a form signed by the patient or a

written statement signed by the physician on the patient's hospital record. The extent of information to be supplied by the physician to the patient shall include the specific procedure or treatment, or both, the reasonably foreseeable risks, and reasonable alternatives for care or treatment.

(9) In addition to record requirements specified for general hospitals, the medical records for psychiatric patients shall also include an examination that shall be recorded not more than sixty hours after admitting the patient.

(e) **Nursing service.**

(1) There shall be a competent nurse, licensed in Connecticut, as director of nursing service or an equivalent position, who shall be responsible to the administrator for nursing service in the hospital.

(2) The ratio of patients to registered nurses on duty throughout the hospital shall at no time exceed twenty-five patients or fraction thereof to one registered nurse.

(3) The ratio of patients to all nursing staff, registered nurses, licensed practical nurses and other nursing attendants on duty in the hospital shall not exceed seven patients, or fraction thereof, to one from 7 a.m. to 7 p.m., and fifteen patients, or fraction thereof, to one from 7 p.m. to 7 a.m.

(4) If there is an in-patient obstetrical department, the following shall apply:

(A) The ratio of all nursing staff to patients for obstetrical services shall be no less than one nurse to each ten patients, or fraction thereof, on the 7am to 3pm shift; no less than one nurse to each fifteen patients, or fraction thereof, on the 3pm to 11pm shift; and no less than one nurse to each twenty patients, or fraction thereof, on the 11pm to 7 am shift;

(B) there shall be at least one registered nurse on duty at all times. For obstetrical services with a census of twenty or more patients, there shall also be a registered nurse on duty for overall supervision of the unit;

(C) these ratios shall be calculated without inclusion of newborns or pediatric patients.

(f) **Diagnostic and therapeutic facilities.** The hospital shall maintain or have available facilities, equipment and qualified personnel, under competent medical supervision, appropriate to the needs of the hospital in serving its patients. These shall include, as a minimum, a clinical laboratory, blood bank, pathological services, a radiology department and an operating room.

(g) **Pharmacy.**

(1) There shall be a competent pharmacist, licensed in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the hospital. In general and special hospitals of one hundred beds or more, he shall serve on a full-time basis.

(2) The hospital pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations.

(3) The premises shall be kept clean, adequately lighted, and ventilated and the equipment and facilities appropriate for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order.

(4) Drugs used in the hospital shall meet standards established by the United States Pharmacopoeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of drugs. All drugs, disinfecting

solution and other preparations shall be distinctly and correctly labeled and kept readily available in a location approved by the Commissioner of Public Health.

(h) **Dietary service.**

(1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to patients at regularly scheduled hours.

(2) Menus shall be prepared and shall meet basic nutritional needs.

(3) Methods of dishwashing and sanitizing, food handling and garbage disposal shall comply with the requirements of the Department of Public Health.

(i) **General.**

(1) The hospital shall have an adequate laundry service.

(2) Adequate housekeeping and maintenance services shall be provided.

(3) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(4) There shall be a system of communication sufficient to meet the needs of the hospital.

(5) Periodic licensure inspection shall be for the purpose of verifying that a hospital is in compliance with state requirements for licensure. The inspection focuses on, but is not limited to, the performance of the facility since the prior licensure inspection. Additional inspections shall be performed as necessary to address specific concerns or complaints relating to hospital performance or patient care. Any article which presents evidence of any crime being committed therein may be removed and delivered to the appropriate law enforcement official or the state agency having jurisdiction according to law.

(6) The management, personnel, equipment, facilities, sanitation and maintenance of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients at all times.

(7) When a patient appears to have ceased all vital bodily functions irreversibly, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death pursuant to section 7-62b of the Connecticut General Statutes. The facility shall make available a room which will provide for the dignified holding of the body of the deceased person, where it will not be exposed to the view of patients or visitors. The room so designated may be used for other purposes when not required for this purpose.

(8) Services may be furnished under contract, including but not limited to shared services.

(j) **Emergencies.**

(1) Provision shall be made to maintain essential services during disaster and similar emergency situations.

(2) Each general hospital shall be organized in such a way as to provide adequate care for persons with acute emergencies at all hours.

(3) In a city or town with two or more hospitals, the operation by one such hospital, under a mutual agreement, acceptable to the Connecticut Department of Public Health, of an emergency room twenty-four hours a day shall be considered satisfactory compliance with this section; in other hospitals arrangements shall be made to operate an emergency room twenty-four hours a day with a physician to be available within twenty minutes of the call to the physician.

(k) **Maternity service.** The following procedures shall be carried out for each case admitted to a maternity service.

(1) For each maternity patient, her attending physician shall provide to the hospital a statement of compliance with Section 19a-90 of the Connecticut General Statutes.

(2) Before removal from the delivery room, each newborn infant shall be marked using an appropriate identification method which shall remain with the child at all times while the child is in the hospital.

(3) Subject to the exceptions provided in Section 19a-219 of the Connecticut General Statutes, the physician in attendance at the birth of any infant, or the physician's designated agent, shall instill into the eyes of such infant, immediately after birth, one or two drops of a prophylactic solution approved by the Department of Public Health for the purpose of preventing inflammation of the eyes of the newborn.

(4) Any indication of postpartum maternity infection shall be reported immediately to the physician responsible for the care of the patient, and in addition, to the physician responsible for the care of the newborn infant of such maternity patient. Any obstetrical patient with any infection which may be contagious shall be isolated from other maternity patients. Any infant showing evidence of infection of any kind or any infant exposed to an infected mother shall be isolated from other infants, in a manner approved by the Commissioner of Public Health.

(*l*) **Infection control.** The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There shall be an active program for the surveillance, prevention, control and investigation of infections and communicable diseases.

(1) The hospital shall designate a person or persons as infection control officer(s) who is a physician, or an individual qualified in infection control through education or experience to develop and implement policies governing control of infections and communicable diseases:

(A) The infection control officer(s) shall develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel;

(B) The infection control officer(s) shall maintain a log of incidents related to infections and communicable diseases.

(2) The infection control officer(s), in conjunction with the hospital administrator, medical staff, and director of nursing, shall:

(A) ensure that the hospital-wide quality assurance program and training programs address problems identified by the infection control officer(s); and

(B) be responsible for the implementation of corrective action plans in identified problem areas.

(3) The infection control program shall hold monthly meetings, chaired by a physician qualified in and with a special interest in infection control to:

(A) review information obtained from day-to-day surveillance activities of the program;

(B) review and revise existing standards; and

(C) report to the medical executive committee and/or other hospital committees as appropriate about its activities.

(4) The minutes of the meetings shall document the review and evaluation of the data and the development and revision of measures for control of infection. These records shall be available to the State Department of Public Health for review.

(Effective March 19, 1987; amended March 30, 2004, August 3, 2007)

Sec. 19-13-D4.

Repealed, July 26, 1973.

Sec. 19-13-D4a. Short-term hospitals, Children's General

(a) **Physical plant.** (1) The hospital buildings shall be of sound construction and shall provide adequate space and equipment for patient accommodations and for service and other areas, in accordance with the requirements of the state department of health. Properly equipped diagnostic and therapeutic facilities shall he provided. (2) The hospital buildings and equipment shall meet the requirements of the state fire safety code. (Reg. 29-40-1 et seq.) Annual application for a license shall be accompanied by a certificate of inspection by the local fire marshal. (3) Areas in which explosive gases are used, and areas in which radioactive materials are used, shall meet the requirements of the state department of health for adequate protection

of patients and personnel. (4) The hospital buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.

(b) **Administration.** (1) The hospital shall be managed by a governing board whose duties shall include, as a minimum: (A) Adoption of bylaws, rules and regulations, including medical staff bylaws; (B) annual appointment of the medical staff; (C) appointment of an administrator who shall he qualified as a result of the completion of postgraduate training approved by the Association of University Programs in Hospital Administration or three years experience as an assistant administrator under an administrator whose qualifications for such training are approved by the public health council; (D) establishment of a joint conference committee composed of an equal number of representatives of the governing board and of the medical staff, and the administrator of the hospital. (2) The administrator shall be responsible to the governing board for the management and operation of the hospital and for the employment of personnel. He shall attend meetings of the governing board and meetings of the medical staff and shall be a member of the joint conference committee. (3) Personnel shall be employed in sufficient numbers and of adequate qualifications that the functions of the hospital may be performed efficiently.

(c) **Medical staff.** (1) There shall be an organized medical staff of not fewer than five physicians, one of whom shall serve as a chief or president of the medical staff. (2) The medical staff shall adopt written rules and regulations governing its own activities, subject to approval by the governing board of the hospital. As a minimum, these shall include: (A) Method of control of privileges granted to members of the medical staff; (B) method of control of clinical work; (C) provision for regular staff conferences; (D) regulations for preparation of medical records; (E) appointment of committees to include medical record committee (or medical audit committee), representatives to joint conference committee and others as necessary; (F) procedures for recommending appointments to the medical staff and for hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board. (3) Medical staff conferences shall be held once each month or more frequently. If all clinical groups hold departmental conferences at least monthly, general staff conferences may be less frequent but there shall be a minimum of four each year, and each physician on the active staff shall be required to attend a minimum of ten departmental or general staff meetings or a combination thereof each year. Conferences shall be planned to implement improved service to patients and shall be devoted primarily to thorough review and analysis of clinical work and discussion of interesting cases. All meetings shall be attended by at least fifty percent of the active staff members. Minutes and a record of attendance shall be kept. (4) Qualifications of certain department heads: (A) If surgery is performed in the hospital, there shall be a department of surgery under the overall direction of a chief who shall be responsible for supervising the quality of all surgical procedures performed. Such chief shall be a physician qualified on the basis of postgraduate approved training or equivalent experience or a combination of both; (B) if surgery is performed, there shall be a department of anesthesiology under the overall direction of a chief who shall be responsible for supervising the adequacy of anesthesia given. Such chief shall be a physician qualified on the basis of approved postgraduate training or equivalent experience or a combination of both; (C) there shall be departments of pathology, pediatrics and radiology, each of which will be under the overall direction of a chief who shall be responsible for supervising the quality of service given. Such chief shall be a physician qualified on the basis of postgraduate approved training or experience, or a combination of both; (D) Psychiatric services:

When there is an inpatient psychiatric service there shall be a department of psychiatry under the overall supervision of a chief who shall be a physician qualified on the basis of certification by the American Board of Psychiatry or with sufficient postgraduate psychiatric residency training or experience or combination thereof to be eligible to take the examinations of that board. In addition to record requirements specified for general hospitals, the medical records for psychiatric patients shall also include a psychiatric examination recorded within seven days of admission of the patient. The ratio of registered nurses and other nursing personnel on duty shall conform to the requirements in the rest of the hospital, provided where possible there shall be at least one nurse with specialized psychiatric experience and provided there shall not be less than one registered nurse or one licensed practical nurse on duty at all times on the service. If the nurse in charge is a licensed practical nurse, such nurse shall have had specialized psychiatric training. There shall be available a qualified social worker, a qualified psychologist and at least one activity worker, preferably a registered occupational therapist wherever possible. Statistical reports of psychiatric admissions and discharges and any sudden deaths shall be made to the department of mental health.

(d) **Medical records.**

(1) There shall be a medical record department with adequate space, equipment and qualified personnel, to include at least one registered record librarian or a person with equivalent training and experience, in a hospital of one hundred beds or over.

(2) A medical record shall be started for each patient at the time of admission with complete identification data and a nurse's notation of condition on admission. To this shall be added immediately an admission note and orders by the attending or a resident physician. A complete history and physical examination shall be recorded by the physician within twenty-four hours of admission and always before surgery, except in cases of unusual emergency.

(3) All medical records shall include proper identification data; the clinical records shall be prepared accurately and completed promptly by the physicians and shall include sufficient information to justify the diagnosis and warrant the treatment; doctor's orders, nurse's notes and charts shall be kept current in an acceptable manner; all entries shall be signed by the person responsible for them.

(4) Medical records other than nurse's notes shall be filed in an accessible manner in the hospital and shall be kept for a minimum of twenty-five years after discharge of patients, except that original medical records may be destroyed sooner if they are microfilmed by a process approved by the state department of health.

(5) Medical records shall be completed within thirty days after discharge of the patient except in unusual circumstances which shall be specified in the medical staff rules and regulations. Persistent failure by a physician to maintain proper records of his patients, promptly prepared and completed, shall constitute grounds for suspending or withdrawing his medical staff privileges.

(6) For patients transferred to a nursing home a transcript of the medical examination and a summary of significant laboratory and x-ray findings, diagnosis and suggested treatment shall accompany the patient.

(e) **Nursing service.** (1) There shall be a competent nurse as director of nursing service, registered in Connecticut, with specialized training or experience in pediatric nursing, who shall be responsible to the administrator for nursing service in the hospital. (2) The ratio of patients to registered nurses on duty on an individual nursing unit shall be one to twenty patients or fraction thereof. (3) The ratio of patients to all nursing staff, registered nurses, licensed practical nurses and other

nursing attendants on duty in the hospital shall not exceed seven patients, or fraction thereof, to one from 7 a.m. to 3 p.m., seven patients, or fraction thereof, to one from 3 p.m. to 11 p.m., and fifteen patients, or fraction thereof, to one from 11 p.m. to 7 a.m.

(f) **Diagnostic and therapeutic facilities.** Facilities, equipment and qualified personnel, under competent medical supervision, shall be provided for necessary diagnostic and therapeutic procedures, adequate for the needs of the hospital. These shall include, as a minimum, a clinical laboratory, pathology services, a radiology department and an operating room.

(g) **Pharmacy.** (1) There shall be a competent pharmacist, registered in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the hospital. In general and special hospitals of one hundred beds or more, he shall serve on a full-time basis. (2) The hospital pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations. (3) The premises shall be kept clean, adequately lighted, and ventilated, and the equipment and facilities necessary for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order. (4) Drugs used in the hospital shall meet standards established by the United States Pharmacopeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage.

(h) **Dietary Service.** (1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to patients at regularly scheduled hours. (2) Menus shall be posted and shall meet state department of health requirements for basic nutritional needs. (3) Methods of dishwashing and sanitizing, food handling and garbage disposal shall comply with the requirements of the state department of health.

(i) **General.** (1) The hospital shall have an adequate laundry service. This may be provided within the hospital or purchased outside the hospital. (2) Adequate housekeeping and maintenance services shall be provided. (3) Proper heat, hot water, lighting and ventilation shall be maintained at all times. (4) There shall be a system of communication sufficient to meet the needs of the hospital. (5) Other departments, professional and service, shall be provided as necessary to the size and scope of the hospital. (6) The management, personnel, equipment, facilities, sanitation and maintenance of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients at all times. (7) Reports of suicides or accidents or injuries which may result in a permanent defect, scar or handicap shall be made to the state department of health within twenty-four hours.

(j) **Emergencies.** Provision shall be made to maintain essential services during disaster and similar emergency situations.

(Effective April 4, 1972; amended August 27, 2004)

Sec. 19-13-D4b.

Repealed, July 31, 2012.

EDITOR'S NOTE: Pages 18 through 36 of Section 19-13-D are left blank by the repeal of Section 19-13-D4b on July 31, 2012, and are intentionally omitted.

Sec. 19-13-D5. Long-term hospitals: Chronic disease hospital

(a) **Physical plant.** (1) The hospital buildings shall be of sound construction and shall provide adequate space and equipment for patient accommodations and for service and other areas, in accordance with the requirements of the state department of health. Properly equipped diagnostic and therapeutic facilities shall be provided. (2) The hospital buildings and equipment shall meet the requirements of the state fire safety code. (Reg. 29-40-1 et seq.) Annual application for a license shall be accompanied by a certificate of inspection by the local fire marshal. (3) Areas in which explosive gases are used, and areas in which radioactive materials are used, shall meet the requirements of the state department of health for adequate protection of patients and personnel. (4) The hospital buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.

(b) **Administration.** (1) The hospital shall be managed by a governing board whose duties shall include, as a minimum: (A) Adoption of bylaws, rules and regulations, including medical staff bylaws; (B) annual appointment of the medical staff; (C) appointment of a competent hospital administrator; (D) establishment of

a joint conference committee composed of an equal number of representatives of the governing board and of the medical staff, and the administrator of the hospital. (2) The administrator shall be responsible to the governing board for the management and operation of the hospital and for the employment of personnel. He shall attend meetings of the governing board and meetings of the medical staff and shall be a member of the joint conference committee. (3) Personnel shall be employed in sufficient numbers and of adequate qualifications that the functions of the hospital may be performed efficiently.

(c) **Medical staff.** (1) There shall be an organized medical staff of not fewer than five physicians, one of whom shall serve as a chief or president of the medical staff. (2) The medical staff shall adopt written rules and regulations governing its own activities, subject to approval by the governing board of the hospital. As a minimum, these shall include: (A) Method of control of privileges granted to members of the medical staff; (B) method of control of clinical work; (C) provision for regular staff conferences; (D) regulations for preparation of medical records; (E) appointment of committees, to include medical record committee (or medical audit committee), representatives to joint conference committee and others as necessary; (F) procedure for recommending appointments to the medical staff and for hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board. (3) Medical staff conferences shall be held once each month or more frequently. If all clinical groups hold departmental conferences at least monthly, general staff conferences may be less frequent, but there shall be a minimum of four each year. Conferences shall be planned to implement improved service to patients and shall be devoted primarily to thorough review and analysis of clinical work and discussion of interesting cases. All meetings shall be attended by at least seventy-five per cent of the active staff members. Minutes and a record of attendance shall be kept.

(d) **Medical records.** (1) There shall be a medical record department with adequate space, equipment and qualified personnel, to include at least one registered record librarian or a person with equivalent training and experience, in a hospital of one hundred beds or over. (2) A medical record shall be started for each patient at the time of admission with complete identification data and a nurse's notation of condition on admission. To this shall be added immediately an admission note and orders by the attending or a resident physician. A complete history and physical examination shall be recorded by the physician within twenty-four hours of admission and always before surgery, except in cases of unusual emergency. (3) All medical records shall include proper identification data; the clinical records shall be prepared accurately and completed promptly by physicians and shall include sufficient information to justify the diagnosis and warrant the treatment; doctors' orders, nurses' notes and charts shall be kept current in an acceptable manner; all entries shall be signed by the person responsible for them. (4) Medical records shall be filed in an accessible manner in the hospital and shall be kept for a minimum of twenty-five years after discharge of patients, except that original medical records may be destroyed sooner if they are microfilmed by a process approved by the state department of health. (5) Medical records shall be completed within fourteen days after discharge of the patient except in unusual circumstances which shall be specified in the medical staff rules and regulations. Persistent failure by a physician to maintain proper records of his patients, promptly prepared and completed, shall constitute grounds for suspending or withdrawing his medical staff privileges.

(e) **Nursing service.** (1) There shall be competent nurse as director of nursing service, registered in Connecticut, who shall be responsible to the administration

for nursing service in the hospital. (2) The ratio of patients to registered nurses on duty throughout the hospital shall at no time exceed thirty patients, or fraction thereof, to one registered nurse from 7 a.m. to 3 p.m.; thirty-five patients, or fraction thereof, to one registered nurse from 3 p.m. to 11 p.m.; and forty-five patients, or fraction thereof, to one registered nurse from 11 p.m. to 7 a.m. (3) The ratio of patients to all nursing staff, registered nurses, licensed practical nurses and other nursing attendants on duty in the hospital, shall not exceed ten patients, or fraction thereof, to one from 7 a.m. to 3 p.m.; twelve patients, or fraction thereof, to one from 3 p.m. to 11 p.m.; and fifteen patients, or fraction thereof, to one from 11 p.m. to 7 a.m.

(f) **Diagnostic and therapeutic facilities.** Facilities, equipment and qualified personnel, under competent medical supervision, shall be provided for necessary diagnostic and therapeutic procedures, adequate for the needs of the hospital. These shall include, as a minimum, a clinical laboratory and radiological services as approved by the state department of health. Provision for surgical and pathological services, if not available in the hospital, shall be made by affiliation with a hospital qualified to render such services.

(g) **Pharmacy:** (1) There shall be a competent pharmacist, registered in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the hospital. In chronic disease and rehabilitation hospitals with more than one hundred beds, he shall serve on a full-time basis.

(2) The hospital pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations.

(3) The premises shall be kept clean, adequately lighted, and ventilated and the equipment and facilities necessary for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order.

(4) Drugs used in the hospital shall meet standards established by the United States Pharmacopeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and dosage.

(h) **Dietary service.** (1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to patients at regularly scheduled hours.

(2) Menus shall be prepared and posted and shall meet state department of health requirements for basic nutritional needs.

(3) Methods of dishwashing and sanitizing, food handling and garbage disposal shall comply with the requirements of the state department of health.

(i) **General.** (1) The hospital shall have an adequate laundry service. This may be provided within the hospital or purchased outside the hospital.

(2) Adequate housekeeping and maintenance services shall be provided.

(3) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(4) There shall be a system of communication sufficient to meet the needs of the hospital.

(5) Other departments, professional and service, shall be provided as necessary to the size and scope of the hospital.

(6) The management, personnel, equipment, facilities, sanitation and maintenance of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients at all times.

(7) When a patient ceases to breathe and has no detectable pulse or blood pressure, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death by a physician who has personally viewed the body as required in section 7-62 of the General Statutes. The facility shall make available a room which will provide for the dignified holding of the body of the deceased person where it will not be exposed to the view of patients or visitors. The room so designated may be used for other purposes when not required for this purpose.

(j) **Emergencies.** Provision shall be made to maintain essential services during emergency situations.

(k) **Special conditions.** (1) Adequate facilities, equipment and qualified personnel under competent medical supervision shall be provided for diagnostic and therapeutic procedures necessary for the care of patients with a wide range of chronic diseases.

(2) Provision shall be made for physical and occupational therapy and for supervised recreational activities.

(*l*) **Infection control.** (1) Purpose. Each long-term hospital, chronic disease hospital including state facilities shall develop an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from hospital-associated infections and community-associated infections in patients admitted to the hospital.

(2) Authority. The hospital's regulations governing the structure and function of this program shall be approved by, and become a part of the bylaws or rules and regulations of, the medical staff of the hospital. The authority for this program shall be delegated to a hospital infection control committee which shall report on its activities with recommendations on a regular basis to the medical executive committee for its consideration and action.

(3) Committee membership. The membership of this committee shall include physicians from each major clinical department, representatives from the nursing service, pharmacy, laboratory, hospital administration, inhalation and physical therapy departments; and as appropriate a representative of the departments of central supply, dietary, laundry, housekeeping and the local health director.

(4) Committee function. The infection control committee shall (a) adopt working definitions of hospital associated infections; (b) develop standards for surveillance of incidence of nosocomial infection and conditions predisposing to infection; (c) develop a mechanism for monitoring and reporting infections in patients and environmental conditions with infection potential; (d) develop a mechanism for evaluation of infection and environmental infection potential, including identification wherever possible of hospital-associated infections and periodic review of the clinical use of antibiotics in patient care; (e) develop control measures including isolation policy, aseptic techniques, and a personnel health program.

(5) Chairman. The chairman of the hospital infection control committee shall be a physician or health care professional qualified by education or experience and with a special interest in, infection control.

(6) Coordinator. There shall be an individual employed by the hospital qualified by education or experience in infection prevention, surveillance, and control who shall conduct these aspects of the program as directed by the hospital infection control committee. This individual shall be directly responsible to, and be a member of, the infection control committee. This individual shall make a monthly report to this committee. The time allotted to this position shall be in accordance with current national and professional standards.

(7) Meetings. The infection control committee shall meet at least monthly. As a minimum, it shall (a) review information obtained from day-to-day surveillance activities of the program; (b) review and revise existing standards; (c) report to the medical executive committee.

(8) Education. There shall be regular in-service education programs regarding infection prevention, surveillance, and control for all appropriate hospital personnel, documentation of these programs shall be available to the state department of health for review.

(9) Records. The minutes of the committee shall document the review and evaluation of these data and the development and revision of measures for control of infection. These records shall be available to the state department of health for review.

(Effective December 1, 1977)

Sec. 19-13-D6. Homes for the aged and rest homes

(a) **Definitions.** as used in this section.

(1) ''Administration of medication'' means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;

(2) ''Advanced practice registered nurse'' means an individual licensed pursuant to subsection (b) of section 20-94a of the Connecticut General Statutes;

(3) ''Authorized prescriber'' means a physician, dentist, physician assistant or advanced practice registered nurse;

(4) ''Certification'' means written authorization issued by the Connecticut League For Nursing or other department approved certifying organization to a person to administer medications.

(5) ''Certified unlicensed personnel'' means any program staff person who has completed a training program and successfully completed a written examination and practicum administered by the Connecticut League For Nursing or other department approved certifying organization;

(6) ''Commissioner'' means the Commissioner of Public Health or the Commissioner's designated representative;

(7) ''Continuing education'' means attendance at classes, seminars, workshops, conferences or forums, or other documented activities that improve one's knowledge, skills and abilities;

(8) ''Department'' means the Department of Public Health or any duly authorized representative thereof;

(9) ''Medication'' means any medicinal preparation including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;

(10) ''Medication error'' means failure to administer medication to a person, or failure to administer medication within one (1) hour of the time designated by the prescribing practitioner, or failure to administer the specific medication prescribed for a person, or failure to administer the medication by the correct route, or failure to administer the medication according to generally accepted medical practices, or failure to administer the correct dosage of medication;

(11) ''Physician'' means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;

(12) ''Physician assistant'' means an individual licensed pursuant to section 20-12b of the Connecticut General Statutes;

(13) ''Program staff'' means those persons responsible for the direct care of the residents;

(14) ''Registered nurse'' means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;

(15) ''Registered pharmacist'' means a person with a license to practice as a registered pharmacist in Connecticut in accordance with Section 20-590 of the Connecticut General Statutes;

(16) ''Resident'' means any person receiving care in the residential care home;

(17) ''Residential Care Home'' means an institution that is licensed pursuant to section 19a-490 (c) of the Connecticut General Statutes having facilities and all necessary personnel to furnish food, shelter and laundry for two or more persons unrelated to the proprietor and in addition, providing services of a personal nature which do not require the training or skills of a licensed nurse. Additional services of a personal nature may include assistance with bathing, help with dressing, preparation of special diets and supervision over medications which are self-administered, or the administration of medications pursuant to subsection 19-13-D6 (m)(2) of the Regulations of Connecticut State Agencies;

(18) ''Significant medication error'' means a medication error, which is potentially serious or has serious consequences for a resident, such as, but not limited to, the administration of medication by the wrong route; for which the resident has a known allergy; which was given in a lethal or toxic dosage; or which causes serious medical problems resulting from the error; and

(19) ''Staff'' means personnel including volunteers who provide a service at a residential care home.

(b) **Physical plant.** A. General. Newly constructed facilities shall contain all the elements described herein and shall be built in accordance with the construction requirements outlined. Should there be a change of ownership of the facility, these standards shall be applicable insofar as existing structures physically permit. New additions and renovations to existing facilities shall be built in accordance with these standards. A safe, sanitary, and comfortable environment is a basic requirement for residents in the facility. If day care programs are to be incorporated in this building, additional supportive facilities shall be provided to accommodate the program. At no time shall any program reduce the minimum services required for this licensed facility.

(1) Site. (a) The site shall be away from nuisances or foreseeable future nuisances detrimental to the proposed project's program, such as industrial development, or other types of facilities that produce noise, air pollution or foreign odors.

(b) No facility of more than one-hundred and twenty (120) beds shall be constructed without public water and sanitary sewers.

(c) The building shall be of sound construction and provide an adequate maintenance program to ensure that the interior, the exterior and the grounds of the building are clean and orderly. All essential mechanical, plumbing, and electrical equipment for resident accommodations shall be in accordance with the requirements of the state department of health.

(d) All plans and specifications for new construction and/or alterations shall be submitted to and approved by the state department of health prior to the start of construction.

(e) Roads and walks shall be provided within the property lines to the main entrance and for service, including loading and unloading space for delivery trucks. Adequate off-street paved and lined parking stalls shall be provided at the ratio of one for each three residents.

(f) There shall be open outdoor area adjacent to the facility with a minimum of one-hundred (100) square feet per resident. This area shall consist of lawn and plantings and shall not be obstructed by other structures or paved parking areas, roads or sidewalks.

(2) Code. (a) Every building hereafter constructed or converted for use, in whole or in part, as a home for aged and rest home shall comply with the requirements of the Basic Building Code, an prepared by the Public Works Department, State of Connecticut; except as such matters are otherwise provided in the rules and regulations authorized for promulgation under the provisions of the Basic Building Code.

(b) In addition to the state of Connecticut Basic Building Code, all homes for aged and rest homes must comply with the State of Connecticut Fire Safety Code, the National Fire Protection Association - 101 Life Safety Code, the State of Connecticut Labor Laws, local fire safety codes, zoning ordinances, and in cases where private water supply and/or sewerage is required, written approval of the local health officer and environmental health services division of the state of Connecticut department of health must be obtained. Only the most current code or regulation and the most stringent shall be used.

(3) Minimum services required. (a) Lobby, with visitors' toilet rooms (to include facilities for each sex) and public telephone.

(b) Business or administration office.

(c) Resident rooms (see Sec. 19-13-D6 (b), B.)

(d) Resident baths (see Sec. 19-13-D6 (b), C.)

(e) Resident toilet rooms (see Sec. 19-13-D6 (b), D.)

(f) Resident lounge or sitting room (see Sec. 19-13-D6 (b), E.)

(g) Resident dining and recreation rooms (see Sec. 19-13-D6 (b), F.)

(h) Resident recreation area (see Sec. 19-13-D6 (b), G.)

(i) Dietary facilities (see Sec. 19-13-D6 (b), H.)

(j) Central storage room (see Sec. 19-13-D6 (b), I.)

(k) Laundry (see Sec. 19-13-D6 (b), J.)

(*l*) Employees' facilities (see Sec. 19-13-D6 (b), K.)

(m) Details of construction (see Sec. 19-13-D6 (b), L.)

(n) Mechanical system (see Sec. 19-13-D6 (b), M.)

(o) Electrical system (see Sec. 19-13-D6 (b), N.)

(p) Emergency electric service (see Sec. 19-13-D6 (b), O.)

(q) Provision for holding expired persons (adequately sized and ventilated space in unobjectionable location).

B. Resident rooms. Each resident room shall meet the following minimum requirements:

(1) Net minimum room clear floor area exclusive of closets, toilet rooms, lockers or wardrobes and vestibule shall be one-hundred and fifty (150) square feet in single rooms and one-hundred and twenty-five (125) square feet per bed in multi-bed rooms. Minimum dimensions of rooms shall not be less than eleven feet (11′).

(2) No resident room shall be designed to permit more than two (2) beds.

(3) Windows. Sills shall not be higher than three feet (3′) above the finished floor. Insulated window glass or approved storm windows shall be provided.

(4) The room furnishing for each resident room shall include a bed with a firm water-proof mattress, bedside stand, reading light, dresser or bureau with mirror and one (1) comfortable chair

(5) Each resident's wardrobe or closet shall have a minimum clear dimension of one foot-ten inches deep by one foot-eight inches wide (1′10″ deep by 1′8″ wide) with full length hanging space, clothes rod and shelf.

(6) All resident rooms shall open to a common corridor (sheltered path of egress) which leads directly to the outside.

(7) Doors shall be three feet (3′) wide and swing into the room.

(8) Ceiling height shall not be less than eight feet (8′) above the finished floor.

(9) A resident unit shall be twenty-five (25) beds or fraction thereof.

C. Resident baths. Resident baths shall have one (1) separate shower or one (1) separate bathtub for each eight (8) beds not individually served. There shall be at least one (1) separate bathtub and one (1) separate shower in each resident unit. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in a central bathing area shall provide space for the private use of the bathing fixture and for dressing. Showers in central bathing areas shall not be less than four (4) square feet without curbs. Soap dishes in showers and bathrooms shall be recessed.

D. Resident toilet rooms. (1) A toilet room with lavatory shall be directly accessible from each resident room and from each central bathing area without going through the general corridor. One (1) toilet room may serve two (2) resident rooms but not more than four (4) beds.

(2) Grab bars shall be provided at all waterclosets.

(3) Doors to toilet rooms shall have a minimum clear width of three feet (3′).

E. Resident lounge or sitting room. Each resident wing and/or floor shall contain at least one (1) lounge area of two-hundred and twenty-five (225) square feet or nine (9) square feet per resident, whichever is greater.

F. Resident dining and recreation rooms. (1) The total area designed for combined residents' dining and recreation purposes shall not be less than thirty (30) square feet per resident bed. Additional space shall be provided for non-residents if they participate in day care programs.

(2) Areas appropriate for an activities program shall be provided which shall; (a) be readily accessible to wheelchair visitors.

(b) be of sufficient size to accommodate equipment and permit unobstructed movement of residents and personnel responsible for instructing and supervising residents.

(c) have storage space to store equipment and supplies convenient or adjacent to the area or areas.

(d) have toilet and handwashing facilities readily accessible.

G. Resident recreation area. (1) Recreation areas are required.

(2) Space for recreation, if separated from dining area, shall contain fifteen (15) square feet per resident. This space shall be provided in one area. Lobby area shall not be included in recreation space.

(3) Ten (10) square feet per resident shall be provided for outdoor porches or paved patio areas.

H. Dietary facilities. The food service shall include space and equipment for receiving, storage, preparation, assembling and serving food; cleaning or disposal of dishes and garbage and space for a food service office in a facility of fifty (50) beds or more. In addition, the following shall apply:

(1) Kitchens shall be centrally located, segregated from other areas and large enough to allow for adequate equipment to prepare and care for food properly.

(2) Floors shall be waterproof, greaseproof, smooth and resistant to heavy wear, with covered corners and wall junctions. There shall be floor drains located where the most cleaning is required as in the dishwashing machine room, near the cooking area, etc.

(3) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them.

(4) A commercial dishwashing machine shall be provided in any facility with twenty-five (25) or more beds. A commercial dishwashing machine shall be in a separate room or in an area separated from the main kitchen by a partition of five feet (5′) minimum height. There shall be adequate openings for entrance and exit of carts. There shall be space for trucks with dirty dishes at the beginning of the counter. For facilities of less than twenty-five (25) beds, a dishwasher is still required.

(5) Outside ventilation openings shall be screened and provide at least ten (10) air changes per hour. A working ventilating fan is required. A strong exhaust fan in the hood over the range and steam equipment is required. The hood shall be a box type with straight sides and provided with a fire extinguishing system.

(6) Service pipes and lines in food cooking and preparation areas must be enclosed and insulated.

(7) A dining section within the kitchen area is prohibited.

(8) A hand washing sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area for the exclusive use of kitchen personnel.

(9) A janitor's closet shall be provided with a floor receptor or service sink, storage space for housekeeping equipment and supplies, and shall be located within the dietary department.

(10) Food service equipment shall be arranged for efficient, safe work flow, a separation of clean and contaminated functions and shall provide: (a) Potwashing facilities.

(b) Refrigerated storage for at least a three-day supply of food.

(c) Dry storage for at least a three-day supply of food.

(d) Enclosed waste disposal facilities.

(e) A toilet room with lavatory conveniently accessible for dietary staff.

I. Central storage room. (1) A central storage room of not less than ten (10) square feet per resident bed concentrated in one area shall be provided, including shelving.

(2) Storage should be located according to use and demand, but not in residents' rooms.

J. Laundry. (1) This service, if provided, shall be used exclusively for laundry and shall be remote from resident and food service areas, be self-contained, and shall not be accessible through any other room. The design shall provide for the separation of clean and soiled functions and shall include: (a) Basic mechanical services required for the installation of the laundry.

(b) A soiled linen room.

(c) A clean linen room separated from the soiled linen room.

(d) Linen cart storage space.

(e) A laundry processing room with equipment, including ironing, sufficient to process seven days' needs within the workweek.

(f) A janitor's closet with storage space for housekeeping supplies and equipment, and a floor receptor or service sink for the laundry area.

(g) Storage area for laundry supplies.

(2) If laundry is processed outside the facility, the facilities in subdivisions (e) (f) and (g) need not be provided although space shall be designed in the laundry area for future installation of these areas as needed.

(3) Each facility shall have a separate area easily accessible to the resident for a domestic type washer and dryer for residents' personal clothing and equipped for ironing. Coin-operated equipment shall not be provided.

(4) Facilities without city water or sanitary sewers shall not provide for commercial laundry processing on the well or leaching system serving the domestic needs of the facility.

K. Employees facilities. (1) Toilet rooms. A separate room for each sex shall be provided for employees' use only. One (1) watercloset and one (1) lavatory shall be for each twenty (20) employees of each sex up to one hundred (100) employees, and one (1) water-closet and (1) lavatory for each additional twenty-five (25) employees over one-hundred (100) employees. Provide one (1) urinal for nine (9) or more males up to forty (40) employees.

(2) Locker rooms. Separate locker rooms for each sex shall be provided, with adequate segregated space for employees' clothing and personal effects. These lockers shall be installed in a completely divided area from the waterclosets and lavatories.

(3) Dining room. A separate dining room shall be provided for employee use in the amount of fifteen (15) square feet per employee dining at one time. This dining room shall not be included in the space requirement for any other area nor shall serve any other purpose.

L. Details of construction. A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

(1) Corridors shall be at least six feet (6′) wide.

(2) No door shall swing into the corridor.

(3) Handrails shall be provided on both sides of all corridors used by residents. They shall have ends rounded and returned to the walls, a clear distance of one and one-half inches (1 1/2″) between handrail and wall and a height of thirty-two inches to thirty-four inches (32″ to 34″) above the finished floor.

(4) Thresholds and expansion joint covers shall be flush with the finished floor.

(5) Such items as drinking fountains, telephone booths, and vending machines shall be located so as not to project into the required width of exit corridors.

(6) All doors to resident toilet rooms, bathrooms and shower rooms shall be equipped with hardware which will permit access in any emergency.

(7) All doors opening to corridors shall be swing-type. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

(8) Grab bars and accessories in resident toilet rooms, shower rooms, and bathrooms shall have sufficient strength and anchorage to sustain a load of two-hundred and fifty (250) pounds for five (5) minutes.

(9) If linen and refuse chutes are used, they shall be designed as follows:

(a) Service openings to chutes shall have approved Class ''B,'' one and one-half (1 1/2) hour fire rated doors.

(b) Service openings to chutes shall be located in a room or closet of not less than two (2) hour fire-resistive construction, and the entrance door to such room or closet shall be a Class ''B,'' one and one-half (1 1/2) hour fire rated door.

(c) Minimum diameter of gravity-type chutes shall be two feet (2′) with wash-down device.

(d) Chutes shall terminate in or discharge directly into collection rooms separate from laundry or other services. Separate collection rooms shall be provided for refuse and linen. Such rooms shall be of not less than two (2) hour fire-resistive construction and the entrance door shall be a Class ''B,'' one and one-half (1 1/2) hour fire rated door with hardware as required by NFPA.

(e) Chutes shall extend at least four feet (4′) above the roof and shall be covered by an explosive type hatch.

(f) Chutes shall be protected internally by automatic sprinklers. This will require a sprinkler-head at the top of the chute and, in addition, a sprinkler-head shall be installed within the chute at alternate floor levels in buildings over two (2) stories in height. The room into which the chute discharges shall also be protected by automatic sprinklers.

(10) Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than two (2) hour fire-resistive construction. The entrance door to such room shall be a Class ''B,'' one and one-half ($1^1/_2$) hour fire rated door.

(11) Janitor's closet. This room shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment. One (1) janitor's closet may serve a fifty (50) bed unit on each floor.

(12) Ceiling heights: (a) Boiler room shall be not less than two feet - six inches (2′ 6″) above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access.

(b) Storage rooms, residents' toilet rooms, and other minor rooms shall be not less than seven feet - eight inches (7′ 8″) above the finished floor.

(c) All other rooms and corridors shall be not less than eight feet (8′) above the finished floor.

(13) Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of ten degrees (10°) Fahrenheit above the ambient room temperature.

(14) Approved fire extinguishers shall be provided in recessed locations throughout the building not more than five feet (5′) above the floor.

(15) For flame spread requirements, see the State of Connecticut Fire Safety Code.

(16) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchens and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a non-slip finish.

(17) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(18) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof Wall bases in dietary areas shall be free of spaces that can harbor insects.

(19) Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops and similar spaces.

(20) Ceilings shall be accoustically treated in corridors and resident occupied areas.

(21) All resident occupied rooms shall be provided with at least a one and three-quarter inch ($1^3/_4$″), threequarter ($^3/_4$) hour wood or metal door equal to ''C'' label construction with metal frame and positive latching.

(22) All operable windows shall be provided with screens.

M. Mechanical system. (1) Elevators. (a) At least one elevator shall be installed where one to fifty (1 to 50) resident beds are located on any floor other than the main entrance floor, or where resident facilities are located on a floor other than those containing resident beds.

(b) At least two (2) elevators shall be installed where fifty-one to one-hundred and fifty (51 to 150) resident beds are located on floors other than the main entrance

floor, or where resident facilities are located on a floor other than those containing resident beds.

(c) At least three (3) elevators shall be installed where one-hundred and fifty to three-hundred and fifty (150 to 350) resident beds are located on floors other than the main entrance floor or where resident facilities are located on a floor other than those containing resident beds.

(d) For facilities with more than three-hundred and fifty (350) beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(e) An elevator vestibule shall be provided on each floor meeting the requirements of two (2) hour fire-resistant construction with self-closing one and one-half ($1^1/_2$) hour fire rated doors held open by electro-magnetic hold open devices connected to an automatic alarm system.

(2) Steam and hot water systems. (a) Boilers shall have the capacity, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturers' net ratings, to supply the normal requirements of all systems and equipment. If the licensed capacity of the facility exceeds one-hundred (100) beds, a second boiler shall be required.

(b) Boiler feed pumps, condensate return pumps, fuel oil pumps, and circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

(c) Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(d) Boilers' and smoke breeching stacks, all steam supply piping and high pressure steam return piping and hot water space heating supply and return piping shall be insulated.

(3) Air conditioning, heating and ventilating systems: (a) A minimum temperature of seventy-five degrees Fahrenheit (75° F.) shall be provided for all occupied areas at winter design conditions.

(b) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building.

(1) Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five feet (25′) from exhausts from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight feet (8′) above the ground level or, if installed through the roof, three feet (3′) above roof level.

(2) The ventilation systems shall be designed and balanced to conform to accepted standards and/or applicable codes.

(3) Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three (3″) inches above the floors.

(4) Corridors shall not be used to supply air to or exhaust air from any room. All interior rooms shall be mechanically ventilated.

(5) An approved fire damper shall be provided on each opening through each fire or smoke wall partition and on each opening through the floor of a vertical shaft.

(6) Cold air ducts shall be insulated where necessary to maintain the efficiency of the system or to minimize condensation problems.

(7) Exhaust hoods in food preparation centers shall have a minimum exhaust rate of one-hundred (100) cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-activated fan controls. Cleanout openings shall be provided every twenty feet (20′) in horizontal exhaust duct systems serving hoods.

(8) Boiler rooms shall be provided with sufficient out-door air to maintain combustion rates of equipment and reasonable temperatures in the room and in adjoining areas.

(4) Plumbing and other piping systems. (a) Plumbing fixtures. (1) The material used for plumbing fixtures shall be of non-absorptive acid-resistant material.

(b) Water supply systems. (1) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(2) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(3) Hot, cold and chilled water piping and waste piping on which condensation or unnecessary heat loss may occur shall be insulated.

(4) Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitors' sinks.

(5) Flush valves installed on plumbing fixtures shall be of a quiet operating type.

(6) Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times.

(7) Plumbing fixtures which require hot water and which are intended for resident use shall be supplied with water which is controlled to provide a water temperature ranging between one-hundred and ten degrees to one-hundred and twenty degrees Fahrenheit (110° to 120° F.) at the fixture.

(c) Hot water heaters and tanks. The hot water heating equipment shall have sufficient capacity to supply the water at the temperatures and amounts as required.

(d) Drainage systems. Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of or condensation from necessary overhead piping systems.

(c) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: Central soiled linen holding rooms, maintenance shops, refuse collection rooms, bulk storage rooms, and adjacent corridors, attics accessible for storage, and refuse chutes. Storage rooms of less than one-hundred (100) square feet in area and spaces used for storage of non-hazardous materials are excluded from this requirement if construction is non-combustible.

N. Electrical system. (1) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(2) Lighting and appliance Panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(3) All spaces occupied by people, machinery, and equipment within the building, and the approaches thereto, and parking lots shall have electric lighting.

(a) Residents' bedrooms shall have general lighting.

(b) One lighting fixture for general lighting shall be exclusively wired to a switch at the entrance to each resident room.

(c) A reading light shall be provided for each resident.

(d) Residents' reading lights shall not be switched at the door.

(e) All switches for control of lighting in resident areas shall be of the quiet operating type.

(4) Each resident bedroom shall have duplex receptacles at least eighteen inches (18″) above the floor as follows: One on each side of the head of each bed, for parallel beds. Only one duplex receptacle is required between beds, and one on at least one other wall. Single receptacles for equipment, such as floor cleaning machines, shall be installed approximately fifty feet (50′) apart in all corridors. Duplex receptacles for general use shall be installed approximately fifty feet (50′) apart in all corridors and within twenty-five feet (25′) of ends of corridors.

(5) A calling station shall be installed in each resident room to meet the following requirements: Each resident room shall be equipped with at least an audible call bell system connected to an annunciator panel in the manager's office and employees' sleeping area where there is staff twenty-four (24) hours a day. If the office is not staffed twenty-four (24) hours a day, the call system shall indicate the source of the call, both audibly and visually. In addition to activating the annunciator panel, the call bell shall turn on a light located directly over the door of the resident room. In lieu of this requirement, a telephone system may be used if the same functions are accomplished when the receiver is lifted.

(6) A manually-operated, electrically-supervised fire alarm system shall be installed in each facility. In multistory buildings, the signal shall be coded or otherwise arranged to indicate the location of the station operated. The fire alarm system should be connected to a municipal system, if possible. Pre-signal systems will not be permitted. In multi-story buildings, with more than twenty-five (25) residents, an annunciator panel shall be provided.

O. Emergency electric service. (1) To provide electricity during an interruption of the normal electric supply that could affect the care and safety of the occupants, an emergency source of electricity shall be provided and connected to all circuits for lighting and power.

(2) The source of this emergency electric service shall be as follows: (a) All emergency generating set, including the prime mover and generator, equipped with an automatic transfer switch, shall he located on the premises and shall be reserved exclusively for supplying the emergency electrical system. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system and shall have an automatic transfer switch which will start the emergency generator within ten (10) seconds. The power factor rating of the generator shall be not less than eighty percent (80%). Where fuel is normally stored on the site, the storage capacity shall be sufficient for three (3) days operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

(3) Emergency electric service shall be provided to circuits as follows: (a) Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of all resident bedrooms and resident service areas such as dining rooms, day rooms and recreation areas. Emergency heating of resident bedrooms will not be required in areas where the home is supplied by at least two

(2) utility service feeders, or a network distribution system fed by two (2) or more generating sources, with the feeders so routed, transfer switch connected, and protected that a fault any place between the sources and the facility will not likely cause an interruption of more than one of the service feeders.

(b) Where more than one (1) elevator is provided, at least one (1) shall be connected to the emergency electrical system.

P. If residents are housed in two (2) or more buildings not directly connected one with another, each such building shall be treated as a separate unit.

Q. Each resident room shall be numbered; the number, together with the licensed capacity of each room, shall be posted by each door. The census shall not exceed the number for which the license is issued, nor shall the number of residents in any room exceed the licensed capacity of that room.

R. The buildings, equipment and precautions taken to provide for the safety of residents and employees shall be approved by the state department of health. An annual certificate from the local fire marshal that fire precautionary measures meet his approval shall be submitted with the annual application for license.

S. The buildings, equipment and site shall be maintained in a good state of repair and shall be kept clean at all times.

(c) **Administration.**

(1) The proprietor or licensee of the residential care home shall be responsible for operation of the residential care home in compliance with these regulations.

(2) The proprietor or licensee of the residential care home shall be responsible for submitting every two years to the department an application for license and such reports as may be required.

(3) The licensee shall furnish, with his initial application, character references from three responsible people not related to him. He shall also furnish, every two years with his initial and each subsequent application, a certificate of physical and mental health signed by a physician.

(4) Sufficient capable personnel of good character and suitable temperament shall be employed to provide satisfactory care for the residents.

(A) The residential care home shall maintain records on file at the residential care home documenting that all new staff received an initial orientation prior to being allowed to work independently including, but not limited to, safety and emergency procedures for staff and residents, the policies and procedures of the residential care home, and resident rights. Such records shall be kept at the residential care home for not less than two (2) years after the termination of employment of the staff person or service as a volunteer.

(B) Continuing education for program staff shall be required for one (1) percent of the total annual hours worked (to a maximum of twelve (12) hours) per year. Such education shall include, but is not limited to, resident rights, behavioral management, personal care, nutrition and food safety, and health and safety in general.

(C) The licensee of the residential care home shall develop, implement and maintain a written plan for continuing education for program staff at the residential care home.

(D) The licensee shall have records of continuing education for each program staff member at the residential care home which is available to the department for review upon request. Such records shall be kept for not less than two (2) years after the termination of employment of an employee.

(5) The management, personnel, equipment, facilities, sanitation and maintenance of the home shall be such as reasonably to ensure the health, comfort and safety of the residents at all times.

(d) **Medical supervision.** In case of illness of a resident the licensee of the home or the person in charge is responsible for obtaining the services of a physician.

(e) **Records.** A record of each resident, to include the name, residence, age, sex, nearest relative, religion and other necessary information, shall be kept on forms approved by the state department of health.

(f) **Dietary service.** (1) Adequate space, equipment and qualified personnel shall be provided to ensure proper selection, storage, preparation and serving of regular and special diets to residents at regularly scheduled hours.

(2) Menus shall be prepared, posted and filed and shall meet state department of health requirements for basic nutritional needs.

(3) The time scheduling of regular meals and snacks shall be approved by the state department of health.

(4) Methods of dishwashing and dish sanitizing, food handling and garbage disposal shall comply with section 19-13-B42.

(g) **Recreation.** Recreational activities shall be provided in homes for the aged. Space and equipment provided for recreational activities shall be approved by the state department of health.

(h) **General conditions.** (1) Residents shall be admitted only on referral from a responsible source. No residents may be admitted on an emergency basis except in the event of a major disaster, in which case the state department of health shall be notified at the earliest possible time.

(2) Provisions for visiting hours shall be as liberal as may be consistent with good resident care. Personnel shall treat both residents and their visitors with courtesy and consideration at all times.

(3) Any accident, disaster or other unusual occurrence in the institution shall be reported within seventy-two hours to the state department of health.

(4) Proper heat, hot water, lighting and ventilation shall be maintained at all times.

(5) There shall be a system of communication sufficient to meet the needs of the institution and the requirements of the state department of health.

(6) Adequate housekeeping, laundry and maintenance services shall be provided.

(7) Licenses are not transferable and are in effect only for the operation of the institution as it is organized at the time the license is issued The state department of health shall be immediately notified if the licensee plans any structural changes, plans to sell the institution or plans to discontinue operation.

(8) When an institution changes ownership, the new licensee shall not only comply with all the requirements of these regulations but shall, in addition, comply with the requirements for new structures.

(9) Institutions caring for more than four persons shall comply with the state fire safety code. (Reg. 29-40-1 et seq.)

(10) The site of new institutions shall be approved by the state department of health.

(11) Private water supplies and/or sewerage if installed shall be in accordance with the state public health code (Reg. 19-13-A1 et seq.) and with written approval by the local director of health.

(12) All plans and specifications for new construction or alterations shall be submitted to the state department of health, the local fire marshal, the local building inspector, if any, and the local zoning authorities for approval before construction is undertaken.

(13) No person shall be admitted to or housed in the institution if such person is not under the direct supervision of the licensee.

(14) When a patient ceases to breathe and has no detectable pulse or blood pressure, the body shall be moved promptly to an otherwise unoccupied room in the same institution pending pronouncement of death by a physician who has personally viewed the body as required in section 7-62 of the General Statutes. The facility shall make available a room which will provide for the dignified holding of the body of the deceased person where it will not be exposed to the view of patients or visitors. The room so designated may be used for other purposes when not required for this purpose.

(i) **Special Conditions.**

(1) Egress passages from each resident floor of the institution shall be such that all occupants of the floor can safely travel to a place of safety outside the building.

(2) In combustible buildings the third floor above the basement shall not be converted to resident use after January 1, 1960, unless a passenger elevator is installed to serve each floor.

(j) **Attendants required.** At no time shall there be less than one attendant on duty for each twenty-five residents or fraction thereof from 7 a.m. to 10 p.m. and one attendant in residence for each twenty-five residents from 10 p.m. to 7 a.m.

(k) **Classification of civil penalty violations for Homes for the Aged and Rest Homes.** Any home for the aged and rest home as defined in Section 19a-521 Connecticut General Statutes found by the Commissioner of Health Services to be in violation of one of the following provisions of the Regulations of Connecticut State Agencies known as the Public Health Code shall be subject to the class of violation indicated below and penalties indicated in Section 19a-527 Connecticut General Statutes:

(1) A violation of any of the following provisions shall result in a Class A violation:

(A) 19-13-D6 (b) N (6);
(B) 19-13-D6 (b) R;
(C) 19-13-D6 (f) (4);

(2) A violation of any of the following provisions shall result in a Class B violation:

(A) 19-13-D6 (b) A (2) (b);
(B) 19-13-D6 (b) M (4) (b) (7);
(C) 19-13-D6 (b) O (1); (2);
(D) 19-13-D6 (c) (1); (4);
(E) 19-13-D6 (d) ;
(F) 19-13-D6 (f) (1);
(G) 19-13-D6 (h) (4);
(H) 19-13-D6 (i) (1); (2);
(I) 19-13-D6 (j).

(*l*) **Exemption**—No civil penalty shall be imposed for an existing structural condition not in conformance with the Public Health Code, which is authorized to continue to exist in accordance with provisions of Section 19-13-D6(b)A of the Regulations of Connecticut State Agencies.

(m) **Administration of Medications.**

Residents of licensed residential care homes may self administer medications, and may request assistance from staff with opening containers or packages and replacing lids. If the residential care home permits the administration of medications of any kind by unlicensed personnel, unlicensed personnel who administer medications in the residential care home must be certified and comply with all requirements

of subsection (m) of this section and have written policies and procedures at the residential care home governing the administration of medications which shall include, but not be limited to, the types of medication that will be administered, resident responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the department during inspections or upon demand and shall reflect best practice. Except as provided in subsection (m) of this section, unlicensed personnel who have not been certified shall not administer medication. Only program staff persons who are eighteen (18) years of age shall administer any medication at the residential care home.

(1) Administration of Non Prescription Topical Medications Only

(A) Description

For the purposes of subsection (m) of this section, non-prescription topical medications are:

(i) ointments free of antibiotic, antifungal, or steroidal components;

(ii) medicated powders; and

(iii) gum or lip medications available without a prescription.

(B) Non Prescription Topical Medications Administration/Resident Permission Records

The written permission of the resident (or resident's conservator, guardian, or legal representative) shall be required prior to the administration of the non prescription topical medication(s) and a medication administration record shall be written in ink and kept on file at the residential care home for each resident administered a non prescription topical medication(s). The medication administration record and resident's permission shall become part of the resident's record when the course of medication has ended. Any medication administration error shall be documented in the record. This information shall include:

(i) the name of the resident;

(ii) the name of the medication;

(iii) the schedule and site of administration of the medication, as applicable, according to the manufacturer's directions;

(iv) the signature of the resident, or the name, address, telephone number, signature and relationship to the resident of the resident's conservator, guardian, or legal representative, authorizing the administration of the medication(s); and

(v) the name of the person who administered the non-prescription topical medication.

(C) Non Prescription Topical Medications/Labeling and Storage

(i) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:

(I) the individual resident's name;

(II) the name of the medication; and

(III) directions for the medication's administration.

(ii) The medication shall be stored away from food and inaccessible to unauthorized persons.

(iii) Any expired medication shall be destroyed by the resident (or resident's conservator, guardian, or legal representative) or the program staff member in a safe manner.

(2) Administration of Medications Other Than Non Prescription Topical Medications

(A) Description

For the purposes of subsection (m) of this section, medications other than non-prescription topical medications are medications which are not described in subsection 19-13-D6 (m)(1)(A) and are:

(i) oral medications

(ii) topical medications, including eye and ear preparations;

(iii) inhalant medications

(iv) injectable medications, by a pre-measured, commercially prepared syringe, to a resident with a diagnosed medical condition who may require emergency treatment.

(B) Training Requirements

(i) Prior to the administration of any medication by program staff members, the program staff members who are responsible for administering the medications shall first be trained by a registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall have received written verification from the trainer which indicates that the trainee has completed a training program as required herein and shall have successfully complete a written examination and practicum administered by the Connecticut League For Nursing or other department approved certifying organization. If the residential care home permits the administration of medication by certified program staff, a program staff member trained and certified to administer medication by the route ordered by the authorized prescriber shall be present at all times whenever a resident has orders to receive medication.

(ii) The training in the administration of medications shall be documented and shall include, but not be limited to the following:

(I) objectives;

(II) a description of methods of administration including principles and techniques, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines;

(III) techniques to encourage residents who are reluctant or noncompliant to take their medication and the importance of communicating this information to the prescriber;

(IV) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly, including medications that are ordered PRN (as needed);

(V) recognition of side effects and appropriate follow up action;

(VI) avoidance of medication errors and the action to take if an error occurs, or if a dosage is missed or refused;

(VII) abbreviations commonly used;

(VIII) documentation including resident (or resident's conservator, guardian, or legal representative) permission, written orders from the authorized prescriber, and the record of administration;

(IX) safe handling, including receiving medication from a resident (or resident's conservator, guardian, or legal representative), safe disposal, and universal precautions; and

(X) proper storage including the storage of controlled substances in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) Injectable Medications

In addition to the above training, before a program staff member may administer injectable medications, he shall have completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The trainer who shall be a registered pharmacist, physician, physician assistant,

advanced practice registered nurse or registered nurse, shall assure that the program staff member understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, program staff members shall have their skills and competency in the administration of injectable medication recertified by the Connecticut League For Nursing or other department approved certifying organization. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department.

(iv) The trainer shall provide the trainee with an outline of the curriculum content, which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the residential care home where the trainee is employed for department review. The department may require at any time that the licensee obtain the full curriculum from the trainer for review by the department.

(v) A program staff member currently certified by the State of Connecticut Department of Mental Retardation or other state agency to administer non-injectable medications shall be considered qualified to administer such medications at residential care homes.

(C) Certification

(i) In order to administer medication, unlicensed program staff shall be certified as applicable, in the administration of:

(I) oral, topical, and inhalant medications, or;

(II) oral, topical, inhalant, and pre-measured commercially prepared injectable medications.

(ii) Upon completion of training in the administration of medication and prior to the administration of any medication, program staff must successfully complete a written examination and practicum administered by the Connecticut League for Nursing or other Department approved certifying organization.

(iii) The written examination and practicum for oral, topical, and inhalant medications, shall include, but not be limited to the following:

(I) the elements in subsection 19-13-D6(m)(2)(B)(ii)(I) through 19-13-D6(m)(2)(B)(ii)(III), inclusive, and subsection 19-13-D6(m)(2)(B)(ii)(V) through19-13-D6(m)(2)(B)(ii)(X), inclusive; The examination shall be graded PASS or FAIL. A numerical grade of at least 70% shall be considered passing; and

(II) the practicum shall consist of a return demonstration by the program staff person in which the program staff person shall complete three medication pour and passes which represent each route of administration; and shall demonstrate to a representative of the Connecticut League For Nursing or other Department approved certifying organization, that he can accurately understand and interpret orders of the authorized prescriber and carry them out correctly, including medications that are ordered PRN (as needed.)To pass the practicum for oral, topical, and inhalant medications, the program staff person must successfully complete each medication pour and pass with 100% accuracy.

(iv) The written examination and practicum for oral, topical, inhalant, and pre-measured commercially prepared injectable medications, shall include, but not be limited to the following:

(I) the elements in subsection 19-13-D6(m)(2)(B)(ii)(I) through 19-13-D6(m)(2)(B)(ii)(III), inclusive, and subsection 19-13-D6(m)(2)(B)(ii)(V) through 19-13-D6(m)(2)(B)(ii)(X), inclusive, and subsection 19-13-D6(m) (2)(B)(iii).; The

examination shall be graded PASS or FAIL. A numerical grade of at least 70% shall be considered passing; and

(II) the practicum shall consist of a return demonstration by the program staff person in which the program staff person shall complete three medication pour and passes which represent each route of administration and one demonstration using a premeasured commercially prepared injectable medication;and shall demonstrate to a representative of the Connecticut League For Nursing or other department approved certifying organization, that he can accurately understand and interpret orders of the authorized prescriber and carry them out correctly, including pre-measured commercially prepared injectable medications and medications that are ordered PRN (as needed.) To pass the practicum for oral, topical, inhalant, and pre-measured commercially prepared injectable medications, the program staff person must successfully complete each medication pour and pass with 100% accuracy; and one demonstration using a premeasured commercially prepared injectable medication with 100% accuracy.

(v) Upon completion of the written test and practicum, the Connecticut League For Nursing or other department approved certifying organization shall certify each program staff member who has demonstrated successful completion of the required written test and practicum for the administration of oral, topical, inhalant medications or for the administration of oral, topical, inhalant, pre-measured commercially prepared injectable medications Certification for the administration of oral, topical, inhalant medications shall be valid for three (3) years. Certification for the administration of injectable medications shall be valid for one (1) year. Certification shall be in writing. A copy of the certification shall be on file at the residential care home where the program staff member is employed and shall be available to department staff upon request.

(vi) Each individual who completes the required training program specified in subsection 19-13-D6 (m)(2) (B)(ii), and where certification is sought in injectable medications, subsection 19-13-D6 (m)(2)(B)(iii); and successfully completes a written examination and practicum as specified in subsection 19-13-D6 (m)(2)(C)(iii) or subsection 19-13-D6 (m)(2)(C)(iv), shall be given written certification authorizing him to administer medications to residents, as permitted in subsection (m) of this section. Written certification shall include:

(I) the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the written test and practicum;

(II) the location where and date(s) the test and practicum were given;

(III) a statement that the required curriculum areas listed in Section 19-13-D6 (m)(2)(B)(ii) and Sec.19-13-D6(m)(2)(B)(iii) when applicable were successfully mastered, and indicating the route(s) of administration the program staff has been approved to administer;

(IV) the name, date of birth, address, and telephone number of the program staff member who successfully completed the test and practicum; and

(V) the expiration date of the approval.

(D) Order From An Authorized Prescriber and Resident's Permission

(i) No medication, prescription or non prescription, shall be administered to a resident without the written order of an authorized prescriber and the written permission of the resident (or resident's conservator, guardian, or legal representative). Permission shall be maintained on file at the residential care home.

(ii) The written order from an authorized prescriber shall contain the following information which may be on the prescription label or on supplemental reference information approved or provided by the prescriber or pharmacist;

(I) the name of the resident;

(II) the date the medication order was written;

(III) the medication or drug name, dose and method of administration;

(IV) the time the medication is to be administered;

(V) the date(s) the medication is to be started and ended as applicable;

(VI) relevant side effects;

(VII) notation if the medication is a controlled drug;

(VIII) a listing of any allergies, reactions to, or negative interactions with foods or drugs;

(IX) specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given; and

(X) the name, address and telephone number of the authorized prescriber ordering the drug.

(iii) If the authorized prescriber determines that the training of the program staff member is inadequate to safely administer medication to a particular resident, that authorized prescriber may order that such administration be performed by licensed medical personnel with the statutory authority to administer medications.

(iv) The program staff member shall administer medication only in accordance with the written order of the authorized prescriber. The resident (or resident's conservator, guardian, or legal representative) shall be notified of any medication administration errors immediately. The error and the notification of the error shall be documented in the record.

(E) Required Records

(ii) Individual written medication administration records for each resident shall be written in ink, reviewed prior to administering each dose of medication and maintained on file at the residential care home. The medication administration record shall become part of the resident's health record when the course of medication has ended.

(ii) The individual written administration record for each resident shall include:

(I) the name of the resident;

(II) the name of the medication or drug;

(III) the dosage ordered and method of administration;

(IV) the date, time, and dosage at each administration;

(V) the signature or initials in ink, or a secured computerized document indicating the program staff member giving the medication; and

(VI) any refusal by the resident in accepting the medication.

(iii) Medication administration errors shall be recorded in the individual written administration record of the resident. Significant medication errors shall be reported in writing within seventy-two hours to the department.

(F) Storage and Labeling

(i) Medication shall be stored in the original container. The container or packaging shall have a label, which includes the following information:

(I) the resident's name;

(II) the name of the medication;

(III) directions for the medication's administration; and

(IV) the date of the prescription.

(ii) Medications shall be stored in a locked area or a locked container, in a refrigerator in keeping with the label or manufacturer's directions, away from food and inaccessible to unauthorized personnel. External medications shall be stored separately from internal medications. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(iii) All expired medication, except for controlled drugs, shall be destroyed within one (1) week following the expiration date by flushing into sewerage or a septic system. The residential care home shall contact the Connecticut Department of Consumer Protection for direction

(iv) on the proper method of disposing of a controlled drug, and shall carry out the direction as required. The residential care home shall keep a written record of any medications destroyed.

(G) Petition for Special Medication Authorization

(i) The licensee of a residential care home may petition the department to administer medications to a resident by a modality which is not specifically permitted under these regulations by submitting a written application to the department, including the following information:

(I) a written order from an authorized prescriber containing the information for the specific resident set forth in subsection 19-13-D (6)(m)(2)(D) and a statement that the administration by the requested modality is the only reasonable means of providing medication;

(II) a written training plan including the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who will provide the training, a detailed outline of the curriculum areas to be covered in training, and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication will be administered safely and appropriately to the particular resident;

(III) the name, date of birth, address and telephone number of the person(s) who shall participate in the training;

(IV) written permission from the resident (or resident's conservator, guardian, or legal representative); and

(V) such other information that the department deems necessary to evaluate the petition request.

(ii) After reviewing the submitted information, if the department determines that the proposed administration of medication for the particular resident can be provided in a manner to assure the health, safety and welfare of the resident, it may grant the petition. The department may grant the petition with any conditions or corrective measures, which the department deems necessary to assure the health, safety and welfare of the resident. The department will specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the department grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written approval from the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training is submitted to the department. The approval shall include:

(I) the full name, signature, title, license number, address and telephone number of the registered pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training;

(II) the location and date(s) the training was given;

(III) a statement that the curriculum approved by the department was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

(IV) the name, date of birth, address and telephone number of the person(s) who successfully completed the training.

(iii) Copies of all documentation required under this subsection shall be maintained at the residential care home. The requirements of subsection 19-13-D6 (m)(2)(E) and 19-13-D6 (m)(2)(F) shall apply to the administration of medication authorized by petition.

(3) Department Action

The Licensee shall comply with the policies and procedures adopted pursuant to subsection (m) of this section. Any failure to comply with such policies or procedures or any other provisions of this section shall constitute a Class B violation under Section 19a-527 of the Connecticut General Statutes.

(Effective March 1, 1988; amended December 4, 1998, April 2, 2002)

Secs. 19-13-D7—19-13-D7q.

Repealed, October 1, 1981.

Sec. 19-13-D7r.

Repealed, August 20, 1982.

Sec. 19-13-D7s.

Repealed, March 27, 1990.

Secs. 19-13-D8—19-13-D8q.

Repealed, October 1, 1981.

Sec. 19-13-D8r.

Repealed, August 20, 1982.

Sec. 19-13-D8s.

Repealed, March 27, 1990.

Sec. 19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

(a) **Definitions.** As used in this subsection:

(1) ''Attending physician'' means the physician attending the patient at the time of treatment;

(2) ''By-Laws'' means a set of rules adopted by the facility for governing its operation;

(3) ''Certified Nurse's Aide'' means a nurse's aide issued a certificate - from January 1, 1982 through January 31, 1990 - of satisfactory completion of a training program which has been approved by the department;

(4) ''Commissioner'' means the Commissioner of the Connecticut Department of Public Health;

(5) ''Curriculum'' means the plan of classroom and clinical instructions for training and skills assessment leading to registration as a nurse's aide, which has been approved by the commissioner;

(6) ''Department'' means the Connecticut Department of Public Health;

(7) ''Facility'' means a chronic and convalescent nursing home and/or a rest home with nursing supervision;

(8) ''Feeding assistant'' means an individual who has successfully completed a state approved training program and who is paid or under contract with a facility

to orally feed patients who do not have complicated feeding problems as provided in section 19-13-D8t (l)(9)(D) of the Regulations of Connecticut State Agencies, but does not include an individual who is a licensed practical nurse, registered nurse or other health professional otherwise licensed or certified by the department, or volunteers who provide such services without monetary compensation or a family member assisting a relative;

(9) ''Full time'' means a time period of not less than 32 hours, established as a full working week by a facility;

(10) ''Job description'' means a written list developed for each position in the facility, containing the qualifications, duties, responsibilities, and accountability required of all employees in that position;

(11) ''Licensed nursing personnel'' means registered nurses or licensed practical nurses licensed in Connecticut;

(12) ''Nurse's aide'' means an individual providing nursing or nursing-related services to residents in a chronic and convalescent nursing home or rest home with nursing supervision, but does not include an individual who is a health professional otherwise licensed or certified by the Department of Public Health, or who volunteers to provide such services without monetary compensation;

(13) ''Patient care plan'' means an overall, interdisciplinary written plan documenting an evaluation of the individual patient's needs, short and long term goals, and care and treatment;

(14) ''Personal physician'' means the physician indicated on the patient's medical record as being responsible for the medical care of that patient;

(15) ''Reportable Event'' means a happening, occurrence, situation or circumstance which was unusual or inconsistent with the policies and practices of the facility;

(16) ''Supervision'' means the direction, inspection, and on-site observation of the functions and activities of others in the performance of their duties and responsibilities;

(17) ''Therapeutic recreation'' means individual and group activities designed to improve the physical and mental health and condition of each patient.

(b) **Licensure procedure.**

(1) Commission on hospitals and health care. A facility shall not be constructed, expanded or licensed to operate except upon application for, receipt of, and compliance with all limitations and conditions required by the commission on hospitals and health care in accordance with Connecticut General Statutes, sections 19-73*l* through 19-73n inclusive.

(2) Application for licensure.

(A) No person shall operate a facility without a license issued by the department in accordance with the Connecticut General Statutes, sections 19-576 through 19-586 inclusive.

(B) Application for the grant or renewal of a license to operate a facility shall be made in writing on forms provided by the department; shall be signed by the person seeking authority to operate the facility; shall be notarized; and shall include the following information if applicable:

(i) Application for Owner's Certificate of Compliance, as required by subsection (v) (1) of these regulations;

(ii) Names and titles of professional and nurse's aide staff;

(iii) Upon initial appointment only, signed acknowledgement of duties for the administrator, medical director, and director of nurses;

(iv) Patient capacity;

(v) Total number of employees, by category;

(vi) Services provided;
(vii) Evidence of financial capacity;
(viii) Certificates of malpractice and public liability insurance;
(ix) Local Fire Marshal's annual certificate.
(3) Issuance and renewal of license.
(A) Upon determination by the department that a facility is in compliance with the statutes and regulations pertaining to its licensure, the department shall issue a license or renewal of license to operate the facility for a period not to exceed one year.
(i) Each building which is not physically connected to a licensed facility shall be treated as a distinct facility for purposes of licensure;
(ii) A facility which contains more than one level of care within a single building shall be treated as a single facility for purposes of licensure;
(B) A license shall be issued in the name of the person who signs the application for the license for a specific facility. The license shall not be transferable to any other person or facility.
(C) Each license shall specify the maximum licensed bed capacity for each level of care, and shall list on its face the names of the administrator, medical director, and director of nurses, and notations as to waivers of any provision of this code. No facility shall have more patients than the number of beds for which it is licensed.
(4) Notice to public. The license shall be posted in a conspicuous place in the lobby by reception room of the facility.
(5) Change in status. Change of ownership, level of care, number of beds or location shall require a new license to be issued. The licensee shall notify the department in writing no later than 90 days prior to any such proposed change.
(6) Change in personnel. The licensee shall notify the department immediately, to be confirmed in writing within five days, of both the resignation or removal and the subsequent appointment of the facility's administrator, medical director, or director of nurses.
(7) Failure to grant the department access to the facility or to the facility's records shall be grounds for denial or revocation of the facility's license.
(8) Surrender of license. The facility shall directly notify each patient concerned, the next of kin and/or guardian, the patient's personal physician, and any third party payors concerned at least 30 days prior to the voluntary surrender of the facility's license or surrender of license upon the department's order of revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the department within seven days of the termination of operation.
(c) **Waiver.**
(1) The commissioner or his/her designee, in accordance with the general purpose and intent of these regulations, may waive provisions of these regulations if the commissioner determines that such waiver would not endanger the life, safety or health of any patient. The commissioner shall have the power to impose conditions which assure the health, safety and welfare of patients upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety, or welfare of any patient has been jeopardized.
(2) Any facility requesting a waiver shall apply in writing to the department. Such application shall include:
(A) The specific regulations for which the waiver is requested;
(B) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;
(C) The specific relief requested; and
(D) Any documentation which supports the application for waiver.

(3) In consideration of any application for waiver, the commissioner or his/her designee may consider the following:

(A) The level of care provided;

(B) The maximum patient capacity;

(C) The impact of a waiver on care provided;

(D) Alternative policies or procedures proposed.

(4) The Department reserves the right to request additional information before processing an application for waiver.

(5) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and department regulations.

(d) **General Conditions.**

(1) Patient admission.

(A) Patients shall be admitted to the facility only after a physician certifies the following:

(i) That a patient admitted to a chronic and convalescent nursing home has uncontrolled and/or unstable and/or chronic conditions requiring continuous skilled nursing services and/or nursing supervision or has chronic conditions requiring substantial assistance with personal care, on a daily basis;

(ii) That a patient admitted to a rest home with nursing supervision has controlled and/or stable chronic conditions which require minimal skilled nursing services, nursing supervision, or assistance with personal care on a daily basis.

(B) Nothing in subparagraph (A) above shall require the transfer of any patient admitted to the facility prior to October 1, 1981.

(C) No patient shall be admitted to a facility without compliance with the above requirements except in the event of an emergency, in which case the facility shall notify the Department within 72 hours after such admission.

(2) Visiting hours shall be as liberal as is consistent with good patient care, but shall in no event be less than eight hours per day.

(3) Patient Identification.

(A) Each chronic and convalescent nursing home shall ensure that all patients wear, at all times, identification bracelets or some other form of visible identification.

(B) A method for identification of all patients at all times shall be established by rest homes with nursing supervision.

(4) All areas used by patients shall have temperatures of not less than 75°F. All other occupied areas shall have temperatures of not less than 70°F.

(5) When a patient ceases to breathe and has no detectable pulse or blood pressure, the patient shall be screened from view of other patients. Upon pronouncement of death in accordance with Section 7-62b of the Connecticut General Statutes or Sections 7-62-1 through 7-62-3 of the Regulations of Connecticut State Agencies, the body shall be moved promptly to the facility's holding room, as required by subsection (v) (13) (B) of these regulations.

(6) All medications shall be administered only by licensed nursing personnel, qualified physician assistants or other health care practitioners with statutory authority to administer medications and/or in accordance with Section 19-13-D8v (b) (5) (B) of the Regulations of Connecticut State Agencies.

(e) **Governing body.**

(1) The facility shall have a governing body, which shall have the general responsibilities to:

(A) set policy;

(B) oversee the management and operation of the facility; and

(C) assure the financial viability of the facility.

(2) Specific responsibilities of the governing body necessary to carry out its general responsibilities shall include, but not necessarily be limited to, the following:

(A) adoption and documented annual review of written facility by-laws and budget;

(B) annual review and update of the facility's institutional plan, including anticipated needs, income and expenses;

(C) review of facility compliance with established policy;

(D) appointment of a qualified administrator;

(E) provision of a safe physical plant equipped and staffed to maintain the facility and services in accordance with any applicable local and state regulations and any federal regulations that may apply to federal programs in which the facility participates;

(F) approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the facility and patient care;

(G) annual review of personnel policies;

(H) adoption of written policies assuring the protection of patients' rights and patient grievance procedures, a description of which shall be posted conspicuously in the facility and distributed personally to each patient;

(I) determination of the frequency of meetings of the governing body and documentation of such meetings through minutes;

(J) written confirmation of all appointments made or approved by the governing body; and

(K) adoption of a written policy concerning potential conflict of interest on the part of members of the governing body, the administration, medical and nursing staff and other employees who might influence corporate decisions.

(f) **Administrator.**

(1) The administrator of any facility shall be licensed in accordance with Connecticut General Statutes, sections 19-593 through 19-599 inclusive.

(2) Application for licensure. The following shall be submitted with the administrator's initial application for licensure:

(A) Three references evaluating his/her suitability to administer a facility, as follows:

(i) One from a nursing home administrator, licensed physician, or registered nurse, attesting to the applicant's professional qualifications and degree of experience;

(ii) Two character references from persons not related to the applicant;

(B) A certificate of physical and mental health signed by a licensed physician.

(C) Educational background.

(3) The administrator shall be responsible for the overall management of the facility and shall have the following powers and responsibilities:

(A) Enforcement of any applicable local and state regulations, any federal regulations that may apply to federal programs in which the facility participates, and facility by-laws;

(B) Appointment, with the approval of the governing body, of a qualified medical director and director of nurses and, if required, an assistant director of nurses;

(C) Liaison between the governing body, medical and nursing staff, and other professional and supervisory staff;

(D) Protection of patients' personal and property rights;

(E) Appointment, in writing and with the approval of the governing body, of a responsible employee to act in his/her behalf in temporary absences;

(F) With the advice of the medical director and director of nurses, employment of qualified personnel in sufficient numbers to assess and meet patient needs;

(G) Written definition of the duties and responsibilities of all personnel classifications;

(H) Maintenance of a patient roster and annual census of all patients admitted and/or discharged by the facility. Such census shall be submitted to the department no later than October 31 for each year ending September 30;

(I) Submission to the department of the facility's annual license application and required reports, including, but not limited to, submission within 72 hours of reports on all accidents, or incidents, and any unusual or suspicious deaths in connection with subsection (g) of these regulations;

(J) Together with the medical director and director of nurses, development of a coordinated program for orientation to the facility, in-service training, and continuing education for all categories of staff in order to develop skills and increase knowledge so as to improve patient care;

(K) Establishment of procedures for notification of the patient, next of kin or sponsor in the event of a change in a patient's charges, billing status and other related matters.

(4) In a chronic and convalescent nursing home with 45 or more licensed beds, the administrator shall serve full time on the premises of the facility and shall be on 24 hour call.

(5) In a rest home with nursing supervision with 60 or more licensed beds, the administrator shall serve full time on the premises of the facility, and shall be on 24 hour call.

(6) Except for a facility with 29 beds or less, the administrator may not serve as director of nurses.

(g) **Reportable event(s)**

(1) Classification. All reportable events shall be classified as follows:

Class A: an event that has caused or resulted in a patient's death or presents an immediate danger of death or serious harm;

Class B: an event that indicates an outbreak of disease or foodborne outbreaks as defined in section 19a-36-A1 of the Regulations of Connecticut State Agencies; a complaint of patient abuse or an event that involves an abusive act to a patient by any person; for the purpose of this classification, abuse means a verbal, mental, sexual, or physical attack on a patient that may include the infliction of injury, unreasonable confinement, intimidation, or punishment;

Class C: an event (including but not limited to loss of emergency electrical generator power, loss of heat, loss of water system) that will result in the evacuation of one (1) or more patients within or outside of the facility and all fires regardless of whether services are disrupted;

Class D: an event that has caused or resulted in a serious injury or significant change in a patient's condition, an event that involves medication error(s) of clinical significance, or an adverse drug reaction of clinical significance which for the purpose of this classification, shall mean an event that adversely alters a patient's mental or physical condition; or

Class E: an event that has caused, or resulted in minor injury, distress or discomfort to a patient.

(2) All reportable events shall be documented in a format required by the Department. All documentation of reportable events shall be maintained at the facility for not less than three (3) years.

(3) Report. The licensed administrator or his/her designee shall report any reportable event to the Department as follows:

Classes A, B and C: immediate notice by telephone to the Department, to be confirmed by written report as provided herein within seventy-two (72) hours of said event;

Class D: written report to the Department as provided herein within seventy-two (72) hours of said event; and

Class E: written report of event at time of occurrence or discovery shall be maintained on file at the facility for review by the Department.

(4) Each written report required by subdivision (3) of this subsection shall contain the following information:

(A) date of report and date of event;

(B) licensed level of care and bed capacity of the facility;

(C) identification of the patient(s) affected by the event including:

i. name;

ii. age;

iii. injury;

iv. distress or discomfort;

v. disposition;

vi. date of admission;

vii. current diagnosis;

viii. physical and mental status prior to the event; and

ix. physical and mental status after the event;

(D) the location, nature and brief description of the event;

(E) the name of the physician consulted, if any, and time of notification of the physician and a report summarizing any subsequent physical examination, including findings and orders;

(F) the names of any witnesses to the event;

(G) any other information deemed relevant by the reporting authority or the licensed administrator; and

(H) the signatures of the person who prepared the report and the licensed administrator.

(5) All reportable events, which have occurred in the facility, shall be reviewed on a monthly basis by the administrator and director of nurses. All situations which have a potential for risk shall be identified. A determination shall be made as to what preventative measures shall be implemented by the facility staff. Documentation of such determination shall be submitted to the active organized medical staff. This documentation shall be maintained for not less than three years.

(6) An investigation shall be initiated by the facility within twenty-four (24) hours of the discovery of a patient(s) with an injury of suspicious or unknown origin or receipt of an allegation of abuse. The investigation and the findings shall be documented and submitted to the facility's active organized medical staff for review. This document shall be maintained at the facility for a period of not less than three (3) years.

(7) Numbering. Each report shall be identified on each page with a number as follows: the number appearing on the facility license, the last two digits of the year and the sequential number of the report during the calendar year.

(8) Subsequent Reports. The licensed administrator shall submit subsequent reports relevant to any reportable event as often as is necessary to inform the Department of significant changes in the status of affected individuals or changes in material facts originally reported. Such reports shall be attached to a photocopy of the original reportable event report.

(h) **Medical director.**

(1) The medical director shall be a physician licensed to practice medicine in Connecticut and shall serve on the facility's active organized medical staff, shall have at least one year of prior clinical experience in adult medicine and shall be a member of the active medical staff of a general hospital licensed in Connecticut.

(2) The medical director shall have the following powers and responsibilities:

(A) Enforce the facility's by-laws governing medical care;

(B) Assure that quality medical care is provided in the facility;

(C) Serve as a liaison between the medical staff and administration;

(D) Approve or disapprove a patient's admission based on the facility's ability to provide adequate care for that individual in accordance with the facility's by-laws. The medical director shall have the authority to review any patient's record or examine any patient prior to admission for such purpose;

(E) Assure that each patient in the facility has an assigned personal physician;

(F) Provide or arrange for the provision of necessary medical care to the patient if the individual's personal physician is unable or unwilling to do so;

(G) Approve or deny applications for membership on the facility's active organized staff in accordance with subsection (i) (2) of these regulations;

(H) In accordance with the facility's by-laws, suspend or terminate the facility privileges of a medical staff member if that member is unable or unwilling to adequately care for a patient in accordance with standards set by any applicable local and state statutes and regulations, any federal regulations that may apply to a federal program in which the facility participates, or facility by-laws;

(I) Visit the facility between the hours of 7 a.m. and 9 p.m. to assess the adequacy of medical care provided in the facility.

(i) A medical director of a chronic and convalescent nursing home shall visit the facility at least once every 7 days for such purpose.

(ii) A medical director of a rest home with nursing supervision shall visit the facility at least once every 30 days for such purpose;

(J) Receive reports from the director of nurses on significant clinical developments;

(K) Recommend to the administrator any purchases of medical equipment and/or services necessary to assure adequate patient care;

(L) Assist in the development of and participate in a staff orientation and training program in cooperation with the administrator and the director of nurses, as required by subsection (f) (3) (J) of these regulations.

(3) A record shall be kept by the facility of the medical director's visits and statements for review by the department. Such record shall minimally include the date of visit, the names of the patients audited by the medical director, and a summary of problems discussed with the staff.

(i) **Medical staff.**

(1) Each facility shall have an active organized medical staff. All members of such staff shall possess a full and unrestricted Connecticut license for the practice of medicine. The active organized medical active staff at a chronic and convalescent nursing home shall include no less than three (3) physicians.

(2) The medical director shall approve or deny applications for membership on the active organized medical staff after consultation with the existing active organized medical staff, if any, and subject to the ratification of the governing body. In reviewing an applicant's qualifications for membership, the medical director shall consider whether the applicant:

(A) satisfies specific standards and criteria set in the medical by-laws of the facility; and

(B) is available by phone twenty-four (24) hours per day; is available to respond promptly in an emergency; and is able to provide an alternate physician for coverage whenever necessary.

(3) All appointments shall be made in writing and shall delineate the physician's duties and responsibilities. The letter of appointment shall be signed by the medical director and the applicant.

(4) Requirements for active organized medical staff members.

(A) Members shall meet at least once every ninety (90) days. Minutes shall be maintained for all such meetings. The regular business of the medical staff meetings shall include, but not be limited to, the hearing and consideration of reports and other communications from physicians, the director of nurses, and other health professionals on:

(i) patient care topics, including all deaths, accidents, complications, infections;

(ii) medical quality of care evaluations; and

(iii) interdisciplinary care issues, including nursing, physical therapy, therapeutic recreation, social work, pharmacy, podiatry, or dentistry.

(B) Members shall attend at least fifty (50) percent of medical staff meetings per year. If two (2) or more members of the active medical staff are members of the same partnership or incorporated group practice, one (1) member of such an association may fulfill the attendance requirements for the other members of that association provided quorum requirements are met. In such case, the member in attendance shall be entitled to only one (1) vote.

(C) The active organized medical staff shall adopt written by-laws governing the medical care of the facility's patients. Such by-laws shall be approved by the medical director and the governing body. The by-laws shall include, but not necessarily be limited to:

(i) acceptable standards of practice for the medical staff;

(ii) criteria for evaluating the quality of medical care provided in the facility;

(iii) criteria by which the medical director shall decide the admission or denial of admission of a patient based on the facility's ability to provide care;

(iv) standards for the medical director to grant or deny privileges and to discipline or suspend the privileges of members of the medical staff, including assurance of a due process of appeal in the event of such actions;

(v) quorum requirements for staff meetings, provided a quorum may not be less than fifty (50) percent of the physicians on the active medical staff;

(vi) specific definition of services, if any, which may be provided by non-physician health professionals such as physician's assistants or nurse practitioners;

(vii) standards to assure that members of the medical staff request medical consultants where the diagnosis is obscure, or where there is doubt as to the serious nature of the illness or as to treatment. Such standards shall minimally mandate that the consultant be qualified to render an opinion in the field in which the opinion is sought, and that the consultation include examination of the patient and medical record;

(viii) standards to assure that, in the event of the medical director's absence, inability to act, or vacancy of the medical director's office, another physician on the facility's active organized medical staff is temporarily appointed to serve in that capacity; and

(ix) conditions for privileges for the medical staff other than the active organized medical staff.

(5) Each member of the facility's medical staff shall sign a statement attesting to the fact that such member has read and understood the facility's medical and facility policies and procedures, and applicable statutes and regulations, and that such member will abide by such requirements to the best of his/her ability.

(j) **Director of nurses.**

(1) Qualifications.

(A) For a chronic and convalescent nursing home, the director of nurses, or any person acting in such capacity, shall be a nurse registered in Connecticut with at least one (1) year of additional education or experience in rehabilitative or geriatric nursing and one (1) year of nursing service administration.

(B) For a rest home with nursing supervision, the director of nurses, or any person acting in such capacity, shall be a nurse registered in Connecticut with at least one (1) year of additional education or experience in nursing service administration.

(2) The director of nurses shall be responsible for the supervision, provision, and quality of nursing care in the facility. The director of nurses' powers and duties shall include, but not necessarily be limited to, the following:

(A) development and maintenance of written nursing service standards of practice, to be ratified by the governing body; including but not necessarily limited to:

(i) definition of routine nursing care to be rendered by licensed nursing personnel, and determination of when more than routine care is needed; and

(ii) definition of routine care to be rendered by nurse's aides, and determination of when more than routine care is needed;

(B) coordination and integration of nursing services with other patient care services through periodic meetings or written reports;

(C) development of written job descriptions for nurses and nurse's aides;

(D) development and annual review of nursing service procedures;

(E) coordination and direction of the total planning for nursing services, including recommending to the administrator the number and levels of nurses and nurse's aides to be employed;

(F) selection, with the administrator's approval, of all nurses and nurse's aides;

(G) appointment of nurse supervisors as required by subsection (k) of section 19-13-D8t of the Regulations of Connecticut State Agencies;

(H) designation of a nurse in charge of each unit for all shifts;

(I) development of a schedule of daily rounds and assignment of duties for all nurses and nurse's aides to assure twenty-four (24) hour coverage sufficient to meet state regulatory requirements;

(J) assistance in the development of and participation in a staff orientation and training program, in cooperation with the administrator and medical director, as required by subsection (f) (3) (J) of section 19-13-D8t of the Regulations of Connecticut State Agencies;

(K) ensuring yearly written evaluation of nurses and nurse's aides;

(L) reporting significant clinical developments to the patient's personal physician and to the medical director; and

(M) appointment, with the approval of the administrator, of a nurse employed at the facility to act in the director's behalf in temporary absences.

(3) The director of nurses shall serve full-time and shall serve his/her entire shift between the hours of 7 a.m. and 9 p.m.

(4) An assistant director of nurses shall be appointed in any facility of one hundred and twenty (120) beds or more.

(k) **Nurse supervisor.**

A nurse supervisor shall be a nurse registered in Connecticut. The responsibilities of the nurse supervisor shall include:

(1) Supervision of nursing activities during his/her tour of duty;

(2) Notification of a patient's personal physician if there is a significant change in the condition of the patient or if the patient requires immediate medical care, or notification of the medical director if the patient's personal physician does not respond promptly.

(*l*) **Nurse's Aide and Feeding Assistant Training and Employment**

(1) On and after February 1, 1990, no person shall be employed for more than 120 days as a nurse's aide in a licensed chronic and convalescent nursing home or rest home with nursing supervision unless such person has successfully completed a training and competency evaluation program approved by the department and has been entered on the nurse's aide registry maintained by the department. No such facility shall employ such person as a nurse's aide without making inquiry to the registry pursuant to subdivision (2).

(A) Effective October 1, 2000, the commissioner shall adopt, and revise as necessary, a nurse's aide training program of not less than 100 hours and competency evaluation program for nurse's aides. The standard curriculum of the training program shall include, a minimum of seventy-five (75) hours including but not limited to, the following elements: Basic nursing skills, personal care skills, care of cognitively impaired residents, recognition of mental health and social service needs, basic restorative services and residents' rights presented in both lecture and clinical settings. An additional twenty-five (25) hours of the standard nurse's aide lecture and clinical setting curriculum shall include, but not be limited to specialized training in understanding and responding to physical, psychiatric, psychosocial and cognitive disorders. An individual enrolled in a nurse's aide training program prior to October 1, 2000, may complete such program in accordance with the requirements in effect at the time of enrollment. A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the nurse's aide primary training instructor, or the elements required by the curriculum. Each licensed chronic and convalescent nursing home and rest home with nursing supervision that elects to conduct a nurse's aide training program shall submit such information on its nurse's aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the facility's nurse's aide training program and competency evaluation program for sufficiency at any time.

(B) The commissioner shall adopt, and revise as necessary, a nurse's aide competency evaluation program including, at least, the following elements: basic nursing skills, personal care skills, care of cognitively impaired residents, recognition of mental health and social service needs, basic restorative services and residents' rights and the procedures for determination of competency which may include a standardized test.

(C) Any person employed as a nurse's aide by a chronic and convalescent nursing home or a rest home with nursing supervision as of January 30, 1990 shall be

entered on the nurse's aide registry if they meet the requirements set forth in OBRA in accordance with the current Federal Omnibus Budget Reconciliation Act of 1987 (OBRA, 87) as it may be amended from time to time. The facility shall provide such person with the initial preparation necessary to successfully complete a competency evaluation program, as may be required by OBRA '87. This competency evaluation program shall be approved and administered in accordance with this subsection.

(D) Qualifications of nurse's aide instructors

(i) The training of nurse's aides shall be performed by or under the general supervision of a registered nurse who possesses a minimum of two years of nursing experience, at least one year of which shall be in a chronic and convalescent nursing home or rest home with nursing supervision.

(ii) Instructors shall have completed a course in teaching adults or have experience in teaching adults or supervising nurse's aides.

(iii) Qualified personnel from the health field may serve as trainers in the nurse's aide training program under the supervision of the nurse's aide primary training instructor provided they have a minimum of one year of experience in a facility for the elderly or chronically ill of any age within the immediately preceding five years. These health field personnel may include: Registered nurses, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists therapeutic recreation specialists, speech/language/hearing therapists. All trainers should be, where applicable, licensed, registered and/or certified in their field.

(iv) Licensed practical nurses, under the supervision of the nurse's aide primary training instructor, may serve as trainers in the nurse's aide training program provided the licensed practical nurse has two years experience in caring for the elderly or chronically ill of any age.

(v) The training of nurse's aides may be performed under the general supervision of the director of nurses. The director of nurses is prohibited from performing the actual training of nurse's aides.

(E) The State Department of Education and the Board of Trustees of Community-Technical Colleges may offer such training programs and competency evaluation programs in accordance with these regulations.

(F) In accordance with this subsection any person who has not yet satisfactorily completed training as provided for herein, and who is employed by a facility for a period of one-hundred-twenty days or less, as a nurse's aide may be utilized only to perform tasks for which such person has received training and demonstrated competence to the satisfaction of the employer and shall perform such tasks only under the supervision of licensed nursing personnel. Record of any such training and competence demonstration shall be maintained in the facility for the department's review for three years from the date of completion thereof. The employer may not use such person to satisfy staffing requirements as set forth in the Public Health Code.

(G) In accordance with this subsection a facility may use any person who has satisfactorily completed training, but has not yet satisfactorily completed the competency evaluation program as provided for herein, and who is employed by a facility for a period of 120 days or less as a nurse's aide to satisfy staffing requirements as set forth in the Public Health Code. Record of such training shall be maintained by the facility for the departments review for three years from the date of completion thereof.

(H) On and after February 1, 1990 any chronic and convalescent nursing home or rest home with nursing supervision that utilizes nurse's aides from a placement

agency or from a nursing pool shall develop a mechanism to verify that such nurse's aide has been entered on the nurse's aide registry maintained by the department in accordance with subdivision (2).

(2) The department shall establish and maintain a registry of nurse's aides. Information in the nurse's aide registry shall include but not be limited to: name, address, date of birth, social security number, training site and date of satisfactory completion. It shall also contain any final determination by the department, after a hearing conducted pursuant to Chapter 54 of the Connecticut General Statutes, relative to a complaint against a nurse's aide, as well as any brief statement of such person disputing such findings, including resident neglect or abuse or misappropriation of resident property.

(3) If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing-related services for monetary compensation, such individual shall complete a new training and competency evaluation program, or a new competency evaluation program.

(4) Any person who successfully completes or has successfully completed prior to January 1, 1989 the state-sponsored Nurse Assistant Training Program provided through the State Department of Education or through the Connecticut Regional Community College system shall be deemed to have completed a nurse's aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(5) Any person who has successfully completed a course or courses comprising not less than one-hundred hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the State Board of Examiners for Nursing shall be deemed to have completed a nurse's aide training program approved by the commissioner in accordance with this subsection, if the curriculum meets the minimum requirements as set forth in this subsection.

(6) The department shall, upon receipt of an application and such supporting documents as the commissioner may require, place on the registry a nurse's aide who shows to the satisfaction of the department completion of a department approved:

(A) Nurse's aide training program, and

(B) Competency Evaluation program.

(7) A nurse's aide registered in another state or territory of the United States may be entered on the registry, provided the department is satisfied that such nurse's aide has completed a training and competency evaluation program equal to or better than that required for registration in this state as of the date the nurse's aide was first registered in another state or territory of the United States.

(8) Subject to the provisions of section 20-102ff of the Connecticut General Statutes, a registered nurse or licensed practical nurse licensed in a state other than Connecticut whose license has been verified by the chronic and convalescent nursing home or rest home with nursing supervision as in good standing in the state in which he or she is currently licensed, or a registered nurse trained in another country who has satisfied the certification requirements of the Commission on Graduates of Foreign Nursing Schools, may be utilized as a nurse's aide in Connecticut for not more than a single one hundred-twenty (120) day period. Said licensed registered nurse or licensed practical nurse shall be deemed to have completed a nurse's aide training and competency evaluation program approved by the commissioner in

accordance with this section. The department shall, upon receipt of an application and such supporting documents as the commissioner may require, enter said licensed registered nurse or licensed practical nurse on the nurse's aide registry.

(9) Feeding assistants may be utilized in a licensed chronic and convalescent nursing home or rest home with nursing supervision, provided:

(A) Such facility's training program for feeding assistants is currently approved by the department as provided in section 19-13-D8t (l)(10) of the Regulations of Connecticut State Agencies.

(B) The feeding assistant has successfully completed at least ten hours of training in a state-approved feeding assistant training program, which shall include:

(i) A minimum of eight (8) hours of classroom instruction, including but not limited to:

(a) feeding techniques;

(b) safety and emergency procedures including immediate reporting to a licensed practical nurse or registered nurse in an emergency and emergency measures for choking, including the Heimlich Manuever;

(c) assistance with feeding and hydration;

(d) infection control;

(e) recognizing changes in resident behavior;

(f) appropriate responses to patient behavior;

(g) the importance of reporting behavioral and physical changes to a licensed practical nurse or registered nurse;

(h) communication and interpersonal skills; and,

(i) resident rights.

(ii) At least two (2) hours of clinical practicum under the direct supervision of a registered nurse.

(C) A record of individuals who have successfully completed the training program for feeding assistants is maintained by the training facility and shared with other nursing homes upon request should the feeding assistant seek employment in another nursing home. If the facility hires a feeding assistant who has been trained at another facility, a record of such individual's successful completion of training shall be obtained and maintained.

(D) Feeding assistants shall only assist patients who are fed orally and do not have any complicated feeding problems identified in the individual's medical record. Feeding assistants shall not perform any other nursing or nursing-related tasks.

(i) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings.

(E) At no time shall a feeding assistant provide services above the following ratios:

(i) One (1) feeding assistant to feed two (2) residents at one (1) time; or,

(ii) One (1) feeding assistant to assist to cue no more than four (4) residents at one (1) time.

(F) Any patient who is to be fed by a feeding assistant shall be initially and periodically assessed regarding the ability to be fed by a feeding assistant pursuant to sections 19-13-D8t (n)(1)(C) and 19-13-D8t (o)(2)(H) of the Regulations of Connecticut State Agencies and all assessments shall be documented in the patient's individual care plan.

(G) Feeding assistants shall function under the supervision of a licensed practical nurse or registered nurse and shall not be included in nurse staffing requirements and shall not be a substitute for nurse aide staffing pursuant to subsection (m) of section 19-13-D8t of the Regulations of Connecticut State Agencies.

(10) Each licensed chronic and convalescent nursing home and rest home with nursing supervision that elects to conduct a feeding assistant training program shall submit for approval by the department such information on its feeding assistant training program as the commissioner may require, on forms provided by the department. No feeding assistant training program shall commence without the approval of the department. Training conducted pursuant to such training program shall be performed by or under the general supervision of a registered nurse. Licensed practical nurses and certified dieticians may serve as trainers in the feeding assistant training program, under the supervision of the registered nurse.

(m) **Nursing staff:**

(1) Each facility shall employ sufficient nurses and nurse's aides to provide appropriate care of patients housed in the facility 24 hours per day, seven days per week.

(2) The number, qualifications, and experience of such personnel shall be sufficient to assure that each patient:

(A) receives treatment, therapies, medications and nourishments as prescribed in the patient care plan developed pursuant to subsection (o) (2) (I) of these regulations;

(B) is kept clean, comfortable and well groomed;

(C) is protected from accident, incident, infection, or other unusual occurrence.

(3) The facility's administrator and director of nurses shall meet at least once every 30 days in order to determine the number, experience and qualifications of staff necessary to comply with this section. The facility shall maintain written and signed summaries of actions taken and reasons therefore.

(4) There shall be at least one registered nurse on duty 24 hours per day, seven days per week.

(A) In a chronic and convalescent nursing home, there shall be at least one licensed nurse on duty on each patient occupied floor at all times.

(B) In a rest home with nursing supervision, there shall be at least one nurse's aide on duty on each patient-occupied floor at all times and intercom communication shall be available with a licensed nurse.

(5) In no instance shall a chronic and convalescent nursing home have staff below the following standards:

(A) Licensed nursing personnel:

7 a.m. to 9 p.m.:	.47 hours per patient
9 p.m. to 7 a.m.:	.17 hours per patient

(B) Total nursing and nurse's aide personnel:

7 a.m. to 9 p.m.:	1.40 hours per patient
9 p.m. to 7 a.m.:	.50 hours per patient

(6) In no instance shall a rest home with nursing supervision staff below the following standards:

(A) Licensed nursing personnel:

7 a.m. to 9 p.m.:	.23 hours per patient
9 p.m. to 7 a.m.:	.08 hours per patient

(B) Total nursing and nurse's aide personnel:

7 a.m. to 9 p.m.:	.70 hours per patient
9 p.m. to 7 a.m.:	.17 hours per patient

(7) In facilities of 61 beds or more, the director of nurses shall not be included in satisfying the requirements of subdivisions (5) and (6) of this subsection.

(8) In facilities of 121 beds or more, the assistant director of nurses shall not be included in satisfying the requirements of subdivisions (5) and (6) of this subsection.

(n) **Medical and professional services.**

(1) A comprehensive medical history and medical examination shall be completed for each patient within forty-eight (48) hours of admission; however, if the physician who attended the patient in an acute or chronic care hospital is the same physician who will attend the individual in the facility, a copy of a hospital discharge summary completed within five (5) working days of admission and accompanying the patient may serve in lieu of this requirement. A patient assessment shall be completed within fourteen (14) days of admission and a patient care plan shall be developed within seven (7) days of completion of the assessment.

(A) The comprehensive history shall include, but not necessarily be limited to:

(i) chief complaints;

(ii) history of present illness;

(iii) review of systems;

(iv) past history pertinent to the total plan of care for the patient;

(v) family medical history pertinent to the total plan of care for the patient; and

(vi) personal and social history.

(B) The comprehensive examination shall include, but not necessarily be limited to:

(i) blood pressure;

(ii) pulse;

(iii) weight;

(iv) rectal examination with a test for occult blood in stool, unless done within one (1) year of admission;

(v) functional assessment; and

(vi) cognitive assessment, which for the purposes of these regulations shall mean an assessment of a patient's mental and emotional status to include the patient's ability to problem solve, decide, remember, and be aware of and respond to safety hazards.

(C) The patient assessment and patient care plan shall be developed in accordance with subparagraphs (H) and (I) of subsection (o) (2) of this section.

(2) Transferred Patients. When the responsibility for the care of a patient is being transferred from one health care institution to another, the patient must be accompanied by a medical information transfer document, which shall include the following information:

(A) name, age, marital status, and address of patient, institution transferring the patient, professional responsible for care at that institution, person to contact in case of emergency, insurance or other third party payment information;

(B) chief complaints, problems, or diagnoses;

(C) other information, including physical or mental limitations, allergies, behavioral and management problems;

(D) any special diet requirements;

(E) any current medications or treatments; and

(F) prognosis and rehabilitation potential.

(3) The attending physician shall record a summary of findings, problems and diagnoses based on the data available within seven (7) days after the patient's admission, and shall describe the overall treatment plan, including dietary orders and rehabilitation potential and, if indicated, any further laboratory, radiologic or other testing, consultations, medications and other treatment, and limitations on activities.

(4) The following tests and procedures shall be performed and results recorded in the patient's medical record within thirty (30) days after the patient's admission:

(A) unless performed within one (1) year prior to admission;
(i) hematocrit, hemoglobin and red blood cell indices determination;
(ii) urinalysis, including protein and glucose qualitative determination and microscopic examination;
(iii) dental examination and evaluation;
(iv) tuberculosis screening by skin test or chest X-ray;
(v) blood sugar determination; and
(vi) blood urea nitrogen or creatinine;
(B) unless performed within two (2) years prior to admission:
(i) visual acuity, grossly tested, for near and distant vision; and
(ii) for women, breast and pelvis examinations, including Papanicolau smear, except the Papanicolau smear may be omitted if the patient is over sixty (60) years of age and has had documented repeated satisfactory smear results without important atypia performed during the patient's sixth decade of life, or who has had a total hysterectomy;
(C) unless performed within five (5) years prior to admission:
(i) tonometry on all sighted patients forty (40) years or older; and
(ii) screening and audiometry on patients who do not have a hearing aid; and
(D) unless performed within ten (10) years prior to admission:
(i) tetanus-diphtheria toxoid immunization for patients who have completed the initial series, or the initiation of the initial series for those who have not completed the initial series; and
(ii) screening for syphillis by a serological method.
(5) Physician Visits.
(A) Each patient in a chronic and convalescent nursing home shall be examined by his/her personal physician at least once every thirty (30) days for the first ninety (90) days following admission. After ninety (90) days, alternative schedules for visits may be set if the physician determines and so justifies in the patient's medical record that the patient's condition does not necessitate visits at thirty (30) day intervals. At no time may the alternative schedule exceed sixty (60) days between visits.
(B) Each patient in a rest home with nursing supervision shall be examined by his/her personal physician at least once every sixty (60) days, unless the physician decides this frequency is unnecessary and justifies the reason for an alternate schedule in the patient's medical record. At no time may the alternative schedule exceed one hundred and twenty (120) days between visits.
(6) No medication or treatments shall be given without the order of a physician or a health care practitioner with the statutory authority to prescribe medications or treatments. If orders are given verbally or by telephone, they shall be recorded by an on duty licensed nurse or on duty health care practitioner with the statutory authority to accept verbal or telephone orders with the physician's name, and shall be signed by the physician on the next visit.
(7) Annually, each patient shall receive a comprehensive medical examination, at which time the attending physician shall update the diagnosis and revise the individual's overall treatment plan in accordance with such diagnosis. The comprehensive medical exam shall minimally include those services required in subdivision (1) (B) of this subsection.
(8) Professional services provided to each patient by the facility shall include, but not necessarily be limited to, the following:
(A) monthly:
(i) blood pressure, and
(ii) weight check;

(B) yearly:

(i) hematocrit, hemoglobin and red blood cell indices determination;

(ii) urinalysis, including determination of qualitative protein glucose and microscopic examination of urine sediment;

(iii) immunization against influenza in accordance with the recommendations of the Advisory Committee on Immunization Practices, established by the United States Secretary of Health and Human Services;

(iv) blood urea nitrogen or creatinine;

(v) dental examination and evaluation;

(vi) rectal examination, including a determination for occult blood in stool, on patients forty (40) years or over; and

(vii) breast examination on all women;

(C) every two (2) years, visual acuity, grossly tested, for near and distant vision for sighted patients;

(D) every five (5) years:

(i) screening audiometry for patients without a hearing aid; and

(ii) tonometry for sighted patients forty (40) years or over; and

(E) every ten (10) years, tetanus-diphtheria toxoid immunization following completion of initial series.

(F) Immunization against pneumococcal disease in accordance with the recommendations of the National Advisory Committee on Immunization Practices, established by the Secretary of Health and Human Services.

(9) The requirements in this subsection for tests, procedures and immunizations need not be repeated if previously done within the time period prescribed in this subsection and documentation of such is recorded in the patient's medical record. Tests and procedures shall be provided to the patient given the patient's consent provided no medical reason or contraindication exists, or the attending physician determines that the test or procedure is not medically necessary. Immunizations against influenza and pneumoccal disease shall be provided in accordance with the recommendations of the Advisory Committee on Immunization Practices, established by the United States Secretary of Health and Human Services unless medically contraindicated or the patient objects on religious grounds. Documentation of tests, procedures and immunizations provided or reasons for not providing said tests, procedures and immunization shall be so noted by the attending physician in the patient's medical record.

(o) **Medical records.**

(1) Each facility shall maintain a complete medical record for each patient. All parts of the record pertinent to the daily care and treatment of the patient shall be maintained on the nursing unit in which the patient is located.

(2) The complete medical record shall include, but not necessarily be limited to:

(A) patient identification data, including name, date of admission, most recent address prior to admission, date of birth, sex, marital status, religion, referral source, Medicare/Medicaid number(s) or other insurance numbers, next of kin or guardian and address and telephone number;

(B) name of patient's personal physician;

(C) signed and dated admission history and reports of physical examinations;

(D) signed and dated hospital discharge summary, if applicable;

(E) signed and dated transfer form, if applicable;

(F) complete medical diagnosis;

(G) all initial and subsequent orders by the physician;

(H) a patient assessment that shall include but not necessarily be limited to, health history, physical, mental and social status, evaluation of problems and rehabilitation

potential, completed within fourteen (14) days of admission by all disciplines involved in the care of the patient and promptly after a change in condition that is expected to have lasting impact upon the patient's physical, mental or social functioning, conducted no less than once a year, reviewed and revised no less than once every ninety (90) days in order to assure its continued accuracy;

(I) a patient care plan, based on the patient assessment, developed within seven (7) days of the completion of the assessment by all disciplines involved in the care of the patient and consistent with the objectives of the patient's personal physician, that shall contain the identification of patient problems and needs, treatments, approaches and measurable goals, and be reviewed at least once every ninety (90) days thereafter;

(J) a record of visits and progress notes by the physician;

(K) nurses notes to include current condition, changes in patient condition, treatments and responses to such treatments;

(L) a record of medications administered including the name and strength of drug, date, route and time of administration, dosage administered, and, with respect to PRN medications, reasons for administration and patient response/result observed;

(M) documentation of all care and ancillary services rendered;

(N) summaries of conferences and records of consultations;

(O) record of any treatment, medication or service refused by the patient including the visit of a physician, signed by the patient, whenever possible, including a statement by a licensed person that such patient was informed of the medical consequences of such refusal; and

(P) discharge plans, as required by Section 19a-535 of the Connecticut General Statutes and subsection (p) of this section.

(3) All entries in the patient's medical record shall be typewritten or written in ink and legible. All entries shall be verified according to accepted professional standards.

(4) Medical records shall be safeguarded against loss, destruction or unauthorized use.

(5) All medical records, originals or copies, shall be preserved for at least ten (10) years following death or discharge of the patient.

(p) **Discharge planning.**

(1) All discharge plans for patients transferred or discharged from a facility shall be in writing and shall be signed by the person preparing the plan, the medical director or the patient's personal physician, and the administrator of the discharging facility.

(2) Receipt of the discharge plan and acknowledgement of consultation with respect thereto shall be evidenced by the signature of the patient, or that patient's legally liable relative, guardian or conservator.

(3) All discharge plans shall be maintained as a part of the patient's medical record.

(4) In addition to the requirements of the Connecticut General Statutes Section 19a-535 (c), the following information shall be included in a written notice of discharge or transfer:

(A) In the case of residents with developmental disabilities, the name, mailing address and telephone number of the agency responsible for the protection and advocacy of the developmentally disabled;

(B) In the case of mentally ill residents, the name, mailing address and telephone number of the agency responsible for the protection and advocacy of the mentally ill.

(q) **Dietary services.**

(1) Each facility shall meet the daily nutritional needs of the patients by providing dietary services directly or through contract.

(2) The facility shall:

(A) Provide a diet for each patient, as ordered by the patient's personal physician, based upon current recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the patients;

(B) Adopt a diet manual, as recommended by the facility dietitian or dietary consultant and approved by the facility's medical staff. Such manual shall be used to plan, order, and prepare regular and therapeutic diets;

(C) Employ a dietetic service supervisor, who shall supervise the overall operation of the dietary service.

If such supervisor is not a dietitian, the facility shall contract for regular consultation of a dietitian;

(D) Employ sufficient personnel to carry out the functions of the dietary service and to provide continuous service over a period of 12 hours, which period shall include all mealtimes.

(3) The facility shall ensure that the dietary service:

(A) Considers the patients' cultural backgrounds, food habits, and personal food preferences in the selection of menus and preparation of foods and beverages pursuant to subdivisions (2) (A) and (2) (B) of this subsection;

(B) Has written and dated menus, approved by a dietitian, planned at least seven days in advance;

(C) Posts current menus and any changes thereto with the minimum portion sizes in a conspicuous place in both food preparation and patient areas;

(D) Serves at least three meals, or their equivalent, daily at regular hours, with not more than a 14 hour span between evening meal and breakfast;

(E) Provides appropriate food substitutes of similar nutritional value to patients who refuse the food served;

(F) Provides bedtime nourishments for each patient, unless medically contraindicated and documented in the patient's care plan;

(G) Provides special equipment, implements or utensils to assist patients while eating, when necessary;

(H) Maintains at least three day supply of staple foods at all times.

(4) All patients shall be encouraged to eat in the dining room unless medically contraindicated.

(5) Records of menus served and food purchased shall be maintained for at least 30 days.

(r) **Therapeutic Recreation.**

(1) Each facility shall have a therapeutic recreation program. The program shall include mentally and physically stimulating activities to meet individual needs and interests, and shall be consistent with the overall plan of care for each patient.

(2) Each facility shall employ therapeutic recreation director(s).

(A) Persons employed as therapeutic recreation director(s) in a chronic and convalescent nursing home and rest home with nursing supervision on or before June 30, 1982 shall have a minimum of a high school diploma or high school equivalency, and shall have completed a minimum of 80 hours of training in therapeutic recreation. As of July 1, 1992, persons who meet these criteria but who have not been employed as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision for two continuous years immediately preceding reemployment in such capacity shall be required to meet the requirements of Section 19-13-D8t (r) (2) (c).

(B) Persons beginning employment as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision

between July 1, 1982 and June 30, 1992 shall have the following minimum qualifications:

(i) An Associates Degree with a major emphasis in therapeutic recreation; or

(ii) Enrollment in a Connecticut certificate program in therapeutic recreation; or

(iii) A Bachelors Degree in a related field and one year of full time employment in therapeutic recreation in a health care facility; or

(iv) A Bachelors Degree in a related field and six credit hours in therapeutic recreation; or

(v) An Associates Degree in a related field and two years of full time employment in therapeutic recreation in a health care facility; or

(vi) An Associates Degree in a related field and nine credit hours in therapeutic recreation.

(vii) As of July 1, 1992, persons who met these criteria but who have not been employed as a therapeutic recreation director in a health care facility for two continuous years immediately preceding reemployment in such capacity shall be required to meet the requirements of Section 19-13-D8t (r) (2) (C).

(C) Persons beginning employment as therapeutic recreation director(s) in a chronic and convalescent nursing home and/or rest home with nursing supervision on or after July 1, 1992 shall have the following minimum qualifications:

(i) An associates degree with a major emphasis in therapeutic recreation; or

(ii) A high school diploma or equivalency and enrollment within six months of employment in a Connecticut certificate program in therapeutic recreation. Each facility shall maintain records of the individual's successful completion of courses and continued participation in a minimum of one course per semester; or

(iii) A bachelors degree in a related field and one year of full time employment in therapeutic recreation in a health care facility; or

(iv) A bachelors degree in a related field and six credit hours in therapeutic recreation; or

(v) An associates degree in a related field and two years of full time employment in therapeutic recreation in a health care facility; or

(vi) An associates degree in a related field and nine credit hours in therapeutic recreation.

(D) ''Related field'' in subparagraphs (B) and (C) of this subdivision shall include but not be limited to the following: sociology, social work, psychology, recreation, art, music, dance or drama therapy, the health sciences, education or other related field as approved by the commissioner or his/her designee.

(3) Therapeutic recreation director(s) shall be employed in each facility sufficient to meet the following ratio of hours per week to the number of licensed beds in the facility:

1 to 15 beds, 10 hours during any three days;

16 to 30 beds, 20 hours during any five days;

Each additional 30 beds or fraction thereof, 20 additional hours.

(4) Monthly calendars of therapeutic recreation activities and patient participation records for each level of care shall be maintained at each facility for twelve months. These shall be available for review by representatives of the department.

(A) The calendar for the current month for each level of care shall be completed by the first day of the month.

(B) Records of patient participation shall be maintained on a daily basis.

(C) The facility shall submit these records to the department upon the department's request.

(5) An individual therapeutic recreation plan shall be developed for each patient, which shall be incorporated in the overall plan of care for that patient.

(s) **Social Work.**

(1) Definitions:

(A) Social Work Designee

A social work designee shall have at least an associate's degree in social work or in a related human service field. Any person employed as a social work designee on January 1, 1989 shall be eligible to continue in the facility of employment without restriction.

(B) Qualified Social Worker

A qualified social worker shall hold at least a bachelor's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation, and have at least one year social work experience in a health care facility. An individual who has a bachelor's degree in a field other than social work and a certificate in Post Baccalaureate Studies in Social Work awarded before the effective date of these regulations by a college accredited by the Department of Higher Education, and at least one year social work experience in a health care facility, may perform the duties and carry out the responsibilities of a qualified social worker for up to three years after the effective date of these regulations.

(C) Qualified Social Work Consultant

A qualified social work consultant shall hold at least a master's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation and have at least one year post-graduate social work experience in a health care facility. An individual who holds a bachelor's degree in social work from a college or university which was accredited by the Council on Social Work Education at the time of his or her graduation, and is under contract as a social work consultant on January 1, 1989, shall be eligible to continue functioning without restriction as a social work consultant in the facility(ies) which had contracted his or her services.

(2) Each facility shall employ social work service staff to meet the social and emotional problems and/or needs of the patients based on their medical and/or psychiatric diagnosis.

(3) The administrator of the facility shall designate in writing a qualified social worker or social work designee as responsible for the social work service.

(4) The social work service shall be directed by a qualified social worker or a social work designee. If the service is under the direction of a social work designee the facility shall contract for the regular consultation of a qualified social work consultant at least on a quarterly basis.

(5) Social work service staff shall be employed in each facility sufficient to meet the needs of the patients but not less than the following ratio of hours per week to the number of licensed beds in the facility:

(A) One (1) to thirty (30) beds, ten (10) hours per week.

(B) Thirty-one (31) to sixty (60) beds, twenty (20) hours per week.

(C) Each additional thirty (30) beds or fraction thereof, ten (10) additional hours.

(6) Written social work service policies and procedures shall be developed and implemented by a qualified social worker, or social work designee under the direction of a qualified social work consultant, and ratified by the governing body of the facility. Such standards shall include, but not be limited to:

(A) Ensuring the confidentiality of all patients' social, emotional, and medical information, in accordance with the General Statutes of Connecticut, Section 19a-550 (a) (8).

(B) Requiring a prompt referral to an appropriate agency for patients or families in need of financial assistance and requiring that a record is maintained of each referral to such agency in the patient's medical record.

(7) The social work service shall help each patient to adjust to the social and emotional aspects of the patient's illness, treatment, and stay in the facility. The medically related social and emotional needs of the patient and family shall be identified, a plan of care developed, and measurable goals set in accordance with the Regulations of Connecticut State Agencies Sections 19-13-D8t (o) (2) (H) and (o) (2) (I).

(8) All staff of the facility shall receive inservice training by or under the direction of a qualified social worker or social work designee each year concerning patients' personal and property rights pursuant to Section 19a-550 of the Connecticut General Statutes.

(9) All staff of the facility shall receive inservice training by a qualified social worker or qualified social work consultant each year in an area specific to the needs of the facility's patient population.

(10) A qualified social worker or social work designee shall participate in planning for the discharge and transfer of each patient.

(11) Office facilities shall be easily accessible to patients and staff or alternate arrangements shall be available. Each facility shall ensure privacy for interviews between staff and: patients, patients' families and patients' next friend.

(t) **Infection control.**

(1) Each facility shall have an infection control committee which meets at least quarterly, and whose membership shall include representatives from the facility's administration, medical staff, nursing staff, pharmacy, dietary department, maintenance, and housekeeping. Minutes of all meetings shall be maintained.

(2) The committee shall be responsible for the development of:

(A) an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from institution-associated or community-associated infections; and

(B) policies and procedures for investigating, controlling and preventing infections in the facility and recommendations to implement such policy.

(3) The facility shall designate a registered nurse to be responsible for the day-to-day operation of a surveillance program under the direction of the infection control committee.

(u) **Emergency preparedness plan.**

(1) The facility shall have a written emergency preparedness plan which shall include procedures to be followed in case of medical emergencies, or in the event all or part of the building becomes uninhabitable because of a natural or other disaster. The plan shall be submitted to the local fire marshal or, if none, the state fire marshal for comment prior to its adoption.

(2) The plan shall specify the following procedures:

(A) Identification and notification of appropriate persons;

(B) Instructions as to locations and use of emergency equipment and alarm systems;

(C) Tasks and responsibilities assigned to all personnel;

(D) Evacuation routes;

(E) Procedures for relocation and/or evacuation of patients;

(F) Transfer of casualties;

(G) Transfer of records;

(H) Care and feeding of patients;

(I) Handling of drugs and biologicals.

(3) A copy of the plan shall be maintained on each nursing unit and service area. Copies of those sections of the plan relating to subdivisions (2) (B) and (2) (D) above shall be conspicuously posted.

(4) Drills testing the effectiveness of the plan shall be conducted on each shift at least four times per year. A written record of each drill, including the date, hour, description of drill, and signatures of participating staff and the person in charge shall be maintained by the facility.

(5) All personnel shall receive training in emergency preparedness as part of their employment orientation. Staff shall be required to read and acknowledge by signature understanding of the emergency preparedness plan as part of the orientation. The content and participants of the training orientation shall be documented in writing.

(6) Emergency Distribution of Potassium Iodide. Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and, if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a chronic and convalescent nursing home and rest home with nursing supervision licensed under chapter 368v of the Connecticut General Statutes that is located within a 10 mile radius of the Millstone Power Station in Waterford, Connecticut, shall be permitted to distribute and administer potassium iodide tablets to facility staff or visitors present at the chronic and convalescent nursing home, or rest home with nursing supervision during such emergency, provided that:

(1) Prior written consent has been obtained by the chronic and convalescent nursing home, or rest home with nursing supervision for such provision. Written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident's conservator, guardian, or legal representative currently admitted and to each employee currently employed promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the chronic and convalescent nursing home, or rest home with nursing supervision to each resident, or resident's conservator, guardian, or legal representative upon admission to such facility and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the chronic and convalescent nursing home, or rest home with nursing supervision about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;

(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;

(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,

(D) side effects including minor upset stomach or rash.

(4) Only those individuals with applicable statutory authority may distribute and administer potassium iodide to residents for whom written consent has been obtained; and,

(5) Potassium iodide tablets shall be stored in a locked storage area or container.

(v) **Physical plant.**

(1) Owner certification.

(A) All owners of real property or improvements thereon that are used as or in connection with an institution as defined by section 19a-490 of Connecticut General Statutes, shall apply to the Department for a Certificate of Compliance with the Regulations of Connecticut State Agencies.

(B) Such application shall be made on forms provided by the department and shall include the following information:

(i) the names, addresses and business telephone numbers of the owner which term shall include any person who owns a ten (10) percent or greater interest in the property equity, any general partner if the owner is a limited partnership, any officer, director and statutory agent for service of process if the owner is a corporation, and any partner if the owner is a general partnership;

(ii) a statement as to equity owned, that shall include the fair market value of the property as reflected by the current municipal assessment and all outstanding mortgages and liens including the current amounts due and names and addresses of holders;

(iii) if the property is owned by a person other than the licensee, a copy of the current lease or a summary thereof that shall include all rental payments required including additional rent of any kind and tax payments, any termination provisions, and a statement setting forth the responsibilities and authority of the respective parties to maintain or renovate the said real property and improvements; and

(iv) if the owner is a corporation and is incorporated in a state other than Connecticut, a Certificate of Good Standing issued by the state of incorporation.

(C) upon receipt of such application, if the Department has conducted a licensure inspection within the preceding nine (9) months, the Department shall either:

(i) issue the requested certificate; or

(ii) advise the applicant of repairs that must be made to comply with the Regulations of Connecticut State Agencies.

(D) If the Department has not conducted such an inspection, it shall do so within sixty (60) days of receipt of the application and within thirty (30) days of such inspection shall either:

(i) issue the requested certificate; or

(ii) advise the applicant of repairs that must be made to comply with the Regulations of Connecticut State Agencies.

(E) Upon receipt of satisfactory evidence that said repairs have been made or will be made in a timely fashion, the Department shall issue the requested certificate.

(F) No repair shall be required pursuant hereto if the condition cited pre-existed the effective date of the adoption of the violated standard unless the commissioner or his/her designee shall make a specific determination that the repair is necessary to protect the health, safety or welfare of the patients in the concerned facility.

(G) Any owner who commences any proceeding or action that affects or has the potential to affect the rights of a licensee of a facility or institution as defined in Section 19a-490 of the Connecticut General Statutes to continue to occupy leased premises shall immediately notify the Department of such proceeding or action by certified mail.

(2) The standards established by the following sources for the construction, alteration or renovation of all facilities as they may be amended from time to time, are hereby incorporated and made a part hereof by reference. In the event of inconsistent provisions, the most stringent standards shall apply:

(A) State of Connecticut Basic Building Codes;

(B) State of Connecticut Fire Safety Code;

(C) National Fire Protection Association Standards, Health Care Facilities, No. 99;

(D) AIA publication, ''Guidelines for Construction and Equipment of Hospital and Medical Facilities,'' 1992–1993;

(E) local fire, safety, health, and building codes and ordinances; and

(F) other provisions of the Regulations of Connecticut State Agencies that may apply.

(3) Any facility licensed after the effective date of these regulations shall conform with the construction requirements described herein. Any facility licensed prior to the

effective date of these regulations shall comply with the construction requirements in effect at the time of licensure; provided, however, that if the commissioner or his/her designee shall determine that a pre-existing non-conformity with this subsection creates serious risk of harm to patients in a facility, the commissioner may order such facility to comply with the pertinent portion of this subsection.

(4) Review of plans. Plans and specifications for new construction and rehabilitation, alteration, addition, or modification of an existing structure shall be approved by the Department on the basis of compliance with the Regulations of Connecticut State Agencies after the approval of such plans and specifications by local building inspectors and fire marshals, and prior to the start of construction.

(5) Site.

(A) All facilities licensed for more than one hundred and twenty (120) beds shall be connected to public water and sanitary sewer systems.

(B) Each facility shall provide the following:

(i) roads and walkways to the main entrance and service areas, including loading and unloading space for delivery trucks;

(ii) paved exits that terminate at a public way; and

(iii) an open outdoor area with a minimum of one hundred (100) square feet per patient excluding structures and paved parking areas.

(6) The facility shall provide sufficient space to accommodate all business and administrative functions.

(7) Patient rooms.

(A) Maximum room capacity shall be four (4) patients.

(B) Net minimum room area, exclusive of closets, and toilet room, shall be at least one hundred (100) square feet for single bedrooms, and eighty (80) square feet per individual in multi-bed rooms. No dimension of any room shall be less than ten (10) feet.

(C) No bed shall be between two (2) other patient beds, and at least a three (3) foot clearance shall be provided at the sides and the foot of each bed.

(D) Window sills shall not be higher than three (3) feet above the finished floor. Storm windows or insulated glass windows shall be provided. All windows used for ventilation shall have screens.

(E) The following equipment shall be provided for each patient in each room:

(i) one (1) closet with clothes rod and shelf of sufficient size and design to hang clothing;

(ii) one (1) dresser with three (3) separate storage areas for patient's clothing;

(iii) one (1) adjustable hospital bed with gatch spring, side rails, and casters, provided, however, that a rest home with nursing supervision need not provide a hospital bed for a patient whose patient care plan indicates that such equipment is unnecessary and that a regular bed is sufficient;

(iv) one (1) moisture proof mattress;

(v) one (1) enclosed bedside table;

(vi) one (1) wall-mounted overbed light;

(vii) one (1) overbed table;

(viii) one (1) armchair; and

(ix) one (1) mirror.

(F) Sinks.

(i) In single or double rooms, one (1) sink shall be provided in the toilet room.

(ii) In rooms for three (3) and more individuals, there shall be one (1) sink in the patient room and one (1) sink in the toilet room.

(G) Curtains that allow for complete privacy for each individual in multi-bed rooms shall be provided.

(H) All patient rooms shall open into a common corridor and shall have at least one (1) outside window wall.

(I) All patient rooms shall be located within one hundred and thirty (130) feet of a nursing station.

(8) Patient toilet and bathing facilities.

(A) A toilet room shall be directed accessible from each patient room. One (1) toilet room may serve two (2) rooms but not more than four (4) beds.

(B) One (1) shower stall or bathtub shall be provided for each fifteen (15) beds not individually served. A toilet and sink shall be directly accessible to the bathing area.

(C) There shall be at least one (1) bathtub in each nursing unit. At least one (1) bathtub per floor shall be elevated and have at least three (3) feet clearance on three (3) sides.

(D) Bathing and shower rooms shall be of sufficient size to accommodate one (1) patient and one (1) attendant and shall not have curbs. Controls shall be located outside shower stalls.

(9) Nursing service areas.

(A) Each facility shall provide the following nursing service areas for each thirty (30) beds or fraction thereof:

(i) a nursing station of at least one hundred (100) square feet which may serve up to sixty (60) beds if an additional fifty (50) square feet are provided;

(ii) a nurses' toilet room convenient to each nursing station;

(iii) a clean workroom of at least eighty (80) square feet which may serve up to sixty (60) beds if an additional twenty (20) square feet are provided;

(iv) a soiled workroom of at least sixty (60) square feet which may serve up to sixty (60) beds if an additional thirty (30) square feet are provided, and shall minimally contain a handwashing sink, a bedpan flushing and washing device and a flush rim sink;

(v) a medicine room of at least thirty-five (35) square feet adjacent to the nursing station, secured with a key bolted door lock, and including one (1) sink, one (1) refrigerator, locked storage space, a non-portable steel narcotics locker with a locked cabinet, and equipment for preparing and dispensing of medications;

(vi) clean linen storage area;

(vii) an equipment storage room of at least eighty (80) square feet; and

(viii) storage space of at least twelve (12) square feet for oxygen cylinders.

(B) Each facility shall provide at least one (1) nourishment station on each floor, that shall include storage space, one (1) sink, and one (1) refrigerator.

(10) Medical and therapeutic treatment facilities.

(A) Each facility shall provide one (1) examination room, with a treatment table, storage space, and a sink.

(B) Each chronic and convalescent nursing home shall provide an exercise and treatment room for physical therapy, consisting of at least two hundred (200) square feet. Such room shall include a sink, cubicle curtains around treatment areas, storage space for supplies and equipment, and a toilet room.

(11) Common patient areas. Each facility shall provide the following:

(A) at least one (1) lounge on each floor with a minimum area of two hundred and twenty-five (225) square feet for each thirty (30) beds or fraction thereof;

(B) a dining area in a chronic and convalescent facility with a minimum of fifteen (15) square feet per patient with total area sufficient to accommodate at least fifty (50) percent of the total patient capacity; a dining area in a rest home with nursing supervision with a minimum capacity of fifteen (15) square feet per patient with total area sufficient to accommodate the total patient capacity; and

(C) a recreation area, that shall consist of a minimum of twelve (12) square feet per bed, of which fifty (50) percent of the aggregate area shall be located within one (1) space with an additional one hundred (100) square feet provided for storage of supplies and equipment.

(12) Dietary facilities. Each facility shall provide dietary facilities, that shall include the following:

(A) a kitchen, centrally located, segregated from other areas and large enough to allow for working space and equipment for the proper storage, preparation and storage of food;

(B) a dishwashing room, that shall be designed to separate dirty and clean dishes and includes a breakdown area;

(C) disposal facilities for waste, separate from the food preparation or patient areas;

(D) stainless steel tables and counters;

(E) an exhaust fan over the range and steam equipment;

(F) a water supply at the range;

(G) a breakdown area and space for returnable containers;

(H) office space for the food service supervisor or dietitian; and

(I) janitor's closet.

(13) Miscellaneous facilities. Each facility shall provide:

(A) A personal care room, that shall include equipment for hair care and grooming needs; and

(B) A holding room for deceased persons that is at least six (6) feet by eight (8) feet, mechanically ventilated, and used solely for its specific purpose.

(14) Storage.

(A) General storage space shall consist of at least ten (10) square feet per bed, and shall be located according to use and demand.

(B) Storage space for patient's clothing and personal possessions not kept in the room shall consist of at least two (2) feet by three (3) feet by four (4) feet per bed and shall be easily accessible.

(15) Laundry.

(A) The facility shall handle and process laundry in a manner to insure infection control.

(B) No facility without public water and sanitary sewers may process laundry on site. Off site services shall be performed by a commercial laundering service.

(C) The facility shall provide the following:

(i) a soiled linen holding room;

(ii) a clean linen mending and storage room;

(iii) linen cart storage space; and

(iv) linen and towels sufficient for three (3) times the licensed capacity of the facility.

(D) On site processing. The following shall be required for facilities that process laundry on site:

(i) laundry processing room, with commercial equipment;

(ii) storage space for laundry supplies;

(iii) a handwashing sink;

(iv) a deep sink for soaking;

(v) equipment for ironing; and

(vi) janitor's closet.

(16) Mechanical systems.

(A) Elevators.

(i) Where patient beds or patient facilities are located on any floor other than the main entrance, the size and number of elevators shall be based on the following criteria: number of floors, number of beds per floor, procedures or functions performed on upper floors, and level of care provided.

(ii) In no instance shall elevators provided be less than the following: for one (1) to sixty (60) beds located above the main floor, one (1) hospital type elevator; for sixty-one (61) to two hundred (200) beds located above the main floor, two (2)

hospital type elevators; and for two hundred and one (201) to three hundred and fifty (350) beds located above the main floor, three (3) hospital type elevators. For facilities with more than three hundred and fifty (350) beds located above the main floor, the number of elevators shall be determined from a study of the facility plan.

(iii) Elevator vestibules shall have two (2) hour construction with self-closing one and one-half (1 1/2) inch fire rated doors held open by electro-magnetic devices that are connected to an automatic alarm system.

(B) Steam and hot water systems.

(i) Boilers shall have a capacity sufficient to meet the Steel Boiler Institute or Institute of Boiler and Radiator Manufacturer's net ratings to supply the requirements of all systems and equipment.

(ii) Provisions shall be made for auxilliary emergency service.

(C) Air conditioning, heating and ventilating systems.

(i) All air-supply and air-exhaust systems for interior rooms shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building.

(ii) Corridors shall not be used to supply air to or exhaust air from any room.

(iii) All systems that serve more than one (1) smoke or fire zone shall be equipped with smoke detectors to shut down fans automatically. Access for maintenance of detectors shall be provided at all dampers.

(D) Plumbing and other piping systems.

(i) Plumbing fixtures. All fixtures used by medical staff, nursing staff, and food handlers shall be trimmed with valves that can be operated without the use of hands. Where blade handles are used for this purpose, they shall be at least four and one-half (4 1/2) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long.

(ii) Water supply systems. Systems shall be designed to supply water to the fixtures and equipment on the upper floor at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods. Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture. Hot water plumbing fixtures intended for patient use shall carry water at temperatures between one hundred and five degrees (105°) and one hundred and twenty degrees (120°) Fahrenheit.

(17) Electrical system.

(A) Circuit breakers or fusible switches shall be enclosed with a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons.

(B) Lighting and appliance panel boards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(C) All spaces within the building, approaches, thereto, and parking lots shall have electric lighting. Patients' bedrooms shall have general, overbed, and night lighting. A reading light shall be provided for each patient. Patients' overbed lights shall not be switched at the door. Night lights shall be switched at the nursing station.

(D) Receptacles.

(i) Each patient room shall have at least one (1) duplex grounding receptacle on each wall.

(ii) Corridors. Duplex grounding receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(iii) Any facility constructed shall conform with the requirements described herein. Receptacles that provide emergency power shall be red and indicate their use. One (1) such receptacle shall be installed next to each resident's bed.

(E) A nurses' calling station shall be installed at each patient bed, toilet, bathing fixture and patient lounges:

(i) All calls shall register a visible and audible sound at the station, and shall activate a visible signal in the corridor at the patient's door, in the clean and soiled workrooms and in the nourishment station of the nursing unit from which the patient is signaling. In multi-corridor nursing units, intersections shall have additional visible signals.

(ii) In rooms containing two (2) or more stations, indicating lights shall be provided at each station.

(iii) No more than two (2) cords shall be used at each station.

(iv) Stations at toilet and bathing fixtures shall be emergency stations. The emergency signal shall be cancelled only at the source of the call.

(v) Nurses' call systems shall provide two-way voice communication and shall be equipped with an indicating light at each station. Such lights shall remain lighted as long as the voice circuit is operative.

(18) Emergency service.

(A) The facility shall provide on the premises an emergency source of electricity, that shall have the capacity to deliver eighty (80) percent of normal power and shall be sufficient to provide for regular nursing care and treatment and the safety of the occupants. Such source shall be reserved for emergency use.

(B) When fuel to the facility is not piped from a utility distribution system, fuel shall be stored at the facility sufficient to provide seventy-two (72) hours of service.

(19) Details of construction.

(A) Patient rooms. Patient rooms shall be numbered and have the room capacity posted.

(B) Doors.

(i) Minimum door widths to patient sleeping rooms shall be three feet-ten inches (3′-10″).

(ii) Doors to utility rooms shall be equipped with hospital-type hardware that will permit opening without the use of the hands.

(iii) Door hardware for patient use shall be of a design to permit ease of opening.

(iv) Doors to patient room toilet rooms and tub or shower rooms may be lockable if provided with hardware that will permit access in any emergency. Such a room shall have visual indication that it is occupied.

(v) No doors shall swing into the corridor except closet doors.

(C) Corridors.

(i) Minimum width of patient use corridors shall be eight (8) feet.

(ii) Handrails shall be provided on both sides of patient use corridors. Such handrails shall have ends returned to the walls, a height of thirty-one (31) inches above the finished floor and shall protrude one and one-half ($1^1/_2$) inches from the wall.

(iii) No objects shall be located so as to project into the required width of corridors.

(D) Grab bars, with sufficient strength and anchorage to sustain two hundred and fifty (250) pounds for five (5) minutes shall be provided at all patients' toilets, showers, and tubs.

(E) Linen and refuse chutes shall be designed as follows:

(i) Service openings to chutes shall be located in a room of not less than two (2) hour fire-resistive construction, and the entrance door to such room shall be a Class ''B,'' one and one-half ($1^1/_2$) hour rated door.

(ii) Gravity-type chutes shall be equipped with washdown device.

(iii) Chutes shall terminate in or discharge directly into collection rooms. Separate collection rooms shall be provided for refuse and linen.

(F) Dumbwaiters, conveyers, and material handling systems shall open into a room enclosed by not less than two (2) hours fire resistive construction. The entrance door to such room shall be a Class ''B,'' one and one-half ($1^1/_2$) hour fire rated door.

(G) Ceiling heights shall meet the following requirements:

(i) Storage rooms, patients' toilet rooms, and janitor's closets, closets, etc., and other minor rooms shall have ceilings not less than seven feet-eight inches (7′ 8″)

above the finished floor. Ceilings for all other rooms, patient areas, nurse service areas, etc., shall not be less than eight feet-zero inches (8′ 0″) above the finished floor.

(ii) Ceilings shall be washable or easily cleanable. Non-pervious surface finishes shall be provided in dietary department, soiled utility rooms and bath/shower rooms.

(iii) Ceilings shall be acoustically treated in corridors, patient areas, nurses' stations, nourishment stations, recreation and dining areas.

(H) Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to maintain comfortable temperature levels on the floor above.

(I) Fire extinguishers shall be provided in recessed locations throughout the building and shall be located not more than five feet-zero inches (5′ 0″) above the floor.

(J) Floors and walls.

(i) In all areas where floors are subject to wetting, they shall have a non-slip finish.

(ii) Floors shall be easily cleanable.

(iii) Floor materials, threshold, and expansion joint covers shall be flush with each other.

(iv) Walls shall be cleanable and, in the immediate area of plumbing fixtures, the finish shall be moistureproof.

(v) Service pipes in food preparation areas and laundries shall be enclosed.

(vi) Floor and wall penetrations by pipes, ducts and conduits and all joints between floors and walls shall be tightly sealed.

(K) Cubicle curtains and draperies shall be noncombustible or rendered flame retardant.

(L) Windows shall be designed to prevent accidental falls when open.

(M) Mirrors shall be arranged for use by patients in wheelchairs as well as by patients in a standing position.

(N) Soap and paper towels shall be provided at all handwash facilities used by staff.

(O) Prior to licensure of the facility, all electrical and mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications.

(P) Any balcony shall have railings. Such railings shall not be less than forty-eight (48) inches above finished floor.

(20) Required equipment. The following equipment shall be provided by each facility.

(A) one (1) stretcher per nursing unit;

(B) one (1) suction machine per nursing unit;

(C) one (1) oxygen cylinder with transport carrier per nursing unit;

(D) one (1) telephone per nursing unit;

(E) one (1) large, bold-faced clock per nursing unit;

(F) one (1) patient lift per floor;

(G) one (1) ice machine per floor;

(H) one (1) watercooler per floor;

(I) one (1) autoclave per facility; and

(J) one (1) chair or bed scale per facility.

(Effective March 30, 1994; amended March 29, 2001, March 8, 2004, January 4, 2005, May 1, 2007)

Sec. 19-13-D8u. Intravenous therapy programs in chronic and convalescent nursing homes and rest homes with nursing supervision

(a) As used in this section:

(1) ''Administer'' means to initiate the venipuncture and deliver an IV fluid or IV admixture into the blood stream via a vein, and to monitor and care for the venipuncture site, terminate the procedure, and record pertinent events and observations;

(2) ''IV Admixture'' means an IV fluid to which one or more additional drug products have been added;

(3) ''IV Fluid'' means sterile solutions of 50 ml or more, intended for intravenous infusion but excluding blood and blood products;

(4) ''IV therapy'' means the introduction of an IV fluid or IV admixture into the blood stream via a vein for the purpose of correcting water deficit and electrolyte imbalances, providing nutrition, and delivering antibiotics and other therapeutic agents approved by the facility's medical staff;

(5) ''IV therapy program'' means the overall plan by which the facility implements, monitors and safeguards the administration of IV therapy to patients;

(6) ''IV therapy nurse'' means a registered nurse who is qualified by education and training and has demonstrated proficiency in the theoretical and clinical aspects of IV therapy to administer an IV fluid or IV admixture.

(b) **Intravenous Therapy Program Prohibited; Exceptions.** The administration of IV therapy in chronic and convalescent nursing homes and rest homes with nursing supervision is prohibited except when administered directly by a licensed physician or as provided in subsection (c) of this section.

(c) **IV Therapy Programs in Chronic and Convalescent Nursing Homes.** IV Therapy may be administered in a chronic and convalescent nursing home in accordance with the following requirements:

(1) The IV therapy program shall be developed and implemented in a manner which ensures safe care for all patients receiving IV therapy which shall include at least the following:

(A) A description of the objectives, goals and scope of the IV therapy program;

(B) Names and titles, duties and responsibilities, of persons responsible for the direction, supervision and control of the program. Alternates shall be named in their absences;

(C) Written policies and procedures concerning:

(i) Establishment of the standards of education, training, ongoing supervision, in-service education and evaluation of all personnel in the program including the IV therapy nurses, licensed nursing personnel and supportive nursing personnel;

(ii) The origin, form, content, duration and documentation of physician orders for IV therapy;

(iii) The safe administration, monitoring, documentation and termination of IV therapy;

(iv) The safe preparation, labeling and handling of IV admixtures;

(v) The procurement, maintenance, and storage of specific types of equipment and solutions which will be used in the program;

(vi) IV therapy related complications, early recognition of the signs and symptoms of sepsis and acute untoward reaction, and appropriate intervention in a timely manner;

(vii) Surveillance, prevention and review of infections associated with IV therapy;

(viii) The ongoing review of the effectiveness and safety of the program to include problem identification, corrective action and documentation of same;

(2) An IV therapy nurse in a chronic and convalescent nursing home operating an IV therapy program pursuant to a physician order may:

(A) Initiate a venipuncture in a peripheral vein and deliver an IV fluid or IV admixture into the blood stream;

(B) Deliver an IV fluid or IV admixture into a central vein;

(3) Only a physician may initiate and terminate a central vein access.

(4) Licensed nursing personnel may deliver an IV fluid or IV admixture into the blood stream via existing lines, monitor, care for the venipuncture site, terminate the procedure, and record pertinent events and observations.

(5) A log shall be maintained of each IV therapy procedure initiated and made available upon the request of the Commissioner of Public Health. The log shall record as a minimum the following information: Date and time of initiating the IV

therapy; name of patient; name of prescriber; description of the IV therapy; date and time of terminating the IV therapy; outcome of the IV therapy; and, complications encountered, if any.

(Effective May 20, 1985; amended March 8, 2004)

Sec. 19-13-D8v. Pharmaceutical services in chronic and convalescent nursing homes and rest homes with nursing supervision

(a) **Definitions**

For the purposes of these regulations:

(1) ''Administering'' means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with Federal and State laws and regulations governing such act. The complete act of administration includes removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's order, giving the individual dose to the proper patient, and promptly recording the time and dose given.

(2) ''Community Pharmacy'' means a pharmacy licensed pursuant to Section 20-168 of the Connecticut General Statutes. An exception may be made for those cases where a specific patient has a third party prescription drug plan which requires the patient to obtain medications from a specific pharmacy located outside the State of Connecticut, provided such pharmacy complies with the requirements of the State of Connecticut regulations and the policy of the facility regarding labeling and packaging.

(3) ''Compounding'' means the act of selecting, mixing, combining, measuring, counting or otherwise preparing a drug or medicine.

(4) ''Dispensing'' means those acts of processing a drug for delivery or for administration to a patient pursuant to the order of a practitioner consisting of: The checking of the directions on the label with the directions on the prescription or order to determine accuracy, the selection of the drug from stock to fill the order, the counting, measuring, compounding, or preparation of the drug, the placing of the drug in the proper container, the affixing of the label to the container, and the addition to a written prescription of any required notations. For purposes of this part, it does not include the acts of delivery of a drug to a patient or of administration of the drug to the patient.

(5) ''Distributing'' means the movement of a legend drug from a community pharmacy or institutional pharmacy to a nursing service area, while in the originally labeled manufacturer's container or in a prepackaged container labeled according to Federal and State statutes and regulations.

(6) ''Dose'' means the amount of drug to be administered at one time.

(7) ''Facility'' means a chronic and convalescent nursing home or rest home with nursing supervision.

(8) ''Institutional Pharmacy'' means that area within a chronic and convalescent nursing home commonly known as the pharmacy, which is under the direct charge of a full-time pharmacist and wherein drugs are stored and regularly compounded or dispensed and the records of such compounding or dispensing maintained, by such pharmacist.

(9) ''Legend Drugs'' means any article, substance, preparation or device which bears the legend: Federal law prohibits dispensing without a prescription.

(10) ''Pharmaceutical Services'' means the functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the facility, and the monitoring of patient drug therapy.

(11) ''Pharmacist'' means a person duly licensed by the Connecticut Commission of Pharmacy to engage in the practice of pharmacy pursuant to Section 20-170 of the Connecticut General Statutes.

(12) '' 'PRN' Drug'' means a drug which a physician has ordered to be administered only when needed under certain circumstances.

(13) ''Practitioner'' means a physician, dentist or other person authorized to prescribe drugs in the course of professional service in the State of Connecticut.

(14) ''Single Unit'' means one, discrete pharmaceutical dosage form (e.g., one tablet or one capsule) of a drug. A single unit becomes a unit dose, if the physician orders that particular amount of a drug.

(15) ''Unit Dose'' means the ordered amount of a drug in a prepackaged dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(b) **Pharmaceutical services.**

(1) Each facility shall assure the availability of pharmaceutical services to meet the needs of the patients. All such pharmaceutical services shall be provided in accordance with all applicable federal and state laws and regulations.

Drug distribution and dispensing functions shall be conducted through:

(A) a community pharmacy; or

(B) an institutional pharmacy.

(2) The pharmaceutical services obtained by each facility shall be provided under the supervision of a pharmacist as follows:

(A) If the facility operates an institutional pharmacy, the facility shall employ a pharmacist who shall supervise the provision of pharmaceutical services at least thirty-five (35) hours per week.

(B) When pharmaceutical services are obtained through a community pharmacy, the facility shall have a written agreement with a pharmacist to serve as a consultant on pharmaceutical services, as follows:

(i) The consultant pharmacist shall visit the facility at least monthly, to review the pharmaceutical services provided, make recommendations for improvements thereto and monitor the service to assure the ongoing provision of accurate, efficient and appropriate services.

(ii) Signed dated reports of the pharmacist's monthly reviews, findings and recommendations shall be forwarded to the facility's Administrator, Medical Director and Director of Nursing and kept on file in the facility for a minimum of three (3) years.

(C) Whether pharmaceutical services are obtained through a community pharmacy or an institutional pharmacy, the facility shall ensure that a pharmacist is responsible for the following functions:

(i) compounding, packaging, labeling, dispensing and distributing all drugs to be administered to patients;

(ii) monitoring patient drug therapy for potential drug interactions and incompatabilities at least monthly with documentation of same; and

(iii) inspecting all areas within the facility where drugs (including emergency supplies) are stored at least monthly to assure that all drugs are properly labeled, stored and controlled.

(3) Proper space and equipment shall be provided within the facility for the storage, safeguarding, preparation, dispensing and administration of drugs.

(A) Any storage or medication administration area shall serve clean functions only and shall be well illuminated and ventilated. When any mobile medication cart

is not being used in the administration of medicines to patients, it shall be stored in a locked room that meets this requirement.

(B) All medication cabinets (stationary or mobile) shall be closed and locked when not in current use unless they are stationary cabinets located in a locked room that serves exclusively for storage of drugs and supplies and equipment used in the administration of drugs.

(C) Controlled substances shall be stored and handled in accordance with provisions set forth in Chapter 420b of the Connecticut General Statutes and regulations thereunder.

(D) When there is an institutional pharmacy:

(i) The premises shall be kept clean, lighted and ventilated, and the equipment and facilities necessary for compounding, manufacturing and dispensing drugs shall be maintained in good operational condition.

(ii) Adequate space shall be provided to allow specialized pharmacy functions such as sterile IV admixture to be performed in discrete areas.

(4) Each facility shall develop, implement and enforce written policies and procedures for control and accountability, distribution, and assurance of quality of all drugs and biologicals, which shall include the following specifics:

(A) Records shall be maintained for all transactions involved in the provision of pharmaceutical services as required by law and as necessary to maintain control of, and accountability for, all drugs and pharmaceutical supplies.

(B) Drugs shall be distributed in the facility in accordance with the following requirements:

(i) All medications shall be dispensed to patients on an individual basis except for predetermined floor stock medication.

(ii) Floor stock shall be limited to emergency drugs, contingency supplies of legend drugs for initiating therapy when the pharmacy is closed, and routinely used non-legend drugs. Floor stock may include controlled substances in facilities that operate an institutional pharmacy.

(iii) Emergency drugs shall be readily available in a designated location.

(C) Drugs and biologicals shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

(i) Drugs shall be accessible only to legally authorized persons and shall be kept in locked storage at any time such a legally authorized person is not in immediate attendance.

(ii) All drugs requiring refrigeration shall be stored separately in a refrigerator that is locked or in a locked room and that is used exclusively for medications and medication adjuncts.

(iii) The inside temperature of a refrigerator in which drugs are stored shall be maintained within a thirty-six degree (36°) to forty-six degree (46°) fahrenheit range.

(D) All drugs shall be kept in containers that have been labeled by a pharmacist or in their original containers labeled by their manufacturer and shall not be transferred from the containers in which they were obtained except for preparation of a dose for administration. Drugs to be dispensed to patients on leaves of absence or at the time of discharge from the facility shall be packaged in accordance with the provisions of the Federal Poison Prevention Act and any other applicable Federal or State Law.

(E) Drugs and biologicals shall be properly labeled as follows:

(i) Floor stock containers shall be labeled at least with the following information: name and strength of drug; manufacturer's lot number or internal control number; and, expiration date.

(ii) The label for containers of medication dispensed from an institutional pharmacy for inpatient use shall include at least the following information: name of the patient; name of prescribing practitioner; name, strength and quantity of drug dispensed; expiration date.

(iii) The label for containers of medication obtained from a community pharmacy for inpatient use shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; name, strength and quantity of drug dispensed, date of dispensing the medication; expiration date. Specific directions for use must be included in the labeling of prescriptions containing controlled substances.

(iv) The label for containers of medication dispensed to patients for inpatient self care use, or during leaves of absence or at discharge from the facility shall include at least the following information: name, address and telephone number of the dispensing pharmacy; name of the patient; name of the prescribing practitioner; specific directions for use; name, strength and quantity of the drug dispensed; date of dispensing.

(v) In cases where a multiple dose package is too small to accommodate a standard prescription label, the standard label may be placed on an outer container into which the multiple dose package is placed. A reference label containing the name of the patient, prescription serial number and the name and strength of the drug shall be attached to the actual multiple dose package. Injectables intended for single dose that are ordered in a multiple quantity may be banded together for dispensing and one (1) label placed on the outside of the banded package.

(vi) In lieu of explicitly stated expiration dating on the prescription container label, a system established by facility policy may be used for controlling the expiration dating of time-dated drugs.

(F) Drugs on the premises of the facility which are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be disposed of in accordance with the following requirements:

(i) Controlled substances shall be disposed of in accordance with Section 21a-262-3 of the regulations of Connecticut State Agencies.

(ii) Non-controlled substances shall be destroyed on the premises by a licensed nurse or pharmacist in the presence of another staff person, in a safe manner so as to render the drugs non-recoverable. The facility shall maintain a record of any such destructions which shall include as a minimum the following information: date, strength, form and quantity of drugs destroyed; and the signatures of the persons destroying the drugs and witnessing the destruction.

(iii) Records for the destruction of drugs shall be kept on file for three (3) years.

(G) Current pharmaceutical reference material shall be kept on the premises in order to provide the professional staff with complete information concerning drugs.

(H) The following additional requirements shall apply to any unit dose drug distribution system:

(i) Each single unit or unit dose of a drug shall be packaged in a manner that protects the drug from contamination or deterioration and prevents release of the drug until the time the package is opened deliberately.

(ii) A clear, legible label shall be printed on or affixed securely to each package of a single unit or unit dose of a drug. Each drug label shall include the name; strength; for each unit dose package, the dosage amount of the drug; the lot or control number; and the expiration date for any time-dated drugs.

(iii) Packages of single unit or unit doses of drugs shall be placed, transported and kept in individual compartments.

(iv) Each individual drug compartment shall be labeled with the full name of the patient, and the patient's room number or bed number.

(I) The facility shall implement a drug recall procedure which can be readily implemented.

(5) Each facility shall develop and follow current written policies and procedures for the safe prescribing and administration of drugs.

(A) Medication orders shall be explicit as to drug, dose, route, frequency, and if P.R.N., reason for use.

(i) Medications not specifically limited as to time or number of doses shall be stopped in accordance with the following time frame: controlled substances shall be stopped within three (3) days; antibiotics and other antiinfectives (topical and systemic), anti-coagulants, antiemetics, cortico steroids (topical and systemic), cough and cold preparations, and psychotherapeutic agents shall be stopped within ten (10) days.

(ii) Orders for all other drugs shall remain in effect until the time of the next scheduled visit of the physician.

(iii) A staff member shall notify the practitioner of the impending stop order prior to the time the drug would be automatically stopped in accordance with the preceding policy.

(B) Patients shall be permitted to self-administer medications on a specific written order from the physician. Self-administered medication shall be monitored and controlled in accordance with procedures established in the facility.

(C) Medication errors and apparent adverse drug reactions shall be recorded in the patient's medical record, reported to the attending physician, director of nursing, and consultant pharmacist, as appropriate, and described in a full incident report in accordance with Section 19-13-D8t (g) of the Regulations of Connecticut State Agencies.

(6) A pharmacy and therapeutics committee shall oversee the pharmaceutical services provided to each facility, make recommendations for improvement thereto, and monitor the service to ensure its accuracy and adequacy.

(A) The committee shall be composed of at least one pharmacist, the facility's director of nursing, the facility's administrator, and a physician.

(B) The committee shall meet, at least quarterly, and document its activities, findings and recommendations.

(C) Specific functions of the committee shall, as a minimum, include the following:

(i) Developing procedures for the distribution and control of drugs and biologicals in the facility in accordance with these regulations;

(ii) Reviewing adverse drug reactions that occur in the facility and reporting clinically significant incidents to the Federal Food and Drug Administration; and

(iii) Reviewing medication errors that occur in the facility and recommending appropriate action to minimize the recurrence of such incidents.

(Effective March 30, 1994)

Sec. 19-13-D9. Chronic and convalescent nursing homes and rest homes with nursing supervision with authorization to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist

Chronic and convalescent nursing homes licensed under section 19-13-D8 and rest homes with nursing supervision licensed under section 19-13-D7 may be author-

ized to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist, provided they shall comply with the requirements of section 19-13-D13.

(Effective December 8, 1975)

Secs. 19-13-D10—19-13-D11.

Repealed, September 25, 1990.

Sec. 19-13-D12. Multi-care institutions

Each unit of a multi-care institution conforming to the definition of any institution listed in section 19-13-D1 shall be required to meet the regulations governing the maintenance and operation of such institution as specified in this regulation.

Sec. 19-13-D13. Chronic and convalescent nursing homes and rest homes with nursing supervision with authorization to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist

Chronic and convalescent nursing homes and rest homes with nursing supervision licensed under section 19-33 of the general statutes complying with this section may be authorized to accept persons suffering from manageable psychiatric conditions as determined by a board qualified or certified psychiatrist when such persons have been evaluated by a physician licensed to practice medicine and surgery in Connecticut who has completed graduate residency training approved by the American Board of Psychiatry and Neurology and when this physician has recommended in writing that the person may be appropriately cared for in the nursing home:

(a) In all chronic and convalescent nursing homes of any size and rest homes with nursing supervision of sixty one beds or more there shall be in attendance at all times a registered nurse, or a nurse with special training or experience in the care of mental patients. In rest homes with nursing supervision of sixty beds or less the registered nurse or a nurse with special training or experience in the care of mental patients may be a consultant. Consultation shall be at least eight hours per week.

(b) A person suffering from a manageable psychiatric condition as determined by a qualified psychiatrist may be admitted to such a nursing home or rest home with nursing supervision only on a written certificate. Such certificate shall give the name and location of the nursing home or rest home with nursing supervision to which admission is sought, the name and address of the person in charge, the name, age, sex and residence of the patient, the name and address of a responsible relative or guardian, the diagnosis of the mental condition according to standard classified nomenclature of mental disease, the prognosis of the case and previous admissions to psychiatric hospitals and shall express the opinion that the patient may be cared for in such nursing home without injury to the patient or persons or property. These certificates shall be kept in a manner approved by the commissioner of health.

(c) The following rules apply to the care of patients:

(1) Patients shall be treated kindly at all times.

(2) No patient shall be restrained, either by physical or chemical means, except on written order of a physician. Should such physical or chemical restraint be required, the physician shall record in the patient's clinical record the order for such restraint and the reason that such restraint is required as well as the suitability of the patient for continued stay in a chronic and convalescent nursing home or a rest

home with nursing supervision. The physician shall be required to renew the order for such restraint and to indicate the reason for such restraint at least every ten days. The nursing staff shall be required to record all physicial restraints used by type, frequency of use and each time they are checked to ensure the patient's health and safety are not being jeopardized. Licensed nurses may use physical restraints to protect the patient, or others in the institution, if such nurse or nurses deem that this action is necessary. This action may be done without a physician's order providing that the physician is notified as soon as the patient is safely under control and the physician shall visit the institution to take appropriate action in regard to the nurse's decision within eight hours of the notification.

(3) If a patient's condition changes so that he may do injury to himself, other persons or property, arrangement shall be made for his immediate transfer to a more suitable institution.

(4) No patient may be held contrary to the commitment laws of Connecticut.

(d) **Classification of civil penalty violation for chronic and convalescent nursing homes and rest homes with nursing supervision with authorization to care for persons with manageable psychiatric condition as determined by a board qualified or certified psychiatrist.** Any chronic and convalescent nursing home or rest home with nursing supervision with authorization to care for persons with manageable psychiatric conditions as determined by a board qualified or certified psychiatrist as defined in Section 19a-521 Connecticut General Statutes found by the Commissioner of Health Services to be in violation of one of the following provisions of the Regulations of the Connecticut State Agencies known as the Public Health Code shall be subject to the class of violation indicated below and penalties indicated in Section 19a-527 Connecticut General Statutes:

(1) A violation of the following provisions shall result in a Class B violation:

(A) 19-13-D13 (b);

(B) 19-13-D13 (c) (2);

(Effective March 1, 1988)

Sec. 19-13-D14. Minimum requirements for licensing maternity hospitals

For the purpose of this section, ''maternity hospital'' or ''lying-in place'' means a place into which women are received for professional care because of pregnancy. Each maternity hospital affected by section 19-43 of the general statutes shall comply with the following requirements before a license is issued:

(a) **Medical service.** There shall be a resident physician or consulting physician for each maternity hospital who shall assume responsibility for the general adequacy of medical nursing care rendered in the institution and who shall be available for emergency in case of need, provided a practitioner of a healing art entitled by law to practice obstetrics may conduct a maternity hospital with a resident or consulting practitioner of a healing art licensed to practice surgery.

(b) **Nursing service.** Each maternity hospital shall have a registered nurse in attendance at all times for the mothers and infants and such nurse shall not attend patients on any other service.

(c) **Cleanliness and management.** The building, equipment and surroundings shall be kept clean at all times and the management and operation of the hospital shall be such as reasonably to ensure the health, comfort and safety of the patients.

(d) **Building, space and equipment requirements.** The building, space and equipment requirements for a maternity hospital shall be provided for as follows:

(1) Fire protection. The buildings, equipment and precautions taken to provide for the safety of patients and employees in case of fire shall be approved by the state commissioner of health.

(2) A separate unit. To insure complete segregation of maternity patients and new-born infants from other types of patients, a maternity hospital operated as a part of a general hospital shall be in a separate unit of the institution and either have its own separate sterilization equipment and supplies or be furnished with sterile supplies from a central sterilizing room.

(3) Nursery. Each maternity hospital shall maintain a separate room for a nursery with a bassinet for each baby and one incubator for a premature infant, for every ten or fewer bassinets. This is not to be construed to preclude rooming-in accommodations when the hospital has adequate facilities, including hot and cold running water, for the care of the mothers and infants.

(4) Delivery room. Each maternity hospital shall have a separate delivery room which shall not be used for any patient with an infection.

(5) Space between beds. There shall be a space of at least three feet between beds.

(6) Isolation facilities. A separate room shall be available for the isolation of patients who develop evidence of infection. Any indication of infection shall be reported immediately to the physician who has assumed responsibility for adequacy of care in the institution. Any obstetrical patient with a mouth temperature of 100.4°F. or more (excluding the first twenty-four hours after delivery) for a period longer than twenty-four hours, as well as any other infection which may be contagious irrespective of temperature readings, shall be isolated from other maternity patients. Any infant showing evidence of infection of any kind or any infant exposed to an infected mother shall be removed from the nursery. Isolation technique shall be observed for all such cases.

(7) Temperature. The heating equipment shall be such as will maintain a temperature of not less than 70°F. No oil or gas heater shall be used in a room unless it is directly connected with a flue which opens to the outside air.

(8) Laboratory. There shall be laboratory equipment and reagents necessary to test urine for albumin, sugar and acetone bodies.

(9) Other equipment. Each maternity hospital shall have adequate equipment for resuscitation of infants.

(e) **Records.** A complete record of each case shall be kept which shall include items of information as may be required by the state department of health and shall include all items necessary to fill out a death certificate for the mother and all items necessary to fill out a birth certificate or a death certificate for the baby, together with steps taken in handling the case.

(f) **Required procedure.** The following procedures shall be carried out for each case admitted to a maternity hospital:

(1) Each patient shall be attended by a practitioner of the healing arts licensed to practice obstetrics or by a midwife.

(2) A specimen of blood shall be taken from each patient for the Wasserman or Kahn or similar test and submitted to a laboratory approved by the state department of health, unless the attending physician writes and signs a note in the record that such test is not necessary.

(3) Before removal from the delivery room, each newborn infant shall be marked for identification with a mark which shall not be removed while the child is in the hospital.

(4) All drugs, disinfecting solution and other preparations kept in the institution shall be distinctly and correctly labeled and kept readily available in a place approved by the state department of health.

(5) Section 19-92 of the general statutes reads as follows: ''Any inflammation, swelling or unusual redness in the eyes of any infant, either apart from or with any unnatural discharge from the eyes of such infant, occurring at any time within two weeks after the birth of such infant, shall, for the purposes of this section, be designated as 'inflammation of the eyes of the newborn.' The professional attendant or other person caring for a newborn infant shall report any such inflammation of the eyes of the newborn to the local director of health within six hours after such condition is observed. The person in attendance at the birth of any infant shall instill into the eyes of such infant, immediately after birth, one or two drops of a prophylactic solution approved by the state department of health. The state department of health shall furnish in a convenient form for such use a prophylactic solution for gratuitous distribution to persons licensed to practice the healing arts or midwifery. Any person who violates any provision of this section shall be fined not less than ten dollars nor more than fifty dollars.''

(g) **Duration of license.** Each license shall terminate on the thirty-first day of December of each year. A license may be revoked at any time for just cause.

Sec. 19-13-D14a.

Repealed, December 23, 1997.

Secs. 19-13-D15—19-13-D16.

Repealed, October 28, 1985.

Sec. 19-13-16a.

Repealed, February 16, 1978.

Secs. 19-13-D17—19-13-D18.

Repealed, October 28, 1985.

Sec. 19-13-D18a.

Repealed, February 16, 1978.

Sec. 19-13-D19.

Repealed, May 19, 1970.

Secs. 19-13-D19a—19-13-D19b.

Repealed, October 28, 1985.

Secs. 19-13-D20—19-13-D39.

Repealed, June 4, 1996.

Sec. 19-13-D40. Donation of eyes for scientific, educational or therapeutic use

(a) **Definitions.** In this regulation to effect the purposes of section 19-139e of the 1965 supplement to the general statutes, insofar as they pertain to eyes, to following words and phrases shall have the following meanings:

(1) Eye bank means an identified special function of a hospital or medical institution having a record system covering the status of the donor's intent and disposition of the donated tissue, providing storage facilities, carrying cases and solution for in and out transportation and having materials necessary for maintaining bacteriological and pathological control of the tissue;

(2) donor means the person who by written instrument has validly donated his eyes for use after his death;

(3) donee means any Connecticut hospital or medical institution establishing an eye bank approved by the state department of health to receive eyes for assignment for transplantation or for any other scientific, educational or therapeutic use;

(4) donee's agent means any physician, or the agent of any Connecticut hospital or medical institution, cooperating with the donee in the removal, preparation or storage of the donor's eyes, and

(5) recipient means any person eligible to receive a transplantation of eye tissue, or any hospital or medical institution receiving eye tissue for other scientific, educational or therapeutic use.

(b) **Approval of donee.** Any donee shall make annual application in writing over the signature of a responsible executive or staff member to the state commissioner of health for approval as required in section 19-139c of the 1965 supplement to the general statutes. After inspection, the commissioner of health shall notify the hospital or medical institution whether or not the application is approved, which notification shall be kept as part of the permanent records of the eye bank.

(c) **Notification on death of donor.** Upon the death of the donor, his next of kin or other person legally responsible shall forthwith notify the donee, which shall agree to keep such records as the state department of health may require to accomplish the purposes of this section at no expense to the state.

(d) **Priority schedule for distribution.** Each donee shall maintain a priority schedule to ensure that the distribution of available or suitable tissue be made in the following order:

(1) For those purposes that may be specified by the donor in the written instrument, when feasible;

(2) for use of the eye for a living recipient in Connecticut;

(3) for use of the eye outside of Connecticut for a living recipient who is a Connecticut resident;

(4) for use of the eye outside of Connecticut for a living recipient who is a nonresident of Connecticut;

(5) for other medical or educational purposes.

(e) **Procedure and techniques to be approved.** All procedures, equipment and techniques used by a donee or donee's agent in the removal, preparation, storage and transportation of the donor's eyes shall be based upon principles of asepsis and shall meet the approval of the state department of health.

(f) **Fee prohibited.** No fee of any kind may be charged the donor or the recipient except where authorized by statute nor may requests for donations in lieu of a fee be solicited.

(g) **Removal of eyes prohibited, when.** No donor's eyes shall be removed if it is known that a valid gift of the whole of the donor's body has been made unless the donor has expressly indicated to the contrary under the provisions of the written instrument, nor shall any eye be used for any living recipient pursuant to this section when the medical history of the donor or subsequent tests of the enucleated eyes reveal any disease or condition specified by the state department of health as rendering such tissue unfit for such use.

(h) **Instrument for gift.** The written instrument specified in section 19-139e of the 1965 supplement to the general statutes and such additional forms with such instructions as may be necessary to accomplish the purposes of said section shall be prepared or approved by the state department of health.

(i) **Advisory committee.** An advisory committee, consisting of at least four members, of whom at least one shall be an ophthalmologist, one a pathologist and

one a hospital administrator, shall be appointed by the commissioner of health to advise him in the carrying out of the purposes of said section.
(Effective September 1, 1964)

Secs. 19-13-D41—19-13-D42.

Repealed, September 1, 2006.

Sec. 19-13-D43.

Repealed, July 30, 1990.

Sec. 19-13-D43a. Licensure of infirmaries operated by educational institutions

(a) **Definitions.**

(1) ''Accident - Incident'' means an occurrence, injury or unusual event which may result in serious injury or death to a patient, or which interrupts services provided by the infirmary;

(2) ''Academic year'' means the school year as officially designated by the educational institution;

(3) ''Applicant'' means any individual, firm, partnership, corporation or association applying for or requesting a license or renewal of a license;

(4) ''Alterations'' means minor remodeling or revision which does not substantially change the physical plant of the infirmary.

(5) ''Commissioner'' means the Commissioner of the Connecticut Department of Public Health or his designated representative;

(6) ''Construction'' means the act or process of building;

(7) ''Department'' means Connecticut Department of Public Health or any duly authorized representative thereof;

(8) ''Educational institution'' means a place of learning, that is, a school, college, or university;

(9) ''Employee'' means a person who is employed by an educational institution in return for financial or other compensation;

(10) ''Expansion'' means an increase in the physical size or dimensions of the infirmary;

(11) ''Facility'' means the infirmary, as defined in this subsection;

(12) ''Faculty'' means the teachers and instructors employed by an educational institution;

(13) ''Goals'' means attainable ends towards which clinical care is directed and focused;

(14) ''Governing authority'' means the individuals with the ultimate authority and responsibility for the overall operation of the educational institution and the services which it provides;

(15) ''Infirmary'' means a health care facility operated by an educational institution, which provides evaluation and treatment services for routine health problems and provides overnight accommodations of limited duration for students, faculty and employees of such institution who are receiving short term care and treatment for noncritical illnesses, are recovering from surgery, or require observation, and who do not require the skills and equipment of an acute care hospital;

(16) ''Institutional Outbreak'' means the occurrence in an institution of cases of illness over a specific time period clearly in excess of normal expectancy. The number of cases indicating an institutional outbreak may vary according to the

etiology, size and type of population exposed, experience with the disease, and time and place of occurrence. An outbreak of disease is an epidemic;

(17) ''License'' means the form of permission issued by the Department of Public Health that authorizes an educational institution to operate an infirmary;

(18) ''Licensee'' means the educational institution licensed to operate an infirmary;

(19) ''Licensed Capacity'' means the maximum number of patients allowed under the school's license to be admitted to the infirmary for overnight care at any one time;

(20) ''Licensed Nursing Personnel'' means registered nurses and practical nurses licensed in Connecticut in accordance with Chapter 378, of the Connecticut General Statutes;

(21) ''Local Director of Health'' means and includes town, city, borough, district, and local director of health, local superintendent and commissioner of health, and any officer or person having the usual powers and duties of a local director of health;

(22) ''Medication'' means any medicinal preparation including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;

(23) ''Nursing Care Plan'' means a written plan documenting a patient's nursing needs based on the use of the nursing process and includes a written plan to meet these needs;

(24) ''On Call'' means the continuous availability either in person or by telephone or by telecommunication to personnel who are on duty in the infirmary;

(25) ''On Duty'' means physically present in the infirmary, awake and alert and able to respond to patient care needs;

(26) ''Patient Care Plan'' means an overall, interdisciplinary written plan documenting an evaluation of the patients needs, short and long term goals, care and treatment;

(27) ''Patient Rights'' means those rights to which all patients are entitled by state and federal law;

(28) ''Physician'' means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut in accordance with Chapters 370 or 371, of the Connecticut General Statutes;

(29) ''Practical Nurse'' means a person with a license to practice as a practical nurse in Connecticut in accordance with Chapter 378, of the Connecticut General Statutes.

(30) ''Quality Care'' means that patients receive clinically competent care which meets professional standards, are supported and directed in a planned pattern toward mutually defined outcomes, obtain coordinated service through each level of care, and are taught self-management and preventive health measures with respect to age and level of understanding;

(31) ''Registered Nurse'' means a person with a license to practice as a professional nurse in Connecticut in accordance with Chapter 378, of the Connecticut General Statutes;

(32) ''Renovation'' means a major remodeling or revision which substantially changes the physical plant of the infirmary;

(33) ''Reportable Disease'' means a communicable disease, disease outbreak or other condition of public health significance required to be reported to the department and the local director of health;

(34) ''Statement of Ownership and Operations'' means a written statement as to the legal owners of the premises and legal entity that operates the facility to be licensed;

(35) ''Student'' means an individual who is enrolled to attend an educational institution;

(36) ''Supervision'' means the direct inspection and on site observation of the functions and activities of others in the performance of their duties and responsibilities;

(37) ''Vector'' means an organism which carries pathogens from one host to another.

(b) **Licensure Procedure.**

(1) No educational institution shall operate an infirmary without a license issued by the department in accordance with section 19a-491 of the Connecticut General Statutes.

(2) Application for Licensure

(A) Application for the initial granting or renewal of a license to operate an infirmary in an educational institution shall be made in writing on forms provided by the department and shall be signed by the Chief Administrative Officer, Medical Director, and Nursing Director and shall contain the following information:

(i) name and address of education institution;

(ii) location within the education institution of the infirmary;

(iii) type of facility to be licensed;

(iv) number of beds to be licensed;

(v) statement of ownership and operation;

(vi) evidence of compliance with local zoning ordinances and local building codes upon initial application and when applicable;

(vii) a certificate issued by the local fire marshal indicating that an annual inspection has been made and that the infirmary is in compliance with the applicable fire codes;

(viii) a report issued by the department indicating that the annual inspection by a sanitarian has been made and that the infirmary is in compliance with the applicable environmental health codes;

(ix) an organizational chart for the infirmary;

(x) names and titles of the clinical staff employed in the infirmary; and

(xi) statistical information as requested by the department.

(B) An application for license renewal shall be made in accordance with subsection (b) above, not later than October 15th each year.

(3) Issuance and Renewal of Licensure

(A) Upon determination by the department that an infirmary is in compliance with the statutes and regulations pertaining to its licensure, the department shall issue a license or renewal of a license to operate an infirmary in accordance with section 19a-493 of the Connecticut General Statutes as amended.

(B) A license shall be issued in the name of the educational institution and premises as listed on the application. The license shall not be transferable to any other person, institution or corporation.

(C) Each license shall list on its face the location and licensed capacity of the infirmary, the name of the educational institution, and the dates of issuance and expiration.

(D) The license shall be posted in a conspicuous place in the infirmary in an area accessible to the public.

(E) The licensee shall immediately notify the Department of Public Health of any change in the Chief Administrative Officer, Medical Director, or Nursing Director.

(F) The licensee shall notify the department in writing of any proposed change of ownership, location of the infirmary, number of beds, or services provided at least ninety (90) days prior to the effective date of such proposed change. The change shall not become effective without prior written approval by the department.

(4) Suspension, Revocation or Denial of License

(A) The department after a hearing may suspend, revoke, refuse to renew a license or take any other action it deems necessary whenever, in the judgment of the commissioner, the infirmary:

(i) substantially fails to comply with applicable regulations prescribed by the department;

(ii) substantially fails to comply with applicable state, local and federal laws, ordinances, and regulations related to the building, health, fire protection, safety, sanitation or zoning codes; or,

(iii) knowingly furnishes or makes any false or misleading statements to the department in order to obtain or retain the license.

(B) Any educational institution may appeal such suspension, revocation or denial in accordance with Section 19a-501 of the General Statutes of Connecticut and Sections 19-2a-1 through 19-2a-41 inclusive of the Regulations of Connecticut State Agencies.

(C) Refusal to grant the department access to the infirmary or to those infirmary records relating to matters concerning the department in the discharge of its duties shall be grounds for denial or revocation of the infirmary's license. If, after a hearing, the commissioner determines that the department does have the right to access these records, the school's refusal to grant access shall constitute a substantial failure to comply.

(5) Surrender of license

(A) At least thirty (30) days prior to the voluntary termination of infirmary services the department shall be notified in writing by the educational institution of its intention.

(B) The educational institution shall notify those who are eligible to use the infirmary at least thirty (30) days prior to any one of the actions in subsections (i) and (ii) below. The individuals to be notified shall be identified as part of the educational institution's written policies:

(i) the voluntary surrender of an infirmary license by the institution;

(ii) the department's order of revocation; or the department's refusal to renew the license; or the department's suspension of the license.

(C) The license shall be surrendered to the department within seven (7) days after voluntary termination of operation, or revocation or suspension of the infirmary license, unless otherwise ordered by the commissioner.

(c) **Administration.**

(1) Governing Authority

(A) The governing authority of the educational institution shall be the governing authority for the licensed infirmary and shall be responsible for compliance with relevant regulations.

(B) The governing authority shall exercise general direction over the establishment and implementation of policies for the licensed infirmary and may delegate formulation and enactment of procedures in compliance with all local, state, and federal laws. Such direction and policies shall include but not be limited to:

(i) appointment of a chief administrative officer whose qualifications, authority and duties are defined in writing; and notification of the department of any change in appointment;

(ii) provision of a safely equipped physical plant and maintenance of the infirmary and services in accordance with all applicable local, state and federal laws;

(iii) establishment of an organizational chart which clearly defines the lines of responsibility and authority relating to the management and maintenance of the infirmary;

(iv) establishment of mechanisms and documentation of annual review of all infirmary policies and procedures;

(v) documentation of all current agreements with consultants, practitioners, agencies and providers required on a regular basis by the infirmary in the delivery of services. These agreements shall be considered in force unless terminated by one of the parties.

(2) Chief Administrative Officer

(A) Each licensed infirmary shall have a chief administrative officer who is accountable to the governing authority for:

(i) the general operation of the infirmary;

(ii) the appointment of a medical director and notification to the department of any change in this position;

(iii) the appointment of a nursing director and notification to the department of any change in this position; and

(iv) filing all materials for licensure or relicensure.

(B) The chief administrative officer may delegate responsibilities for the operation of the infirmary to others as appropriate.

(d) **Staffing.** Each infirmary shall have qualified staff to meet the needs of patients. These shall include:

(1) Medical Director

(A) There shall be a licensed physician or licensed osteopath designated as the medical director.

(B) The medical director, with the approval of the chief administrative officer, shall designate another licensed physician to act in his/her place during his/her absence.

(C) The duties of the medical director shall include, but not be limited to:

(i) visiting the infirmary as frequently as clinically indicated; and

(ii) being available by telephone twenty-four (24) hours per day and being available to respond promptly in an emergency.

(D) The medical director shall assume responsibility for:

(i) the medical care rendered in the infirmary;

(ii) developing criteria by which he/she can determine the admission or denial of admission of a patient based on the infirmary's ability to provide needed care;

(iii) proper care and inventory of all drugs in accordance with section 21a-254 of the Connecticut General Statutes.

(iv) the medical record including the proper entry of medical and clinical services provided;

(v) receiving reports from the nursing director on significant clinical developments in patients' care; and

(vi) authorizing hospital care, medical referrals, and other clinical services as needed for patients in the infirmary.

(2) Nursing Director - There shall be a full-time licensed registered nurse designated as the nursing director for the infirmary and whose responsibilities shall include, but not be limited to:

(A) the nursing care provided to patients in the infirmary;

(B) determining and arranging staffing when there are patients in the infirmary;

(C) participating in staff recruitment and selection;

(D) notifying the department of changes in nursing staff with the exception of those employed directly by a nursing pool;

(E) orienting, supervising and evaluating the infirmary nursing staff;

(F) proper maintenance of clinical records; and

(G) coordinating the services provided to patients in the infirmary.

(3) Nursing Staff

(A) There shall be a licensed nurse on duty whenever there is a patient in the infirmary.

(B) When the infirmary is open, there shall be a licensed registered nurse or a licensed physician on call.

(C) When the infirmary is closed, there shall be a plan for alternate care.

(D) Staff Schedule:

(i) There shall be a staff schedule and assignment of duties to assure twenty-four (24) hour coverage sufficient to meet the needs of patients in the infirmary.

(ii) There shall be a licensed nurse designated in charge for each shift when there is a patient in the infirmary.

(4) Nurse's Aides

(A) Nurse's Aides may be employed to care for patients in the infirmary under the direction of a licensed nurse.

(B) A nurse aide's preparation or work experience shall include one of the following:

(i) A certificate of satisfactory completion of an approved nurse's aide training program in accordance with section 19-13-D8t (1) of the Regulations of Connecticut State Agencies; or,

(ii) evidence of completion of:

(aa) a vocational nurse's aide program by the State Department of Education; or,

(bb) a minimum of one (1) year of continuous, full-time or full-time equivalent work experience as a nurse aide providing personal care of patients under the supervision of a registered nurse in a general hospital, hospice, chronic disease hospital, chronic and convalescent nursing home, and completion of a nurse's aide competency evaluation.

(iii) One year of continuous employment as a nurse's aide in the same licensed infirmary in an educational institution prior to August 1, 1990.

(C) Nurse's aides may provide care only when:

(i) there is a licensed nurse on duty; and,

(ii) there is a written plan for the nursing care to be provided by the nurse's aide, which does not include skilled nursing care, medication administration, or treatments, and which is legally permissible and within the competence of the nurse's aide.

(D) Nurse's aides may not assess and/or admit patients to the infirmary or discharge patients from the infirmary.

(5) A homemaker-home health aide as defined in section 19-13-D80 (n) of the Regulations of Connecticut State Agencies may provide care on the same basis as a nurse's aide in accordance with subdivisions (4)(C) and (4)(D) of this subsection.

(e) **Physical Plant**

(1) The standards established by the following sources for the construction, renovation, alteration, expansion, conversion, maintenance and licensure of infirmaries, as they are amended from time to time, are incorporated and made a part of these regulations by reference:

(A) State of Connecticut Basic Building Code;

(B) State of Connecticut Fire Safety Code;

(C) State of Connecticut Public Health Code;

(D) Local Codes and Ordinances.

(2) Plans and specifications for new construction and alteration, addition or modification of an existing structure are subject to approval by the department on the basis of compliance with the Regulations of Connecticut State Agencies after the approval of such plans and specifications by the local building inspector, local director of health or designee, and local fire marshal prior to the start of construction.

(3) Waiver

(A) The commissioner may waive provisions of subdivisions (4) and (5) of this subsection related to the environment and physical plant in these regulations, if the commissioner determines that meeting these provisions is not possible and such waiver would not endanger the life, safety or health of patients in the infirmary. The commissioner shall have the power to impose conditions which assure the health, safety and welfare of patients upon the grant of such waiver, or to revoke such waiver upon finding that the health, safety or welfare of any patient has been jeopardized.

(B) Any infirmary requesting a waiver shall apply in writing to the department. Such application shall include:

(i) the name and address of the infirmary including the name of the Chief Administrative Officer and the contact telephone number;

(ii) the specific regulations for which the waiver is requested;

(iii) the level of care which the infirmary provides;

(iv) the maximum patient capacity;

(v) The reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the infirmary upon enforcement of the regulation;

(vi) the specific relief requested;

(vii) the length of time for which the waiver is requested;

(viii) the impact of a waiver on the care provided;

(ix) alternative methods for meeting regulatory requirements; and

(x) any documentation which supports the application for waiver.

(C) In consideration of any application for a waiver, the commissioner may ask that additional information be provided.

(D) The department may request a meeting with the applicant in conjunction with the waiver application.

(E) The applicant may request a meeting with the department in conjunction with the waiver application.

(F) Should the waiver be denied, the applicant may request a hearing. This hearing shall be held in conformance with Chapter 54 of the Connecticut General Statutes and department regulations.

(G) A waiver shall be granted for no more than two years at a time and may be renewed subject to approval by the commissioner.

(4) General Requirements

(A) The infirmary shall be of structurally sound construction and equipped, so as to sustain its safe and sanitary characteristics to prevent or minimize all health and fire hazards.

(B) The building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established which ensures that the interior,

exterior and grounds of the building are maintained, kept clean and orderly, and free from accumulations of refuse, dilapidated structures, and other health hazards.

(C) Sleeping and personal care space:

(i) In existing infirmaries there shall be clearly defined sleeping and personal care areas which are sufficient in size to comfortably accommodate the approved capacity of patients.

(ii) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, a physical environment, including opportunities for privacy, in clearly defined sleeping and personal care spaces shall be provided. This area shall be sufficient in size to comfortably accommodate the approved capacity of patients.

(D) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, vertical transportation shall be provided in multilevel facilities by an elevator if handicapped accessible facilities are not otherwise available.

(E) Water supply, food service and sewage disposal facilities shall be in compliance with other applicable sections of the Public Health Code.

(F) Notification of new construction, expansion, renovation or conversion, indicating the proposed use and accompanied by a written narrative shall be submitted to the Department of Public Health, at least sixty (60) days prior to start of construction.

(C) Notification of alteration indicating the proposed use accompanied by a written narrative shall be submitted to the Department of Public Health at least thirty (30) days prior to the start of construction.

(5) Basic Requirements

(A) All patients, personnel, visitors, and emergency vehicles shall have access to infirmary buildings and grounds.

(B) Established walkways shall be provided for each entrance and exit leading to a driveway or street and must be properly maintained.

(C) The following administration and public areas shall be provided:

(i) storage space for office equipment, supplies and records;

(ii) a private area in which to conduct patient interviews; and

(iii) a waiting area for patients and visitors.

(D) The following nursing service areas shall be provided:

(i) a designated nursing station;

(ii) twenty-four (24) hour telephone service including an outside line;

(iii) emergency telephone numbers shall be posted and shall include at least the following:

(aa) medical director;

(bb) substitute physicians;

(cc) local director of health;

(dd) hospital to use;

(ee) ambulance service(s);

(ff) school security;

(gg) fire department;

(hh) police department (local and state);

(ii) nurse on call and substitutes;

(jj) administrator on call;

(kk) institution service personnel;

(*ll*) poison control center (local and state);

(iv) a room with a toilet and sink for use by the clinical personnel. For newly constructed infirmaries and in infirmaries renovated after August 1, 1990, this room shall be adjacent to the nursing station;

(v) a medication preparation area near the nursing station or within the treatment room;

(vi) a clean linen storage area;

(vii) an equipment storage area;

(viii) in newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a patient treatment room of at least eighty (80) square feet which contains a work counter, storage facilities and a handwashing sink;

(ix) in newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a nourishment station which shall contain a sink, work counter, refrigerator, storage cabinets, an appliance for heating food, and be equipped for serving nourishment.

(E) Infirmary bedrooms shall meet the following requirements:

(i) there shall be no more than four (4) beds per bedroom. Bunk beds shall not be used;

(ii) in newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a minimum of three (3) feet of space between and around beds on three sides in multi-bed rooms. In existing infirmaries there shall be a minimum of three (3) feet of space between beds in multi-bed rooms.

(iii) all patient rooms shall open to a common corridor which leads to an exit;

(iv) each infirmary bedroom shall be on an outside wall. This outside wall must have either a window or door capable of being opened from inside;

(v) all windows which open to the outside shall be equipped with sixteen (16) mesh screening;

(vi) no room which opens into the food preparation area or necessitates passing through the food preparation area to reach any other part of the infirmary shall be used as a bedroom;

(vii) separate patient rooms shall be provided for males and females;

(viii) the room furnishings for each patient shall include a single bed with a mattress, a washable mattress pad or cover, a reading light, a bedside cabinet or table, a bedside tray table, and an available chair. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, a moisture-proof mattress shall be provided.

(ix) there shall be an area available for the storage of patients' clothing. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a closet or wardrobe available to hang patient clothing;

(x) no smoking shall be allowed in the infirmary;

(xi) the use and maintenance of electrical cords, appliances, and adaptors shall be in full compliance with state codes;

(xii) in existing infirmaries each patient room shall have access to a sink with hot and cold running water which sink is not used for food or medication preparation. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, each patient room shall have a sink with hot and cold running water.

(xiii) The bedside of each patient shall have a method for calling the nurse. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, the call system shall be of the electronic type.

(F) Toilet Facilities:

(i) One toilet room shall be directly accessible for each six persons without going through another bedroom; in addition to a toilet, each toilet room shall be equipped with a sink which has hot and cold running water, (unless such is available in each

patient room) mirror, toilet tissue, soap, single use disposable towels and a covered waste receptacle.

(ii) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, on each floor there shall be a minimum of one toilet room, which is accessible to physically handicapped persons and includes a toilet and one handwashing sink on each floor.

(iii) Each toilet room shall have a method for calling the nurse. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990 the call system shall be of the electronic type.

(G) Bathing facilities

(i) In existing infirmaries an area for bathing shall be available on each infirmary floor.

(ii) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be one bathtub and shower provided on each infirmary floor.

(iii) One shower or bathtub shall be provided for each eight patients or fraction thereof. Each bathtub and shower must be provided with some type of non-slip walking surface.

(iv) All toilet and bathing facilities shall be well lighted, and ventilated to the outside atmosphere.

(v) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, all toilet and bathing facilities shall be mechanically ventilated to the outside atmosphere.

(vi) If a bathroom is adjacent to a public area, it must be equipped with a self closing door.

(vii) When bathing facilities are separate from the toilet facilities, there shall be a method for calling the nurse. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990 the call system shall be of the electronic type.

(H) Each patient shall be supplied with linen sufficient to meet his needs. There shall be sufficient linen available for three (3) times the licensed capacity of the infirmary.

(L) Environmental Requirements:

(i) All areas used by patients shall have ambient air temperatures within a range of 68 degrees F. and 72 degrees F.

(ii) The hot water heating equipment must deliver hot water at the tap, the temperature of which shall be within a range of 110 degrees F. to 120 degrees F. It shall have the capacity to deliver the required amounts at all times.

(iii) Only central heating or permanently installed electric heating systems shall be used. Portable space heaters are prohibited.

(iv) All doors to patient bathrooms, toilet rooms and bedrooms shall be equipped with hardware which will permit access in an emergency.

(v) Walls, ceilings and floors shall be maintained in a state of good repair and be washable or easily cleanable.

(vi) Hot water or steam pipes located in areas accessible to patients shall have adequate protective insulation which is maintained, safe and in good repair.

(vii) Each infirmary floor shall be provided with a telephone that is accessible to staff for emergency purposes.

(viii) Emergency telephone numbers shall be posted in an area adjacent to the phone and shall be accessible to all individuals in the infirmary.

(ix) Provisions shall be made to assure an individual's privacy in the bathroom, bathtub and shower areas.

(x) All spaces occupied by people, equipment within buildings, approaches to buildings, and parking lots shall have adequate lighting.

(xi) In existing infirmaries there shall be adequate lighting in patient rooms and toilet rooms shall have at least one light fixture switched at the entrance. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, all rooms shall have adequate general and night lighting, and all bedrooms and toilet rooms shall have at least one light fixture switched at each entrance.

(xii) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall not reduce the required corridor width. At all times corridors shall be maintained clear of combustibles and of obstructions to immediate egress.

(xiii) All doors to patient bedrooms and all means of egress shall be of a swing type.

(xiv) There shall be effective measures taken to protect against the entrance into the residence or breeding on the premises of vermin. During the season when vectors are prevalent, all openings into outer air shall be screened with a minimum of sixteen (16) mesh screening and doors shall be provided to prevent the entrance of vectors.

(xv) Emergency lighting shall be provided for all means of egress, nursing stations, treatment rooms, medication preparation areas and patient toilet rooms.

(xvi) Storage areas, basements, attics and stairwells must be properly maintained and in good repair, clean and uncluttered.

(xvii) Operational safety procedures for emergency egress shall be developed for the safety of patients and personnel and practiced with staff and documented at least twice per year.

(xviii) There shall be no pesticide storage in the infirmary. Potentially hazardous substances in the infirmary shall be stored in a locked area.

(xix) The fire extinguishers shall be maintained, and inspected annually. They shall be hung in a conspicuous location.

(xx) Sinks used by staff in medication and patient treatment areas shall be equipped with wrist blade handles, soap, and a paper towel dispenser and a waste receptacle.

(xxi) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, there shall be a sink in each patient room equipped with wrist blade handles, soap, and a paper towel dispenser and a waste receptacle.

(xxii) In existing infirmaries there shall be smoke detectors in all patient bedrooms or in the infirmary corridors. In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, an automatic smoke detection system shall be installed in all patient bedrooms and corridors and this system shall be interconnected with the fire alarm system and installed in accordance with the State Fire Safety Code.

(f) **Nutrition and Dietary Services.**

(1) Nutrition Services

(A) Each infirmary shall provide evidence that the dietary needs of patients are being met.

(B) Unless medically contraindicated, the infirmary shall have the potential to serve at least three (3) meals daily.

(C) The infirmary shall provide special utensils to assist patients in eating when necessary.

(2) Dietary Facilities

(A) If food preparation is provided on the infirmary premises each infirmary shall have its own preparation area which includes space and equipment for storage, preparation, assembling and serving food, cleaning of dishes and disposal of garbage.

(B) Food preparation areas shall be separate from other areas and large enough to allow for adequate equipment to prepare and store food properly;

(C) All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them. The floor surface shall be of non-absorbent easily cleanable material;

(D) If food is prepared in the infirmary and nondisposable equipment and dishes are used, a dishwashing machine shall be provided;

(E) A sink with both hot and cold running water, soap, paper towels, and a covered waste receptacle shall be provided in the food preparation area;

(F) On school grounds there shall be a three day supply of food available for the infirmary;

(G) Functional refrigerators and freezers with thermometers shall be provided for the storage of food to meet the needs of the patients;

(H) Trash shall be stored in covered receptacles adequate in size and number outside the building housing the infirmary;

(I) A means of ventilation for the food preparation areas shall be provided;

(J) In newly constructed infirmaries and in infirmaries renovated after August 1, 1990, mechanical ventilation shall be provided in all food preparation areas.

(K) Dietary facilities and procedures shall be in accordance with other applicable sections of the Regulations of Connecticut State Agencies.

(g) **Service Operations.**

(1) Policies and Procedures. There shall be a policy and procedure manual implemented for the infirmary which shall be available to staff at all times, complied with, and reviewed annually.

(2) Each infirmary shall implement written policies and procedures governing the admission and discharge of patients and the delivery of services which shall include but not be limited to:

(A) the admission process including admission criteria by which the medical and nursing staff shall decide the admission or denial of admission of a patient based on the infirmary's ability to provide care;

(B) the discharge process including discharge criteria; and

(C) the referral process including follow up.

(3) There shall be a current copy of the Regulations of Connecticut State Agencies available in the infirmary.

(4) Personnel Practices

(A) Each infirmary shall develop and implement policies and procedures governing the orientation and supervision of infirmary staff.

(B) Job descriptions for each infirmary staff position shall include: a description of the duties to be performed; the supervision which will be given; the minimum qualifications for the position; and the effective or revision date.

(C) Pre-employment and periodic physical examinations, including tuberculin testing and a physician's statement that the infirmary employee is free from communicable disease, shall be required of all infirmary employees.

(D) Personnel files for all employees who provide service in the infirmary shall include the following:

(i) educational preparation and work experience;

(ii) current licensure, registration or certification where applicable;

(iii) a record of health examination(s).

(5) Records.

(A) Each infirmary shall maintain a complete medical record for each patient admitted to the infirmary. The record shall be accessible to the infirmary staff at all hours. It must include but not be limited to:

(i) identification data;

(ii) an admission history and physical assessment;

(iii) specific physician treatment orders;

(iv) written authorization for medical care and treatment;

(v) for underage patients, documentation of notification of parent or guardian of infirmary admission;

(vi) a patient care plan based on the patient assessment;

(vii) nurses notes which include current condition, changes in patient condition, treatments and responses to treatments;

(viii) documentation of all patient care, patient teaching and services provided or refused by the patient and progress made toward goals and objectives in accordance with the care plan;

(ix) laboratory test results;

(x) a record of medications administered including the name and strength of the drug, route and time of administration, dosage and if ordered ''as needed'' the reason for administration and patient response/result observed;

(xi) a record of immunizations in accordance with section 10-204a-4 of the Regulations of Connecticut State Agencies.

(xii) a written discharge summary which indicates the patient's progress, the level of improvement or lack of it, the departure plan, and follow up arrangement, which is signed by the medical director or attending physician within seven (7) days after discharge;

(xiii) for emergency purposes a record is to be maintained identifying parents and or responsible persons including: name(s) and address, home and business; and telephone numbers, home and business;

(B) Medical records must be kept secure and in a confidential location for seven (7) years after a student is no longer enrolled in or employee or faculty member employed at the educational institution.

(6) Patient Rights. Each infirmary shall have a written:

(A) description of available services including any charges or billing mechanisms;

(B) policy which it must implement regarding access to patient records, including an explanation of the confidential treatment of all patient information in infirmary records and the requirement for written consent for release of information to persons not otherwise under law allowed to receive it;

(C) a list of the names of the persons supervising the medical and nursing care provided in the infirmary and the manner in which those persons may be contacted;

(D) procedure for registering complaints re: the infirmary with:

(i) the school; and

(ii) the commissioner.

(h) **Emergency Preparedness.**

(1) Each infirmary shall formulate, and implement when necessary, a plan for the protection of the patients in the event of fire or other disaster and for their evacuation when necessary to include:

(A) written evacuation plan instructions and diagrams for routes of exit;

(B) fire drills conducted as often as the local fire marshal recommends, at irregular intervals during the day, evening and night but not less than quarterly;

(C) assignment of each staff member to specific duties in the event of disaster or emergency;

(D) written plans for the provision of temporary physical facilities to include shelter and food services in the event the infirmary becomes uninhabitable due to disaster or emergency;

(E) annual review by the local fire marshal of the plans written in accordance with this subparagraph.

(2) Documentation shall be submitted to the department annually that all employees have been instructed and kept informed of their duties and responsibilities and that all activities required by this subsection have been completed.

(i) **Infection Control.** Each infirmary shall develop an infection prevention, surveillance and control program which shall include antiseptic technique, isolation policies and procedures and patient education.

(1) There shall be a method to monitor, evaluate and report documented or suspect cases of reportable diseases, as specified in sections 19a-36-A3 and 19a-36-A4 of the Regulations of Connecticut State Agencies, and institutional outbreaks of illness.

(2) Areas shall be provided for isolation of patients as necessary.

(3) There shall be regularly scheduled inservice education programs for staff regarding infection prevention, surveillance and control scheduled at least yearly. Documentation of these programs and attendance shall be available to the department upon request.

(j) **Handling, Storage, and Administration of Medications and Pharmaceuticals.**

(1) In accordance with Chapter 420b of the Connecticut General Statutes, the medical director is responsible for the proper care and inventory of all drugs used in the infirmary.

(2) All medications shall be administered by licensed nurses or other health care practitioners licensed in this state with statutory authority to administer medications.

(3) Orders for the administration of medications shall be in writing, signed by the patient's physician or dentist and in compliance with the infirmary's written policy and procedure.

(A) Medications shall be administered only as ordered by the patient's physician or dentist and in compliance with the laws of the State of Connecticut

(B) Orders shall include at least the name of the medication, dosage, frequency, duration and method of administration and, if ordered ''as necessary,'' the reason for use.

(4) Each infirmary shall have written policies and procedures pertaining to drug control. All unused, discontinued or obsolete medications shall be removed from storage areas and, at the discretion of the medical director, either sent home with the patient or set aside for destruction.

(5) Drugs used in the infirmary shall meet standards established by the United States Pharmacopoeia and shall be stored so as to ensure their proper purity and strength.

(6) Records shall be maintained of all controlled substances in a manner and form prescribed by Chapter 420b of the Connecticut General Statutes.

(7) The area and the equipment necessary for handling, storing and administering drugs shall be kept clean, adequately lighted and ventilated and shall be maintained in good order and shall be used exclusively for this purpose.

(k) **Accident and Incident Reports.** The licensee shall report to the department any occurrence, injury or unusual event which has caused or resulted in, or may

cause or result in, serious injury or death to a patient, or which interrupts, or has the potential to interrupt, services provided in the infirmary.

(1) Classification. Accident/incident reports to the department concerning events occurring in the infirmary shall employ the following classification of such events:

(A) Class A: One which has caused or resulted in, or has the potential to result in, serious injury or death to a patient;

(B) Class B: One which has interrupted, or has the potential to interrupt, the services provided in the infirmary.

(2) Report. The chief administrative officer or designee shall report any Class A or Class B accident or incident immediately by telephone to the department and confirm by written report within seventy-two (72) hours of said event.

(3) Each written report shall contain the following information:

(A) Date of report;

(B) name of the infirmary as stated in the license;

(C) licensed bed capacity;

(D) date of event, incident, or occurrence;

(E) the location, nature and a brief description of the event; the individuals affected; the action taken; and disposition;

(F) if the affected individual was a patient in the infirmary at the time of the reported event:

(i) date of admission;

(ii) current diagnosis;

(iii) physical and mental status prior to the event;

(iv) physical and mental status after the event.

(G) The name of the physician consulted, if any, time physician was consulted, and a report summarizing any subsequent physical examination including findings and orders.

(H) The names of any witnesses to the event, incident or occurrence.

(I) Any other information deemed relevant by the reporting authority.

(J) The signature of the person who prepared the report and the chief administrative officer.

(5) The chief administrative officer or designee shall submit subsequent reports, if applicable, relevant to any accident, event or occurrence previously reported.

(*l*) **Intravenous Therapy.** Intravenous therapy (I.V.) is not required. If the licensee chooses to allow intravenous therapy to be provided, the following shall apply. When used in section 19-13-D43a of the Regulations of Connecticut State Agencies:

(1) Definitions.

(A) ''I.V. Fluid'' means sterile solutions of 50 ml or more, intended for intravenous infusion but excluding blood and blood products.

(B) ''I.V. Admixture'' means an I.V. fluid to which one or more additional drug products have been added.

(C) ''I.V. Therapy'' means the introduction of an I.V. fluid/I.V. admixture into the blood stream via a vein for the purpose of correcting water deficit and electrolyte imbalances, providing nutrition, and delivering antibiotics and other therapeutic agents approved by the infirmary's medical director.

(D) ''Administer'' means to initiate the venipuncture and deliver an I.V. fluid/admixture into the blood stream via a vein; and to:

(i) care for the venipuncture site

(ii) monitor the venipuncture site and the therapy

(iii) terminate the procedure

(iv) record pertinent events and observations.

(E) ''I.V. Therapy Nurse'' means a registered nurse, licensed to practice in Connecticut who is qualified by education and training to administer an I.V. fluid/admixture and has demonstrated proficiency in the theoretical and clinical aspects of I.V. therapy.

(F) ''I.V. Therapy Program'' means the overall plan by which the infirmary will implement, monitor and safeguard the administration of I.V. therapy to patients.

(2) I.V. therapy may be administered in a licensed infirmary in an educational institution provided the infirmary obtains written approval from the commissioner, in accordance with section 19-13-D8u (c) of the Regulations of Connecticut State Agencies.

(3) Registered nurses who provide I.V. fluid therapy in the infirmary shall have had training through instruction and supervised clinical experience in I.V. fluid therapy.

(4) The infirmary shall develop and implement written policies, procedures and standards of care for the safe administration of I.V. therapy to all patients receiving such treatment. These documents are subject to review and approval by the department as a part of the commissioner's written approval in subdivision (2) of this subsection.

(A) a description of the objectives, scope, and limitation of the therapy to be provided;

(B) identification of the person(s) in the infirmary responsible for the direction, supervision, and control of I.V. therapy administration. Alternates shall be named in his/her absence;

(C) requirements for the education, training, supervision, in-service education, continuing education, and evaluation of all personnel participant in the administration of I.V. therapy;

(D) specific protocols related to physician orders including but not limited to the volume and type of solution, name and dosage of admixture, start date, frequency, hourly flow rate, renewal/termination date, and monitoring parameters as indicated. Each patient's plan of care shall include the protocol necessary to carry out the I.V. therapy orders in the infirmary including the frequency of contact with the physician;

(E) protocols for the safe administration, monitoring and termination of I.V. therapy including the procurement of equipment and supplies and the safe preparation, labeling, and handling and disposal of I.V. admixtures and equipment, and infection prevention and control procedures.

(F) I.V. therapy related complications, medication errors, early recognition of the signs and symptoms of sepsis, acute untoward reactions, and appropriate intervention in a timely manner;

(G) emergency precautions and procedures;

(H) documentation and charting procedures which shall include the following:

(i) the date and time of initiation of the I.V. therapy;

(ii) name of the person initiating the therapy;

(iii) the location of the I.V. therapy site;

(iv) the type and gauge of the catheter used;

(v) the type and volume of the solution and admixture(s), including dosages;

(vi) the condition of the I.V. site

(vii) the patient teaching plan and the response of the patient;

(viii) termination, date and time;

(ix) outcome of the therapy and, if any, the complications encountered.

(I) Delivery of I.V. fluid/I.V. admixture(s) via a central line may be done only by a registered nurse under specific protocols.

(5) There shall be a registered nurse on duty during I.V. therapy to:

(A) care for the site;

(B) monitor the site and the therapy;

(C) record pertinent events and observations;

(D) terminate peripheral vein lines.

(6) There shall be a mechanism in place in the infirmary for ongoing review of the effectiveness and safety of the program and equipment which includes problem identification, corrective action and documentation of same. It is subject to prior review and approval by the department as a part of the commissioner's written approval in subdivision (2) of this subsection.

(7) Only a qualified I.V. therapy nurse may initiate a venipuncture in a peripheral vein for the purpose of delivering I.V. fluid/I.V. admixture(s) into the blood stream. Only a licensed physician may initiate or terminate a central vein access.

(8) There shall be no changes in the approved protocols developed for the I.V. therapy program without the written approval of the commissioner or his/her designee.

(9) Upon determination of compliance with these regulations, approval by the commissioner to participate in an I.V. therapy program shall be renewed at the time of the infirmary's license renewal. Approval to participate in the program may be revoked at any time for failure to comply with these regulations.

(Effective July 30, 1990; amended September 13, 2001)

Sec. 19-13-D44. Industrial health facilities

(a) **Physical facilities.** An industrial health facility shall: (1) Be located in a relatively quiet area readily accessible to employees and transportation; (2) be sufficiently spacious, properly ventilated, heated, lighted and kept clean at all times; (3) contain a sink with hot and cold running water with a skin cleansing agent and disposable towels. Toilet facilities shall be provided in the industrial health facility or nearby. If located nearby, the toilet facilities shall be on the same level or floor.

(b) **Personnel.** (1) Physicians. A medical director shall be appointed who shall be a physician licensed in Connecticut. The medical director shall be responsible for the active professional direction and supervision of all personnel providing health services. The medical director shall provide adequate written medical directives, i.e., standing orders, for all personnel providing health services, which directives he shall review and sign at least annually. The medical directives shall be kept in the industrial health facility. The medical director and, when necessary, another physician or physicians shall visit the industrial health facility regularly in accordance with an established schedule as frequently and for as long a period of time as necessary. The medical director or another physician or physicians shall be on call when employees eligible to receive health services in the industrial health facility are working. (2) Registered nurses. Sufficient registered nurses shall be employed to meet the requirements of the health services provided. (3) Other personnel. Other personnel sufficient to meet the requirements of the health services provided shall be employed. At least one individual who has completed successfully the advanced American Red Cross first-aid course or the equivalent shall be on duty to provide first-aid services whenever a registered nurse or a physician is not on duty in the industrial health facility and employees eligible to receive services are working in the commercial or industrial establishment.

(c) **Equipment.** Equipment adequate for the number of employees to be served and the types of health services offered shall be provided.

(d) **Supplies.** Supplies adequate for the number of employees to be served and the types of health services offered shall be provided.

(e) **Medical records.** (1) Completeness. A medical record shall be started for each individual who receives health services. The medical record shall contain all medical health related reports and letters received from laboratories, physicians and others. An entry shall be made for every visit of such person to the industrial health facility. All treatments administered shall be recorded, dated and signed by the individual who administered the treatment. A daily statistical record shall be kept of the services provided in the industrial health facility and kept for at least eighteen months.

(2) Confidentiality. Medical records shall be confidential except for cases involving claims under the Workmen's Compensation Act and except that the medical director shall disclose or authorize the disclosure of information as required by law and may disclose or authorize the disclosure of information to responsible individuals when he believes such disclosure is necessary for the best interest of the employee, or when written consent is received from the employee.

(3) Storage and security. All current medical records shall be kept in locked files in the industrial health facility under control of the medical director. Noncurrent medical records and medical records regarding former employees shall be kept in locked files under control of the medical director for at least three years.

(f) **X-ray services.** If diagnostic x-ray services are provided in the industrial health facility, the requirements of the public health code shall be complied with. The x-ray equipment shall be operated by adequately trained individuals. No x-ray examination shall be performed unless specifically ordered by a physician.

(g) **Drugs.** (1) Definitions. (A) ''Administer'' to give, distribute, leave with, or deliver drugs to an employee in amounts to satisfy the needs of the employee for a time period not greater than the number of hours in the employees' work shift. (B) ''Controlled drug'' means a controlled drug as defined in section 19-443 (6) of the 1969 supplement to the general statutes. (C) ''Dispense'' means to give, distribute, leave with, or deliver drugs to an employee in amounts to satisfy the needs of the employee for a time period greater than the number of hours in the work shift. (D) ''Manufacturer of drugs'' means a person who has complied with state and federal requirements regarding the manufacture of drugs. (E) ''Narcotic drug'' means a narcotic drug as defined in section 19-433 (18) of the 1969 supplement to the general statutes. (F) ''Prescription drug'' means a drug which is not permitted by federal drug laws to be sold, administered or dispensed without a prescription or written order from a licensed practitioner. (G) ''Licensed pharmacy'' means a pharmacy licensed in accordance with the provisions of chapter 382 of the general statutes. (H) ''Wholesaler of drugs'' means a person who has complied with the state and federal requirements regarding the wholesaling of drugs.

(2) Procurement. Prescription drugs, including non-narcotic controlled drugs, for use in an industrial health facility shall be purchased or obtained by the medical director from a wholesaler or manufacturer of drugs. In an emergency, prescription drugs, including nonnarcotic controlled drugs, may be purchased or obtained from a licensed pharmacy. Narcotic drugs for use in an industrial health facility shall be purchased or obtained by the medical director from a manufacturer or wholesaler of drugs on an official narcotic order form. The medical director shall register with the internal revenue service and obtain a Class 4 narcotic tax stamp with the address of the industrial health facility.

(3) Administration. Nonprescription drugs may be administered by a physician, a registered nurse, a licensed practical nurse or an individual who has completed successfully the advanced American Red Cross first-aid course or the equivalent in accordance with a written general medical directive from the medical director, or in accordance with a specific written or oral order from a physician for a specific patient. Prescription drugs, including narcotic and other controlled drugs, may be administered by a physician, or by a registered nurse in accordance with a specific oral or written order from a physician for a specific patient. A registered nurse may, in an emergency, administer a prescription drug in accordance with a general written medical directive from the medical director. The physician shall confirm a verbal order in writing on the patient's medical record. Written orders shall be filed in the patient's medical record. Only a physician or registered nurse may administer drugs intramuscularly. Only a physician may administer drugs intravenously.

(4) Dispensing. Drugs may be dispensed by a physician. A drug or drugs dispensed by a registered nurse, when ordered by a physician orally or in writing to dispense a drug or drugs to a specific patient, shall be construed to have been dispensed by the physician. The physician shall confirm a verbal order in writing on the patient's medical record. Written orders shall be filed with the patient's medical record.

(5) Records. (A) Controlled drugs, including narcotics. A record separate from the medical records shall be kept of controlled drugs purchased or received and administered or dispensed. The record shall in each case show the date of receipt, the name and address of the person from whom received and the kind and quantity received The record shall show the date and time of administration, dispensing or disposal, the name of the person to whom administered, dispensed or disposed, and the kind and quantity of drug, the name of the physician who ordered the drug administered or dispensed and the name of the individual who administered or dispensed the drug. Each such record shall be separately maintained and kept for a period of three years from the date of the transaction recorded. The keeping of a record required by or under federal drug laws containing essentially the same information as is specified above shall constitute compliance with this subsection, provided each record shall, in addition, contain a detailed list of any controlled drugs lost, destroyed or stolen, the kind and quantity of such drugs and the date of the discovery of such loss, destruction or theft. A notation regarding the kind and dosage of each controlled drug administered or dispensed to an employee shall be made in the employee's medical record. This shall be signed and dated by the individual who administered or dispensed the drug. An annual inventory of narcotic drugs shall be prepared in June and filed with the internal revenue service and the Class 4 narcotic tax stamp shall be renewed during June. (B) Prescription drugs other than controlled drugs. A notation regarding the kind and dosage of each prescription drug other than a controlled drug, administered or dispensed to an employee shall be made in the employee's medical record. This shall be signed and dated by the individual who administered or dispensed the drug. (C) Nonprescription drugs. A notation regarding the kind and dosage of each nonprescription drug administered or dispensed to an employee shall be made in the employee's medical record. This notation shall be signed and dated by the individual who administered or dispensed the drug.

(6) Storage. (A) Narcotic drugs. Class A and B narcotic drugs not in excess of twelve taxable items shall be stored in a strong locked nonportable container in a locked medicine cabinet. Keys to the container shall be kept separate from the keys to the cabinet and such keys shall be kept only by a physician or a registered nurse.

Class A and B narcotic drugs in excess of twelve taxable items shall be kept in an approved chest or safe. Class X narcotic drugs shall be stored in the same manner as other prescription drugs. (B) Prescription drugs excluding Class A and B narcotic drugs. Prescription drugs excluding Class A and B narcotic drugs shall be stored in a medicine cabinet. The cabinet shall be locked when neither a physician nor a registered nurse is in attendance in the industrial health facility. Keys to the medicine cabinet shall be kept only by a physician or a registered nurse. (C) Nonprescription drugs. Nonprescription drugs shall be stored in a locked medicine cabinet when no one is in attendance in the industrial health facility.

(7) Labeling. Drugs may be repackaged for stock by a physician. Drugs repackaged for stock by a registered nurse under the direction and supervision of a physician shall be construed to have been repackaged by a physician. The proper label shall be affixed to the container containing repackaged stock drugs. The container in which a drug is dispensed shall contain a label with the name of the patient, name of the drug, strength of the drug, directions for use, name of the prescribing physician, the date of dispensing and the precautions, if any, to be taken. The name of the drug and the strength may be deleted from the label if the label contains a code number or some other device by which the individual dispensing the drug can identify it.

(8) Additional requirements. Additional requirements which the commissioner of health may prescribe regarding safeguarding and handling of drugs in special cases shall be complied with.

(h) **Discontinuation.** The administrator of the industrial health facility shall notify the commissioner of health at least fifteen days prior to discontinuation of operation of an industrial health facility to assure proper disposal of drugs and potentially hazardous equipment and proper disposition of medical records.

(Effective November 9, 1971)

Licensing Outpatient Clinics Operated by Corporations or Municipalities

Sec. 19-13-D45. Definition

Outpatient clinics operated by corporations or municipalities. For the purposes of sections 19-13-D45 to 19-13-D53, inclusive, an outpatient clinic is an organization operated by a municipality or a corporation other than a hospital which provides ambulatory medical or dental care for diagnosis, treatment and care of persons with chronic or acute conditions which do not require overnight care, or medical or dental care to well persons including preventive services and maintenance of health.

(Effective April 4, 1972)

Sec. 19-13-D46. Buildings and equipment

(a) A clinic building shall be of sound construction and shall provide adequate space and equipment for patient interviews, physical examinations and treatment of patients and for service and other areas in accordance with the requirements of the state department of public health.

(b) Clinic buildings and equipment shall meet the requirements of the state fire safety code. Annual application for approval shall be accompanied by a certificate of inspection by the local fire marshal.

(c) Areas in which explosive gases or radioactive materials are used shall provide for adequate protection of patients and personnel.

(d) The clinic buildings and equipment shall be maintained in a good state of repair and shall be kept clean at all times.

(Effective April 4, 1972; amended December 30, 1996)

Sec. 19-13-D47. Governing board, administrator

(a) A clinic shall be managed by a governing board whose duties shall include, as a minimum:

(1) Adoption of bylaws or their equivalent, rules and regulations or their equivalent, including medical or dental staff bylaws, or both;

(2) annual appointment of the medical or dental staff with annual designation of medical or dental director; and

(3) appointment of a clinic administrator, qualified on the basis of training and experience approved by the commissioner of public health.

(b) The administrator, or the equivalent, shall be responsible to the governing board for the management and operation of the clinic and for the employment of personnel. He shall attend meetings of the governing board and meetings of the professional staff.

(c) Personnel shall be employed in sufficient numbers and of adequate qualifications so that the function of the clinic may be performed efficiently.

(Effective April 4, 1972; amended December 30, 1996)

Sec. 19-13-D48. Professional staff

(a) There shall be an organized professional staff of not fewer than three members of the major profession or professions providing care in the clinic; except that, in a family-planning clinic or well-child clinic, the staff may consist of a medical director and one other major profession providing care in the clinic.

(b) The professional staff shall adopt written rules and regulations governing its own activities, subject to approval of the governing board of the clinic. As a minimum these shall include:

(1) Methods of control of privileges granted to members of the medical or dental staff and the responsibilities of the medical or dental director;

(2) method of professional supervision of clinical work;

(3) provision for regular staff meetings;

(4) preparation of adequate case records; and

(5) procedure for recommending appointment to the staff and for hearing complaints regarding the conduct of members, referring the same, with recommendations, to the governing board.

(Effective April 4, 1972; amended December 30, 1996)

Sec. 19-13-D49. Records

(a) There shall be adequate provisions for the retention and storage of medical or dental records with adequate space and equipment and qualified medical record personnel, if necessary. (b) A medical or dental record shall be started for each patient at the time of admission, including proper identifying data. Medical and dental records shall include sufficient information to justify the diagnosis made and warrant the treatment given or services provided. Each entry shall be signed by the person responsible for it. (c) Medical and dental records shall be filed in the clinic in a manner accessible to the professional staff, with proper provision for their confidentiality, and shall be kept for a minimum of five years after discharge of the patient.

(Effective April 4, 1972)

Sec. 19-13-D50. Nursing personnel

Sufficient licensed nursing personnel shall be employed to render the care, treatment or preventive services necessary, including the administration of drugs and biologicals as required by the stated program of the clinic.

(Effective April 4, 1972)

Sec. 19-13-D51. Pharmaceutical

Where pharmaceutical are dispensed other than by a physician there shall be a pharmacy which meets the following requirements: (1) There shall be a competent pharmacist, registered in Connecticut, who shall be responsible to the administrator for all pharmaceutical services in the clinic. (2) The pharmacy shall be operated in compliance with all applicable state and federal drug laws and regulations. (3) The premises shall be kept clean, adequately lighted, and ventilated, and the equipment and facilities necessary for compounding, dispensing, manufacturing, producing or processing of drugs shall be maintained in good order. (4) Drugs used in the clinic shall meet standards established by the United States Pharmacopoeia, The National Formulary or the Federal Food and Drug Administration and shall be stored and kept so as to insure their proper purity and strength. A medical staff pharmacy committee in conference with the pharmacist shall formulate policies to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. All applicable statutes and regulations governing the purchase, storage and dispensing of drugs and biologicals shall be in force at all times.

(Effective April 4, 1972)

Sec. 19-13-D52. Maintenance

The management, operation, personnel, equipment, facilities, sanitation and maintenance of the clinic shall be such as reasonably to assure the health, comfort and safety of patients at all times.

(Effective April 4, 1972)

Sec. 19-13-D53. Inspection

Clinics shall be inspected biennially by the state department of public health to test for ongoing compliance with sections 19-13-D45 through 19-13-D54 of the Regulations of Connecticut State Agencies.

(Effective April 4, 1972; amended December 30, 1996)

Sec. 19-13-D54. Abortions

(a) No abortion shall be performed at any stage of pregnancy except by a person licensed to practice medicine and surgery in the State of Connecticut.

(b) All induced abortions will be reported within seven days by the physician performing the procedure to the state commissioner of public health who will maintain such reports in a confidential file and use them only for statistical purposes except in cases involving licensure. Such reports will specify date of abortion, place where performed, age of woman and town and state of residence, approximate duration of pregnancy, method of abortion, and explanation of any complications. The name of the woman will not be given. These records will be destroyed within two years after date of receipt. In addition, a fetal death certificate shall be filed for each fetus born dead which is the result of gestation of not less than twenty weeks, or a live birth certificate shall be filed for each fetus born alive regardless of gestational age, as provided in sections 7-48 and 7-60 of the Connecticut General Statutes. If a live born fetus subsequently dies, a death certificate shall be filed as provided in section 7-62b of the Connecticut General Statutes.

(c) All induced abortions after the second trimester as verified by ultrasound, last menstrual period and pelvic exam, shall be done only in a licensed hospital with a department of obstetrics and gynecology and a department of anesthesiology.

(d) All outpatient clinics operated by corporations or municipalities where abortions are performed shall develop standards to control the quality of medical care provided to women having abortions. These standards shall include but not necessarily be limited to:

(1) verification of pregnancy and determination of duration of pregnancy;

(2) pre-operative instruction and counseling;

(3) operative permission and informed consent;

(4) pre-operative history and physical examination;

(5) pre-operative laboratory procedure for blood Rh factor;

(6) prevention of Rh sensitization;

(7) examination of the tissue by a pathologist;

(8) receiving and recovery room facilities;

(9) a standard operating room;

(10) post-operative counseling including family planning; and

(11) a permanent record.

(e) There shall be a mechanism for continuing review to evaluate the quality of records and the quality of clinical work. This review shall include all deaths, complications, infections and such other cases as shall be determined by the chief of the department of obstetrics and gynecology of the hospital or the clinic medical director.

(f) No person shall be required to participate in any phase of an abortion that violates his or her judgment, philosophical, moral or religious beliefs.

(g) If the newborn shows signs of life following an abortion, those measures used to support life in a premature infant shall be employed.

(h) During the third trimester of pregnancy, abortions may be performed only when necessary to preserve the life or health of the expectant mother.

(Effective February 25, 1974; amended December 30, 1996, August 1, 2005)

Sec. 19-13-D55.

Repealed, September 28, 1988.

Sec. 19-13-D55a. Licensure of an out-patient dialysis unit and standards for in-hospital dialysis units

(a) **Definitions.** As used in this section:

(1) ''Dialysis Unit'' or ''Unit'' means:

(A) An out-of-hospital out-patient dialysis unit that is a licensed facility which provides services on an out-patient basis to persons requiring dialysis on a short-term basis or for a chronic condition or training for home dialysis; or

(B) An in-hospital dialysis unit that is a special unit of a licensed hospital designed, equipped and staffed to offer dialysis therapy on an out-patient basis, and to provide training for home dialysis and renal transplantation as appropriate.

(2) ''Dialysis Treatment'' means:

(A) Chronic dialysis given to patients who have reached that stage of kidney impairment that requires dialysis to maintain life; or

(B) Acute dialysis given to patients who require dialysis because of temporary kidney failure.

(3) ''Administrator/Director'' means an individual employed by and accountable to the unit's governing body with responsibility for overall management of the unit and compliance with applicable laws and regulations.

(4) ''Nurse Manager'' means a registered nurse with accountability to the unit administrator/director for the nursing management, provision, coordination and quality of patient care delivered in the unit.

(5) ''Charge Nurse'' means a registered nurse to whom the nurse manager has delegated accountability for the coordination and supervision of all nursing care activities provided in the dialysis unit for a specified period of time.

(6) ''Medical Director'' means a physician responsible for supervision and assurance of the quality of the medical, technical and related administrative functions of the dialysis unit.

(7) ''Patient Care Staff'' means registered nurses, licensed practical nurses and patient care technicians, who provide dialysis treatments to patients.

(8) ''Patient Care Technician'' means a trained employee in a dialysis unit who may participate in patient care under the direct supervision of a registered nurse.

(9)''Direct Supervision'' means supervision of the dialysis treatment continuously in the same room in which the treatment is being performed.

(b) **Licensure Procedure.**

(1) The Agency of Cognizance. A dialysis unit shall not be constructed, expanded or licensed to operate except upon application for, receipt of approval, and compliance with any limitations and conditions required by the Agency of Cognizance pursuant to Connecticut General Statutes, section 19a-638 and 19a-639, when applicable.

(2) No person shall operate a dialysis unit without a license issued by the Department in accordance with Connecticut General Statutes, Section 19a-491.

(3) Application for Licensure for Out-of-Hospital Out-Patient Dialysis Units.

(A) Application for the grant or renewal of a license to operate an out-of-hospital out-patient dialysis unit shall be made in writing on forms provided by the Department; shall be signed by the person seeking the authority to operate the facility; shall be notarized, and shall include at a minimum the following information:

(i) Evidence of compliance with local zoning ordinances and local building codes upon initial application;

(ii) Local fire marshal's annual certificate of compliance;

(iii) Statement of ownership and operation;

(iv) Certificate of public liability insurance;

(v) Current organization chart;

(vi) Description of services provided.

(B) Application for license renewal shall be made in accordance with subdivision (A) above and not less than 30 days preceding the date of expiration of the unit's current license.

(4) Issuance and Renewal of Licensure for Out-of-Hospital Out-Patient Dialysis Units.

(A) Upon determination by the Department that a unit is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or renewal of license to operate a unit for a period not to exceed two years.

(B) The license shall not be transferable to any other person, or facility or location.

(C) Each license shall list, on its face, the location and licensed number of hemodialysis stations, the types of treatment services provided, the name of the

licensee, the name under which the unit does business, and the dates of issuance and expiration of said license.

(D) The license shall be posted in a conspicuous place in a room accessible to the public.

(E) The licensee shall notify the Department in writing of any proposed change of ownership, location or services at least ninety days prior to the effective date of such proposed changes.

(5) Surrender of License. The facility shall notify in writing the Department, each patient concerned, the next of kin or legal representative, and any third party payors concerned at least 30 days prior to the voluntary surrender of a facility's license or surrender of license upon the Department's order of revocation, refusal to renew or suspension of license. In such cases, the current license shall be surrendered, to the Department, within seven days of the termination of operation.

(c) **Governing Body**

(1) The dialysis unit shall be under the control of a governing body, which shall be responsible for the following:

(A) Oversight of the management and operation of the dialysis unit.

(B) Adoption, and documented annual review of written policies and procedures, governing all aspects of the dialysis unit to include, at a minimum, the following:

(i) Health care and safety of patients;

(ii) The overall quality improvement program for the unit;

(iii) Personnel policies;

(iv) Patient grievance mechanism;

(v) Types of renal dialysis equipment to be utilized;

(vi) Reuse of dialysis devices in accordance with accepted standards of practice;

(vii) Operating hours;

(viii) Methods of selection of patients;

(ix) Patients on transplant status;

(x) Prevention and control of infectious diseases among patients and staff to include appropriate referrals and written notification to the Department of Public Health.

(C) Establishment of written transfer agreements with hospitals in the immediate vicinity for the provision of in-patient services (applicable to out-of-hospital out-patient dialysis units only).

(D) Appointment of a qualified administrator/director.

(E) Appointment of a qualified medical director.

(F) Approval of all appointments made to the medical staff of the dialysis unit.

(G) Determination of the frequency of meetings of the governing body and documentation of such meetings through minutes.

(d) **Administrator/Director**

(1) The Administrator/Director shall have:

(A) A baccalaureate degree or its equivalent and at least one year of experience in a dialysis unit; or

(B) The qualifications referenced in Section 19-13-D55a (e) (1) or Section 19-13-D55a (g) (2) of these regulations.

(C) Any person currently employed as an administrator/director of a dialysis unit as of September 28, 1988 shall be eligible to continue in the unit of employment without restriction.

(2) The administrator/director shall be responsible for the overall management of the unit and shall have the following responsibilities:

(A) Implementation of the policies and procedures which have been adopted by the governing body.

(B) Maintenance of procedure manuals, which are made available to all personnel, to include documented annual review with revisions made as appropriate.

(C) Ensuring compliance with applicable local, state, and federal regulations and laws.

(3) The Department shall be notified in writing, within five (5) business days of any change of administrator/director of the dialysis unit.

(e) **Medical Director.**

(1) The medical director shall be a physician licensed to practice medicine in Connecticut and who is board eligible or certified in nephrology by a professional board and who has at least 12 months experience in the care of patients in dialysis facilities.

(2) Any person currently serving as a medical director of a dialysis unit as of September 28, 1988 shall be eligible to continue in the dialysis unit of employment without restrictions.

(3) The medical director shall:

(A) Enforce the unit's policies and procedures governing medical care;

(B) Ensure that quality patient care is provided in the dialysis unit;

(C) Serve as liaison between the medical staff and administration;

(D) Recommend to the governing body the approval or denial of applications for membership on the medical staff;

(E) Designate in writing a physician licensed to practice medicine in Connecticut and who is board eligible or certified in nephrology to act in his or her absence.

(4) The Department shall be notified in writing, within five (5) business days of any change of medical director of the dialysis unit.

(f) **Medical Staff.**

(1) Each facility shall have an active organized medical staff.

(2) Medical staff of a dialysis unit shall be physicians licensed in the State of Connecticut who have completed or are in the process of completing special education and training programs, which shall include renal physiology and pathology.

(3) The active organized medical staff shall adopt written policies and procedures governing the medical care of the dialysis unit's patients. Such policies and procedures shall be approved by the medical director and the governing body. The policies and procedures shall include, at a minimum:

(A) Acceptable standards of practice for the medical staff;

(B) Participation in the medical components of the unit's quality improvement program.

(C) Standards to assure that, in the event of the medical director's absence, inability to act, or vacancy of the medical director's office, another physician who is board eligible or certified in nephrology on the facility's active organized medical staff is temporarily appointed to serve in that capacity.

(D) Protocols for services, if any, which may be provided by non-physician health professionals such as physician's assistants or advanced practice registered nurses.

(4) Members shall meet at least quarterly. Minutes shall be maintained for all such meetings. The regular business of the medical staff meetings shall include, at a minimum, analysis of and recommended actions concerning the medically related components of the unit's quality improvement program, including but not limited to adverse incidents and trends in patient-related dialysis parameters, including outcomes.

(g) **Nurse Manager.**

(1) The administrator/director shall appoint as nurse manager, a registered nurse licensed in the State of Connecticut.

(2) The nurse manager shall have special education, training and experience in dialysis techniques, 12 months of experience in clinical nursing and an additional 6 months of experience in nursing care of patients with permanent kidney failure who are receiving dialysis treatments.

(3) The nurse manager is responsible for the supervision, provision and quality of nursing care to include the coordination of all nursing activities in the dialysis unit. The nurse manager shall ensure that quality nursing care is provided in the unit.

(4) A charge nurse shall be designated by the nurse manager as responsible for the dialysis unit's nursing activities during the nurse manager's absences.

(5) In addition to the nurse manager, who shall not be counted in the dialysis unit's staffing pattern, there shall be sufficient numbers of licensed nurses and additional personnel to meet the patient care needs of the unit. At all times, at least fifty per cent (50%) of the unit's patient care staff shall be licensed nurses. There shall be a registered nurse on duty at all times when the unit is in operation.

(A) The nurse manager shall implement a patient acuity system which is used to determine the appropriate numbers and types of patient care staff to meet predicted needs of patients on each shift. The acuity system used shall include:

(i) Categorization of patient needs performed on at least a monthly basis;

(ii) A quantitative mechanism to link patient needs to an appropriate number of patient care staff for each shift;

(iii) A mechanism to differentiate which patient needs are appropriate for different levels of patient care staff;

(iv) A plan for management of staffing emergencies affecting patient care;

(v) Documentation of the patient acuity system maintained in the unit for one year.

(B) The nurse manager shall develop a methodology to periodically determine if the acuity system and unit staffing remain appropriate to the patient population being served.

(C) The nurse manager shall ensure that there is sufficient supervision to provide continuous monitoring of individual dialysis treatments.

(h) **Nursing Staff.**

(1) Qualified nursing staff of a dialysis unit shall consist of registered nurses and practical nurses who are licensed in the State of Connecticut. A training program, which shall be provided by the dialysis unit of employment prior to the employee functioning in the position, shall include, at a minimum, the following:

(A) Instruction in anatomy and physiology, fluid and electrolyte balance, principles related to dialysis systems and devices, renal drug therapy, complications of dialysis therapy, emergency medical procedures, asepsis and infection control, dietary management and concepts of chronic end stage renal dialysis rehabilitation and patient education.

(B) Documented validation of competency in both theory and practice.

(2) Provisions shall be made for periodic and systematic evaluation of performance.

(3) All nursing staff shall participate in continuing education programs on an annual basis.

(4) Registered nurse staff shall be responsible for all patient assessments, including initial and discharge assessments.

(i) **Additional Personnel.**

(1) Patient Care Technicians.

(A) Patient care technicians shall comprise no more than 50% of staff providing direct care in the dialysis unit, with at least 50% of caregiver staff being licensed nurses.

(B) Patient care technicians may collect baseline objective patient care data; initiate, monitor and terminate dialysis treatments, and contribute information for the patient's ongoing plan of care.

(C) A written patient care technician training program, Approved by the unit's governing body, shall be developed to meet the needs of the individual unit. Training programs, which shall be provided by the unit of employment prior to the employee functioning in the position, shall include, at a minimum, the following:

(i) An introduction to dialysis, including principles of dialysis; care of the patient with kidney failure; dialysis procedures, including initiation, monitoring and termination of dialysis treatment; possible complications of dialysis; water treatment; infection control; and safety and dialyzer reprocessing, if applicable.

(D) A registered nurse shall be responsible for coordination of the clinical training of the patient care technician and shall assure that each patient care technician has completed the training program and has demonstrated competency in all clinical and theoretical areas.

(E) Records shall be kept to verify the participation and performance of each trainee in each phase of the training program. The satisfactory completion of the training program shall be attested to on each trainee's record by a registered nurse.

(F) Each patient care technician shall have an annual evaluation of performance. This evaluation shall be written and maintained for a minimum of three years.

(G) Each patient care technician shall participate in continuing education programs on an annual basis.

(H) Minimum qualifications for patient care technicians shall be a high school diploma.

(2) Other technical staff.

(A) Other technical staff shall be appropriately trained and tested to perform the assigned tasks and functions described in the dialysis unit's job description. This training program shall be provided by the dialysis unit of employment and each component shall be satisfactorily completed prior to the employee performing the component independently. Verification of competency shall be in writing.

(B) Other technical staff shall function under the supervision of the nurse manager.

(C) Other technical staff may not initiate, monitor or terminate dialysis treatments.

(3) Social Worker.

(A) The administrator/director shall appoint a qualified social worker.

(B) A qualified social worker shall be licensed pursuant to section 20-195m of the general statutes of Connecticut.

(C) Social work staff shall be employed in sufficient numbers to meet the needs of the patients.

(D) The social work staff shall assess and monitor each patient's adjustment to the social and emotional aspects of the patient's illness and treatment, provide casework or groupwork for patients and families as needed, participate in team reviews of patients' progress and make recommendations regarding treatment based on the patient's current psychosocial needs, provide direction for financial assistance, identify community resources and assist patients and families in utilizing them.

(4) Dietitian.

(A) The administrator/director shall appoint a qualified dietitian who shall be registered by the American Dietetic Association and who has at least one year of experience in clinical nutrition.

(B) The qualified dietitian shall be responsible for:

(i) A comprehensive assessment of patients' nutritional and dietetic needs;

(ii) Recommending medical nutritional therapy;

(iii) Counseling patients and significant others regarding nutritional and dietetic needs;

(iv) Monitoring patient responses, both physiological and psychosocial, to medical nutritional therapy.

(C) Dietitian staff shall be employed in sufficient numbers to meet the needs of the patients.

(5) Medical Records Practitioner.

(A) The administrator/director shall appoint a qualified medical records practitioner who:

(i) Has graduated from a program for medical record administrators accredited by the Council on Medical Education of the American Medical Association and the American Medical Record Association, and is certified or is eligible for certification as a registered record administrator (RRA) by the American Medical Record Association; or

(ii) Has graduated from a program for medical record technicians approved jointly by the Council on Medical Record Education of the American Medical Association and the American Medical Record Association and is certified or is eligible for certification as an accredited record technician (ART) by the American Medical Record Association; or

(iii) Has successfully completed and received a passing grade in the American Medical Record Association's Correspondence Course for Medical Record Personnel approved by the Accrediting Commission of the National Home Study Council, and is certified or is eligible for certification as an accredited record technician by the American Medical Record Association; or

(iv) If the medical records practitioner cannot satisfy the above qualifications, the provisions of this section may be met if such person functions with consultation from a person who qualifies under paragraph(5) (A) (i) (ii) (iii).

(B) The medical records practitioner shall be responsible for the maintenance of medical records in accordance with accepted standards of practice and for quarterly audits of records.

(6) All housekeeping and cleaning staff shall receive training to ensure that technical procedures used in cleaning and housekeeping are implemented to protect the health and safety of patients, staff and the public.

(7) Other staff as deemed necessary for the care of the patient. Such staff will function under the supervision of the appropriate qualified professional.

(j) **Clinical Records.**

(1) There shall be adequate provision for the retention and storage of all clinical records which shall ensure the safety of such records and the confidentiality of the information contained therein.

(2) Adequate space and equipment shall be provided for record keeping, and the records shall be maintained in a secure manner so as to protect their confidentiality and integrity.

(3) A clinical record shall be started for each patient at the time of admission to the unit to include all identifying data. Each patient's record shall contain sufficient

information to justify the diagnosis and warrant the treatment given or services provided. A patient care plan including specific interventions to meet all identified patient needs shall be included. Each entry in the record shall be signed by the person responsible for it immediately after the service or treatment is rendered.

(4) All records shall be maintained in an out-of-hospital out-patient dialysis unit for a minimum of five years following the discharge of the patient. When records are archived off-site or stored electronically, provisions shall be made for retrieval and maintenance of confidentiality.

(5) Entries shall be made in the clinical record by all disciplines at least quarterly and at the time of any changes in the patient's condition or treatment.

(k) **Pharmaceutical Services.**

(1) The dialysis unit shall ensure the availability of pharmaceutical services, where indicated, to meet the needs of the patient.

(2) The pharmaceutical services shall be under the direction of a licensed pharmacist who shall be directly responsible to the administrator/director for:

(A) Supervision of the pharmaceutical services to assure conformance with accepted standards of practice, unit policies and all applicable state and federal laws.

(B) Development and implementation of current written policies and procedures that govern the procurement, storage, preparation, distribution, disposal, control and recording of drugs and biologicals.

(C) Inspection of all drug preparation and storage areas (including emergency drugs) at suitable intervals to ensure that:

(i) Drugs and biologicals are dispensed, packaged and labeled in accordance with accepted standards of practice and all applicable state and federal laws.

(ii) Drugs and biologicals are stored under proper conditions of sanitation, security, segregation and environmental control.

(iii) Drugs and biologicals which are out-dated, deteriorated, subjected to a drug recall, improperly labeled or discontinued are disposed of in accordance with approved procedures.

(iv) Emergency drugs are in adequate supply.

(v) Complete and accurate records are maintained for the receipt and disposition of controlled substances.

(3) The licensed pharmacist shall be responsible for:

(A) Establishment of quality control specifications for the procurement of drugs and biologicals used in the treatment of patients.

(B) Monitoring the drug therapy of patients for drug interactions, as appropriate.

(C) Participation, as appropriate, in inservice educational programs for the professional staff pertinent to drug therapy.

(D) Participation, as appropriate, in patient care conferences.

(E) Participation, as appropriate, in drug related patient and family education and counseling.

(4) There shall be current, written policies and procedures, approved by the medical staff, that govern the safe prescribing and administration of drugs and the proper recording of medication administration in the unit.

(*l*) **General.**

(1) For each position in the dialysis unit, there shall be a job description identifying required qualifications, training and/or past experience and the specific duties of the position.

(2) There shall be a program of continuing staff education provided in order to maintain and improve knowledge and skills.

(3) There shall be ancillary and functional dialysis machines readily available in the facility.

(4) The facility shall provide any special dialysate formulas (non-routine formulas of acetate) required by patients.

(5) On each dialysis unit or in close proximity there shall be maintained, at a minimum, emergency equipment and drugs for resuscitation and defibrillation.

(6) The management, operation, personnel, equipment, facilities, sanitation and maintenance of the dialysis unit, to include the care and services rendered within the dialysis unit, shall be such as to reasonably ensure the health, comfort and safety of patients, staff and the public at all times.

(7) Written fire and disaster plans shall be formulated and posted in a conspicuous location.

(8) If the unit provides self-dialysis training, the following support services shall be provided:

(A) Initial and periodic assessment by the appropriate professionals of the patient's home adaptation, including visits to the home, based on the patient's needs, and arrangements for monthly follow-up visits at the dialysis unit. The patient care plan shall include a schedule of assessments.

(B) Consultation with a qualified social worker and dietitian.

(C) Installation and maintenance of equipment.

(D) Ordering of supplies on an ongoing basis.

(E) Testing and appropriate treatment of water for home hemodialysis patients.

(m) **Physical Plant Standards.**

(1) General Provisions.

(A) All plans and specifications for new construction or alterations shall be submitted to the State Department of Public Health, the local Fire Marshal and the local building inspector for approval before construction is undertaken.

(B) Any facility licensed after the effective date of these regulations shall conform with the construction requirements described this section. Any facility licensed prior to the effective date of these regulations shall comply with the construction requirements in effect at the time of licensure. However, if the Commissioner or the Commissioner's designee determines that a pre-existing non-conformity with this subsection creates serious risk of harm to patients in a facility, the Commissioner may order such facility to comply with the pertinent portion of this subsection.

(C) Waiver.

(i) The Commissioner or his/her designee, in accordance with the general purposes and intent of these regulations, may waive provisions of the Physical Plant Standards of these regulations if the Commissioner determines that such waiver would not endanger the life, safety or health of any patient. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of patients upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety, or welfare of any patient has been jeopardized.

(ii) Any facility requesting a waiver shall apply in writing to the Department. Such application shall include:

(a) The specific regulations for which the waiver is requested;

(b) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;

(c) The specific relief requested; and

(d) Any documentation which supports the application for waiver.

(iii) In consideration of any application for waiver, the Commissioner or his/her designee may consider the following:

(a) The maximum patient capacity;

(b) The impact of a waiver on care provided;

(c) Alternative policies or procedures proposed.

(iv) The Department reserves the right to request additional information before processing an application for waiver.

(v) Any hearing which may be held in conjunction with an application for waiver shall be held in conformance with Chapter 54 of the Connecticut General Statutes and Department regulations.

(2) Site.

(A) The site or location of a new dialysis unit shall be approved by the State Department of Public Health.

(B) No facility shall be constructed or converted to this use without city water and sanitary sewers.

(C) Adequate off street parking stalls shall be provided at the ratio of one for each patient station.

(3) Code.

(A) All new dialysis units shall comply with the State of Connecticut Fire Safety Code and Supplements and the State Basic Building Code and Supplements and local zoning ordinances. Only the most current and most stringent code or regulation shall be used.

(B) Facilities shall be usable by and accessible to persons with disabilities.

(C) An annual certificate from the local fire marshal shall be submitted with the application for licensure to the State Department of Public Health.

(4) Administration. The following shall be provided:

(A) Entrance. A grade level or ramp entrance way. In multi-story structures where the unit is above street level there must be ready access to an elevator which can accommodate a stretcher and attendant.

(B) Waiting room. Two toilet areas and a public telephone, all equipped for use by persons with disabilities, and seating accommodations for waiting periods shall be available or accessible to the dialysis unit. Provisions shall be made for the protection and security of patients' personal belongings.

(C) General or Individual Offices. The following shall be provided:

(i) Storage for medical records and office space for administrative and professional staffs.

(ii) Combination physician's office and examination room.

(iii) Office space for Dietitians and Social Workers which is available on or accessible to the dialysis unit.

(5) Patient Treatment Area. The following shall be provided in a dialysis unit:

(A) Each patient bed shall be located to provide clearance of three feet (3′) on each side and front.

(B) The lounge chair shall be located to permit a clearance of three feet (3′) on each side and front.

(C) The unit shall be designed to provide privacy for each patient by the use of cubicle curtains, or by separate cubicles.

(D) An isolation room of a minimum of one-hundred square feet (100′) shall be provided, with a toilet room, and an entry vestibule or outer room, containing sink, counter space, and storage space. The lavatory shall be located within the isolation

room. The isolation room shall be a part of the unit. A separate entrance from inside the unit to the isolation room shall also be provided.

(E) Handwashing facilities shall be convenient to the treatment area.

(F) Individually controlled reading lights shall be provided for each patient station.

(G) A private treatment room of at least one hundred twenty-five square feet (125′) shall be provided for patients who are being trained to use dialysis equipment at home.

(6) Nursing Unit. The following shall be provided in a dialysis unit:

(A) A nurses' station, which has direct visual observation of all patients.

(B) Medication preparation area - provision shall be made for an area to prepare medications. This may be a medication room of not less than forty-five square feet or a self-contained mobile medication cabinet. The medication preparation area shall be equipped with locked storage and non-portable steel storage for controlled substances. If a mobile medication cabinet is not stored within a locked area it may be located in close proximity to the nurses' station provided it is secured with a docking mechanism. All mobile medication cabinets shall be closed and locked when not in current use.

(C) Clean workroom, which shall contain a work counter, handwashing sink, and enclosed storage facilities for clean and sterile supply materials.

Minimum of fifty square feet (50′).

(D) Soiled workroom, which shall contain a flush rim sink, handwashing sink, work counter, storage cabinets, waste receptacle and soiled linen receptacle. Minimum of one-hundred square feet (100′). Out-of-hospital out-patient units shall also have bedpan flushing devices that sterilize bedpans if disposable bedpans are not used.

(E) Nourishment station is optional, but if provided, shall contain a handwashing sink, refrigerator, and a storage cabinet. The station shall not be located within the treatment area.

(F) Clean linen storage area or space for a unit linen cart with cover, if linen is provided.

(G) An environmental services closet shall be provided adjacent to and for the exclusive use of the unit. The closet shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment.

(H) In those units in which a piped in oxygen system is not provided, a separate storage closet shall be provided for the storage of oxygen cylinders.

(I) Supply areas of twenty square feet (20′) of floor area per patient station or supply carts shall be provided.

(J) Central Delivery Systems. Each facility using a central delivery system shall provide either on the premises, a Central Batch Mixing Room, or through written arrangements, a delivery system for solutions used for the treatment of patients. If used, a Central Batch Mixing Room shall contain mixing, storage and distribution equipment, a sink), storage space and holding tanks. For facilities using bulk or premixed solutions, storage and distribution spaces shall be provided.

(K) Equipment maintenance room of not less than one-hundred and fifty square feet and equipped with a hand wash sink and a deep service sink. There shall be at least one reverse osmosis (RO) supply available for each fifteen stations up to a maximum of two.

(L) An equipment storage room for the storage of clean equipment available for patient use.

(M) Dialyzer reuse room. If dialyzers are reused, a reprocessing room is required, sized to perform the functions required and to include one-way flow of materials from soiled to clean with provisions for refrigeration (if dialyzers are stored prior to reprocessing), decontamination/cleaning areas, sinks, processors, packing area, dialyzer storage cabinet(s), and a computer and label printer, if used.

(7) Staff Facilities. Staff toilet and lockers shall be provided within the unit. All units shall provide a staff locker room measuring ten square feet per patient station, or sixty square feet whichever is more, provided however that the staff locker room need not exceed a size of one-hundred fifty square feet.

(A) A separate staff dining/lounge shall be provided in out-of-hospital units.

(8) Details of Construction and Electrical Requirements. The following shall be provided:

(A) Corridors shall not be less than five feet wide in an out-of-hospital out-patient unit.

(B) Acoustic treated ceilings shall be provided in corridors, treatment areas, nurses' stations, work areas and waiting area.

(C) An intercom and emergency call signaling system shall be provided between the isolation room, the home training room, patient toilet rooms, nurses' station and the staff dining/lounge area.

(D) Ceiling heights in patient treatment areas shall not be less than eight feet and seven feet, eight inches in all other rooms.

(E) Wall surface finishes shall be washable and moisture resistant.

(F) The minimum width of doors to patient treatment areas shall be three feet, ten inches, two feet, six inches for doors for staff use, and three feet eight inches elsewhere.

(G) All sinks or lavatories in the clinical area shall be provided with any device other than hand controls, soap, paper towels, and dispensers.

(H) Wall bases in treatment areas, soiled workrooms, equipment maintenance room, environmental services closet and other areas which are frequently subject to wet cleaning methods shall be made integral with the floor.

(I) Cubicle curtains and draperies shall be non-combustible or flame retardant.

(J) No walls shall block the view from the nurses' station to the patient area in a given treatment area.

(K) Hospital type hardware shall be provided on doors to clean work rooms, soiled workrooms and the isolation room.

(L) All plumbing lines, electrical conduit, and HVAC systems shall be enclosed.

(M) All materials, including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system.

(N) All electrical, mechanical, or piping installations and systems shall be tested prior to initial licensure. The records of tests performed shall be maintained on the premises for at least three years.

(O) A written preventative maintenance program shall be developed and implemented. All records of the program shall be maintained for a three year period.

(9) Mechanical Systems. The following shall be provided:

(A) Plumbing.

(i) Plumbing for the unit shall be designed to provide a minimum water pressure adequate to the needs of the equipment used with waste lines serving the dialysis equipment designed to prevent backflow and necessary check valves and shutoff valves appropriately located in the plumbing system.

(ii) Backflow preventers (vacuum breakers) shall be installed on hose bibbs, janitor's sinks, bedpan flushing attachments, clinical sinks, and all other attachments to which hose or tubing can be attached.

(iii) If a centralized dialysate delivery system is utilized, each distribution line shall be clearly labeled and color-coded to identify its contents.

(B) Electrical Service.

(i) There shall be a minimum of two duplex receptacles on each side of a patient bed or lounge chair. Additional receptacles may be located where convenient for use.

(ii) Receptacles shall be located at least thirty-six inches (36″) above the floor and be of ''hospital grade'' construction.

(C) Emergency Electrical Service.

(i) General. To provide electricity during an interruption of the normal electric supply that could effect the nursing care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to all circuits for lighting and power.

(ii) Source. The source of this emergency electrical service shall be as follows: An emergency electrical generating set, including prime mover and generator, equipped with an automatic transfer switch (which will transfer within ten seconds), shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall not be less than eighty percent.

(D) Emergency Electrical Connections. Emergency electrical services shall be provided to circuits as follows:

(i) Lighting.

(a) All task lighting, exitways, exit signs, exit directional signs, exit doorways, stairways, corridors, lobby, dialysis distribution systems and related equipment, and, if provided, the water treatment system.

(b) Patient treatment rooms/cubicles, nursing station, medication preparation area, clean workroom, soiled workroom, equipment storage and waiting room.

(c) Generator set location and switch gear location.

(ii) Equipment.

(a) A minimum of one duplex receptacle on each side of patient bed/chair, or line isolation monitor panels connected to a dedicated circuit of a minimum of twenty (20) amperes.

(b) One duplex receptacle in the equipment maintenance room.

(c) Corridor receptacles in the patient treatment area.

(d) Essential refrigerators.

(e) Telephone equipment, nurses' call and intercom systems which depend upon electrical power supplied by facility.

(f) Central batch delivery, water treatment, and related systems and equipment.

(g) Dialyzer reuse equipment.

(h) Ventilation equipment.

(11) Environmental Sanitation.

(A) Space and facilities, either on site or through contractual arrangements, shall be provided for the sanitary storage and disposal of contaminated waste.

(B) The water supply shall be tested at least twice annually by a state approved laboratory as to sanitary, chemical, physical and bacteriological composition. Levels will be maintained in accordance with written unit policies. A record of test results shall be maintained in the unit for a period of three years.

(12) Laboratory. Any dialysis unit which carries out laboratory testing, other than that allowed by a clinical laboratory improvement act of 1988 certificate of waiver, within the unit itself shall establish a separate room properly labeled as a laboratory. This room shall be capable of being closed off from the rest of the unit by a suitable door. This laboratory shall contain a work counter, storage cabinet, sink and other appropriate equipment and supplies.

(13) Ventilation System Details. The following shall be provided:

(A) All air supply and air exhaust systems shall be mechanically operated. All fans serving the exhaust system shall be located at the discharge end of the system. The ventilation rates shown in Table I shall be minimum rates and shall not be considered as precluding the use of higher ventilation rates.

(B) Duct linings shall not be used in HVAC systems.

(C) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than 80 percent.

(D) Corridors shall not be used to supply air to any room.

(E) HVAC temperature and humidity shall provide the following: temperature 70-76°F; relative humidity 30% minimum - 50% maximum.

TABLE I - GENERAL PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN DIALYSIS AREAS

Area Designation	*Pressure Relationship to Adjacent Areas*	*Minimum of Changes of Outdoor Air per Hour Supplied to Room*	*Minimum Total Air Changes per Hour Supplied to Room*	*All Air Exhausted Directly to Outdoors*
Patient Treatment Area	P	2	6	Yes
Office(s)	E	Optional	2	Yes
Examination and Treatment Room	V	Optional	6	Optional
Waiting Room	N	2	6	Optional
Medication Room	P	Optional	6	Optional
Isolation Room	N	2	2	Yes
Isolation Room Alcove or Anteroom	N	2	10	Yes
Soiled Workroom	N	Optional	10	Yes
Clean Workroom	P	Optional	4	Optional
Equipment Maintenance Room	P	Optional	6	Yes
Toilet Rooms	N	Optional	10	Yes
Equipment Storage Room	V	Optional	2	Optional
Environmental Services Closet	N	Optional		Yes
Sterilizer Equipment Room	N	Optional	10	Yes
Laboratory	N	Optional	6	Yes
Soiled Linen	N	Optional	10	Yes
Clean Linen Storage	V	Optional	2	Optional
Dialyzer Reuse Room	N	2	12	Yes
Central Batch Mixing Room	N	2	12	Yes

P = Positive N = Negative E = Equal V = Varying

(Effective September 28, 1988; amended October 2, 1997)

Licensing of Out-Patient Surgical Facilities Operated by Corporations

Sec. 19-13-D56. Licensing of out-patient surgical facilities operated by corporations

(a) **Definition.** (1) For the purpose of section 19-13-D56, an out-patient surgical facility is defined as operated by a corporation other than a hospital which provides ambulatory surgical care in addition to the provision of medical care for diagnosis and treatment of persons with acute or chronic conditions or to the provision of surgical care to well persons.

(2) Ambulatory surgical care is defined as surgical care not requiring overnight stay but requiring a medical environment exceeding that normally found in a physician's office. This medical environment may include any or all of the following:

(A) The pathological process for which the operation is to be performed shall be localized and not conducive to systemic disturbance.

(B) The patient shall not, in the opinion of the attending physician, have other significant physiological, biochemical or psychiatric disturbance which might be worsened by the operation.

(C) The preoperative work-up to be done following admission shall not be such as to extend the admission beyond the normal period of clinic operation during one day.

(D) The postoperative recovery period anticipated shall not require skilled medical or nursing care such as to extend the admission beyond the normal period of clinic operation during one day.

(E) Anesthesia requirement, which may render the patient unconscious and unable to walk, but which will not prohibit discharge during the normal period of clinic operation during the day on which the operation is performed.

(b) **Physical Standards.** A. Plans and specifications for new construction or alterations shall be submitted to the state department of health for review and approval before construction is undertaken.

B. The commissioner of health has issued the following minimum requirements concerning the physical standards which will be the basis for review in the state department of health.

(1) Code. (a) Every building where, on or after the effective date of these regulations, is constructed or converted for use, in whole or in part, as an out-patient surgical center shall comply with the requirements of the Basic Building Code, as prepared by the Public Works Department, State of Connecticut; except as such matters are otherwise provided for in a local municipal charter, or statutes, or in the rules and regulations authorized for promulgation under the provisions of the Basic Building Code.

(b) In addition to the State of Connecticut Basic Building Code, all out-patient surgical facilities shall comply with the requirements of the following codes and standards:

(1) State of Connecticut Fire Safety Code
(2) NFPA—101 Life Safety Code
(3) NFPA—76A Essential Electrical Systems for Health Care Facilities
(4) NFPA—56A Inhalation Anesthetics
(5) NFPA—56F Nonflammable Medical Gases
(6) NFPA—56G Inhalation Anesthetics in Ambulatory Care Facilities

(7) For reference purposes only—NFPA—76B-M Electricity in Patient Care Facilities

(8) The State of Connecticut labor laws, local fire safety codes and zoning ordinances. Only the most current code or standard shall be used.

(c) Facilities shall be available and accessible to the physically handicapped and designed in accordance with ANSI standards.

(d) An annual certificate from the local fire marshal that precautionary measures meet his approval shall be submitted with the annual application for licensure to the state department of health.

(2) Site. The site or location of a new surgical outpatient center shall be approved by the state department of health.

(3) Size and Design. (a) The extent (number and types) of the diagnostic, clinical and administrative facilities to be provided will be determined by the services contemplated and estimated patient load.

(b) Prime consideration shall be given to patient traffic from the patient parking area to out-patient admissions and through the surgical department to discharge offices and to covered areas for patient pick-up.

(4) Privacy for Patient. The design of the facility shall provide for the privacy and dignity of the patient during interview, examination and treatment.

(5) Maintenance of Systems and Equipment. All electrical gas, fire and alarm systems and equipment shall be tested to standards initially prior to the placing in service and tested periodically thereafter. Permanent records shall be maintained.

C. Administrative Provisions. The following shall be provided: (1) Entrance. At grade level or ramped and in multi-story structures where the unit is above street level, ready access to an elevator.

(2) Waiting Room. Public toilet facilities, drinking fountain, public telephone, and seating accommodations for long waiting periods shall be provided on the premises.

(3) General or Individual Offices. For medical records and administrative and professional staffs.

(4) Interview space(s) for private interviews relating to social services, credit and admissions.

(5) Special Storage. For employees', patients' personal effects.

D. Clinical Facilities. The following shall be provided: (1) General Purpose Examination Room(s). For medical, obstetrical and similar examinations. Shall have a minimum floor area of eighty (80) square feet each, excluding such spaces as vestibule, toilet, closet and work counter (whether fixed or movable). A lavatory or sink equipped for handwashing and a counter or shelf space for writing shall be provided.

(2) Treatment Room(s) for Minor Surgical Procedures and Cast Procedures. Shall have a minimum floor area of one hundred-twenty (120) square feet each, excluding such spaces as vestibule, toilet, closet, and work counter (whether fixed or movable). The minimum room dimension shall be ten feet. A lavatory or sink equipped for handwashing and a counter or shelf space for writing shall be provided.

(3) Outpatient surgery change areas. A separate area shall be provided where out-patients change from street clothing into hospital gowns and are prepared for surgery. This would include a waiting room, lockers, toilets, clothing change or gowning area, and space for the administration of medications.

(4) Laboratory. Any out-patient surgical center which carries out laboratory testing within the unit itself shall establish a separate room properly labeled as a laboratory. This room shall be capable of being closed off from the rest of the unit by a suitable

door. This laboratory shall contain a work counter, storage cabinets and sink and other appropriate equipment and supplies.

(5) Operating Room(s). Each operating room shall have a minimum clear area of two hundred fifty (250) square feet exclusive of fixed and movable cabinets and shelves. Additional clear area may be required by the program to accommodate special functions in one or more of these rooms. Provide an emergency communication system connecting with the surgical suite control station. Provide at least one X-ray film illuminator in each room, oxygen and vacuum.

(6) Recovery Room(s). Room(s) for post-anesthesia recovery for outpatient surgical patients shall be provided and shall contain handwashing facilities, charting facilities, clinical sink with oxygen and vacuum available for each patient.

E. Surgical Service Areas. The following services shall be provided: (1) Control station located to permit visual surveillance of all traffic which enters the operating suite.

(2) Supervisor's office or station (may be shared with the control station.)

(3) Sterilizing facility(ies) with high speed autoclave(s) conveniently located to serve all operating rooms. When the program indicates that adequate provisions have been made for replacement of sterile instruments during surgery, sterilizing facilities in the surgical suite will not be required.

(4) Scrub facilities. Two scrub stations shall be provided near entrance to each operating room; however, two scrub stations may serve two operating rooms if the scrub stations are located adjacent to the entrance of each operating room. Provide viewing panels with wired glass to permit observation of the operating room from the scrub area.

(5) Soiled workroom for the exclusive use of the surgical suite staff. The soiled workroom shall contain a clinical sink or equivalent flushing type fixture, work counter, sink equipped for handwashing, waste receptacle, and linen receptacle.

(6) Clean workroom. A clean workroom is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work counter, sink equipped for handwashing, and space for clean and sterile supplies.

(7) Anesthesia Storage Facilities. A separate room shall be provided for the storage of flammable gases (in accordance with the requirements detailed in NFPA 56A) if such gases are used.

(8) Anesthesia workroom for cleaning, testing and storing anesthesia equipment. It shall contain a work counter and sink.

(9) Medical gas storage. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided and constructed of one hour fire resistive construction and in accordance with NFPA 56A and 56F.

(10) Equipment storage room(s) for equipment and supplies used in surgical suite.

(11) Staff clothing change area. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses and doctors) working within the surgical suite. The areas shall contain lockers, showers, toilets, lavatories equipped for handwashing, and space for donning scrub suits and boots. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the surgical suite can change, shower, gown, and move directly into the surgical suite. Space for removal of scrub suits and boots shall be designed so that personnel using it will avoid physical contact with clean personnel.

(12) Lounge and toilet facilities for surgical staff.

(13) Janitors' closet. A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.

(14) Doctors' Dictation. This space should be private and adequate in size for the total number of doctors who may be dictating at the same time. It should be located adjacent to but not inside the nurses' station, lounge or doctors' dressing area.

F. Supporting Services. (1) Janitors' Closet(s). This room shall contain a floor receptor or service sink and storage for housekeeping supplies and equipment.

(2) Stretcher Storage Area. This area shall be out of direct line of traffic.

(3) Employees' Facilities. Locker rooms, lounges, toilets, or shower facilities, as required, shall be provided to accommodate the needs of all personnel.

(4) Nourishment Rooms. Facilities and space should be provided for preparation of light nourishment, and refrigeration of juices. An ice machine is desirable. Handwashing facilities must be provided in the room; should be located near the recovery suite.

(5) General Storage Facilities. For office supplies, sterile supplies, pharmaceutical supplies, splints and other orthopedic supplies, and housekeeping supplies and equipment.

G. Details and Finishes. All details and finishes shall meet the following requirements:

(1) Details. (a) Minimum public corridor width shall be five feet, zero inches (5′-0″). Patient transfer corridors shall be eight feet, zero inches (8′-0″) wide.

(b) Each building shall have at least two exits remote from each other. Other details relating to exits and fire safety shall be in accordance with the State Fire Safety Code.

(c) The minimum width of doors for patient access to examination and treatment rooms shall be three feet, zero inches (3′-0″); operating and recovery room doors shall be three feet, 10 inches (3′-10″) wide and seven feet, zero inches (7′-0″) high.

(d) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type.

(e) The location and arrangement of handwashing facilities shall permit their proper use and operation. Particular care shall be given to the clearances required for blade-type operating handles.

(f) Paper towel dispensers and soap dispensers shall be provided at all handwashing fixtures.

(g) Radiation protection requirements of X-ray and gamma ray installations shall conform with NCRP Reports Nos. 33 and 34. Provisions shall be made for testing the completed installation before use.

(h) All handwashing sinks used by medical and nursing staff shall be trimmed with valves which can be operated without the hands.

(i) If flammable gases are used, compliance with all requirements of NFPA 56A Inhalation Anesthetics is required for the installation of conductive flooring, electrical systems, ventilation requirements and maintenance.

(j) Ceiling heights shall not be less than nine feet, six inches (9′-6″) in operating rooms, and eight feet, zero inches (8′-0″) in all other rooms and corridors.

H. Finishes. (1) Flame spread and smoke developed ratings of finishes shall be Class ''A'' 0-25.

(2) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. In all areas frequently subject to wet cleaning methods, floor materials shall not he physically affected by germicidal and cleaning solutions.

Floors that are subject to traffic while wet, such as shower and bath areas and certain work areas, shall have a nonslip surface.

(3) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant.

(4) Wall bases in soiled workrooms and other areas which are frequently subject to wet cleaning methods shall be made integral and coved with the floor.

(5) Duct linings shall not be used in systems supplying operating rooms and recovery rooms.

I. Air Conditioning, Heating and Ventilating Systems. (1) Temperatures and humidities. (a) The systems shall be designed to provide the following temperatures and humidities in the areas noted:

Area Designation	*Temperature °F*	*Relative Humidity (%)*	
		Min.	*Max.*
Operating Rooms	70-76	50	60
Recovery Rooms	70-76	50	60

(2) Ventilation system details. All air-supply and air-exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in table 1 shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(a) Outdoor intakes shall he located as far as practical but not less than twenty-five feet, zero inches (25′-0″) from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vents stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet, zero inches (6′-0″) above ground level, or if installed above the roof, three feet, zero inches (3′-0″) above the roof level.

(b) The ventilation systems shall be designed and balanced to provide the pressure relationship as shown in table No. 1.

Table I. General Pressure Relationships and Ventilation of Certain Out-Patient Surgical Areas

Area Designation	*Pressure Relationship to Adjacent Areas*	*Minimum Air Changes of Outdoor Air per hour Supplied to Room*	*Minimum Total Air Changes per Hour Supplied to Room*	*All Air Exhausted Directly to Outdoors*	*Recirculated within Room Units*
Legend: P = Positive, E = Equal, N = Negative					
Operating Room	P	5	25	Optional	No
Examination and Treatment Room	E	2	6	Optional	Optional
Recovery Room	P	2	6	Optional	No
Examination Room	E	2	6	Optional	Optional
Medication Room	P	2	4	Optional	Optional
Treatment Room	E	2	6	Optional	No
X-ray, Fluoroscopy Rm.	N	2	6	Yes	No
X-ray, Treatment Rm.	E	2	6	Optional	Optional
Soiled Workroom	N	2	10	Yes	No
Clean Workroom	P	2	4	Optional	Optional
Darkroom	N	2	10	Yes	No
Toilet Room	N	Optional	10	Yes	No
Bathroom	N	Optional	10	Yes	No
Janitors' Closet	N	Optional	10	Yes	No
Sterilizer Equipment Room	N	Optional	10	Yes	No
Laboratory, General	N	2	6	Optional	Optional
Anesthesia Storage (Flammable)	E	Optional	8	Yes	No
Central Medical and Surgical Supply Soiled or Decontamination Room	N	2	6	Yes	No
Clean Workroom	P	2	4	Optional	Optional
Unsterile Supply Storage	E	2	2	Optional	Optional

(c) All air supplied to operating rooms, shall be delivered at or near the ceiling of the area served, and all exhaust air from the area shall be removed near flood level. At least two exhaust outlets shall be used in all operating and delivery rooms.

(d) Corridors shall not be used to supply air to or exhaust air from any room.

(e) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in table No. 2. Where two filter beds are required, filter bed No. 1 shall be located upstream of the air conditioning equipment and filter bed No. 2 shall be located downstream.

Table 2. Filter Efficiencies for Central Ventilation and Air Conditioning Systems in Out-Patient Surgery Facilities

Area Designation	*Minimum Number of Filter Beds*	*Filter Efficiencies Filter Bed No. 1*	*(Percent) Filter Bed No. 2*
Sensitive Areas (Includes operating rooms and recovery rooms)	2	25	90

Where only one filter bed is required, it shall be located upstream of the air conditioning equipment unless an additional prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter may be located further downstream.

(f) A manometer shall be installed across each filter bed serving sensitive areas or central air systems.

(g) Air handling duct systems shall meet the requirements of NFPA Standard 90A.

J. Electrical Requirements. (1) Lightning. (a) All spaces occupied by people, machinery, and equipment within buildings, approaches to buildings, and parking lots shall have lighting.

(b) A portable or fixed examination light shall be provided in each examination and treatment room.

(c) Operating rooms shall have general lighting in addition to local lighting provided by special lighting units at the surgical tables. Each special lighting unit at the tables, except for portable units, shall be connected to an independent circuit. Supplemental self contained emergency battery light units, with battery, trickle charger, supervisory and monitoring systems and controls shall be provided in each operating room.

(2) Receptacles (Convenience Outlets). (a) Anesthetizing locations. Each operating room shall have at least three receptacles of the types described in NFPA Standard 56A. In locations where mobile X-ray is used, an additional receptacle, distinctively marked for X-ray use, shall be provided.

(b) Rooms. Duplex grounding type receptacles shall be installed in all areas in sufficient quantities for the tasks to be performed. A minimum of one duplex receptacle for each wall shall be installed in each work area or room other than storage or lockers. Each examination and work table shall have access to a minimum of two duplex receptacles.

(c) All electrical receptacles in examination, treatment, procedure, recovery and utility rooms, shall be a hospital grade type.

(3) Equipment Installation in Special Areas. (a) X-ray Installations. Fixed and mobile X-ray equipment installations shall conform to article 660 of NFPA Standard 70.

(4) Emergency Electric Service. (a) General. To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power in accordance with NFPA 76A.

(b) Sources. The source of this emergency electric service shall be: Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system.

(c) Emergency electrical connections. Emergency electric service shall be provided to the distribution systems as follows: Circuits for the safety of patients and personnel.

(A) Illumination of means of egress as required in NFPA Standard 101.

(B) Illumination for exit signs and exit directional signs as required in NFPA Standard 101.

(C) Alarm systems including fire alarms and alarms required for nonflammable medical gas systems if installed.

(D) Paging or speaker systems if intended for communication during emergency.

(d) Circuits essential to care, treatment, and protection of patients. (A) Task illumination and selected receptacles; drug distribution stations; operating and recovery rooms; treatment rooms; and nurses' stations.

(B) Nurses' calling system.

(C) Blood bank refrigeration, if provided.

(D) Equipment necessary for maintaining telephone service.

(e) Circuits which serve necessary equipment. (A) Ventilation of operating rooms.

(B) Central suction systems serving medical and surgical functions.

(C) Equipment which must be kept in operation to prevent damage to the building or its contents.

(5) Details. The emergency electrical system shall be so controlled that after interruption of the normal electric power supply the generator is brought to full voltage and frequency. It must be connected within ten seconds through one or more primary automatic transfer switches to emergency lighting systems; alarm systems; blood bank; nurses' calling systems; equipment necessary for maintaining telephone service; and task illumination and receptacles in operating, emergency, recovery, and other critical patient areas. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switches or through other automatic or manual transfer switches. Receptacles connected to the emergency system shall be distinctively marked. Storage-battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where stored fuel is required for emergency generator operation, the storage capacity shall be sufficient for not less than twelve hour continuous operation.

(6) Generator set locations shall be protected from the elements and against tampering.

K. Fire Alarm Systems. A manually operated electrically supervised fire alarm system shall be installed in each facility.

(c) **Ownership and Administration.** (1) There shall be an organized governing authority with full legal authority and responsibility for the conduct of the surgical facility in a manner consonant with the objective of making available high quality patient care.

(2) Full and complete information shall be made available to the survey agency regarding the identity of each individual, group or corporation which has an ownership interest of ten percent or more in the facility.

(3) The governing authority shall have by-laws which shall identify the purposes of the facility, and the means of attaining them, which by-laws shall be dated, signed, and indicate periodic review and revision. These shall be available to all members of the governing body and all individuals to whom authority is delegated.

(4) These governing authority by-laws shall as a minimum contain: (A) A delineation of the powers and duties of the officers, committees of the governing body and the chief executive officer.

(B) The qualifications for membership, the method of selection and the terms of office of members and chairmen of committees.

(C) A description of the authority delegated to the chief of medical staff or clinical director and the medical staff as a whole.

(D) A mechanism for approval of the appointments and annual reappointments of the members of the medical-surgical staff recommended by the medical-surgical staff to the governing body.

(E) A mechanism for the delineation and control of medical-surgical privileges and anesthesia privileges of members of the medical-surgical staff recommended by the medical-surgical staff to the governing body. This shall be based upon background, experience and demonstrated competence, adherence to the ethics of the profession and appropriate physical and mental health.

(5) The governing body shall approve the medical staff by-laws, its organizational structure and all rules and regulations.

(6) The governing body shall demonstrate an interest and understanding of the activities of the surgicenter: Fiscal; building and maintenance; and clinical.

(7) (A) The governing body shall have regular meetings, not less than four times a year and so often as its responsibilities require.

(B) The minutes of the governing body meetings will be recorded, dated, approved and signed.

(d) **Chief Executive Officer.** (1) The governing body shall appoint a chief executive officer or administrator of the surgicenter who shall be qualified by education and experience appropriate to the discharge of his responsibilities.

(2) He shall be accountable to the governing body for his actions.

(3) His duties shall include the overall management of the operations of the facility, including the liaison and coordination of activities between the governing body and the medical and nursing staff.

(4) He shall be a member of the governing body and shall attend all meetings of the governing body and medical staff.

(e) **Professional Staff.** (1) Clinical Director. (A) The governing body shall appoint a clinical director, or chief of staff, accountable to it for his actions.

(B) He shall be qualified by training, demonstrated competence and judgment to manage the medical functions of the staff.

(C) He shall be delegated the authority to control the quality of medical-surgical care provided and to assure the effective discharge of the quality control review function of medical care.

(D) The members of the professional staff of the facility shall meet the requirements of Section 20-9 of the Connecticut General Statutes regarding who may practice medicine and surgery.

(E) Shall be qualified by training and experience to perform the duties assigned.

(F) Shall also have privileges in a hospital licensed in Connecticut to perform the duty or procedure which will be done at the surgicenter.

(2) All appointments, reappointments and privileges will be granted by the governing body with recommendations from the medical staff.

(3) All appointments, reappointments and specific privileges granted to the medical-surgical staff will be recorded in the minutes of meetings of the governing body or of the medical staff and filed in the doctor's medical profile with an agreement signed by the physician to abide by the hospital by-laws, medical staff by-laws and rules and regulations.

(4) The medical staff shall develop medical staff bylaws, rules and regulations to govern its organization and conduct, which shall include, but not be limited to the following:

(A) The officers of the medical staff, their duties, the qualifications for office, the term of office, the method of selection;

(B) The basis on which recommendations will be made to the governing body regarding the appointments, reappointments and the privileges of staff members;

(C) The committee structure of the medical staff;

(D) The mechanism by which medical care will be assessed including the development and implementation of a medical care evaluation program. In accordance with the current requirements of the Joint Commission on Accreditation of Hospitals and the Professional Standards Review Organization in which:

(a) Standards, norms, and criteria for care are developed for problems or disease categories.

(b) The actual care provided is measured against these standards, norms and criteria in a study of patterns of care for these specific problems or disease entities.

(c) A judgment or evaluation is made in the medical evaluation or audit procedure.

(d) Appropriate action, as indicated, is taken and documented for observed variations and deficiencies in care as determined by the audit process.

(e) The review to determine the appropriate utilization of facilities and equipment.

(f) The development of a program to control facility associated infections.

(g) The development of a program to control the distribution and use of drugs and therapeutics; in accordance with the requirements of the State Department of Consumer Protection, Drug Control Division, and all applicable state and federal drug laws and regulations.

(h) Requirements assuring that medical records shall be prepared and adequately maintained on each patient so as to explain and justify treatment and outcome.

(5) There shall be regular meetings of the medical-surgical staff with required attendance, except with appropriate justification of all physicians given privileges in the unit. The minutes of these meetings shall be recorded and shall reflect concern with the clinical care provided.

(6) At all times that there are patients in the unit there shall be a licensed physician on the premises.

(7) (A) The professional medical, surgical and nursing staff shall develop policies and procedures to assure high standards of professional practice on the unit. These shall be adopted, approved, placed in a manual made readily available for use by all professional staff and reviewed at least once a year, and as indicated, and revised as indicated.

(B) Specific policies and/or procedures shall include, but not be limited to the following areas:

(a) Requirement for, and necessary elements of, the pre-operative evaluation of the physical condition of all patients by a physician within a specific period before admission;

(b) The necessary pre and postoperative tests;

(c) The categories of acceptable admission diagnoses and unacceptable admission diagnoses;

(d) Operating hours, method of selection of patients relative to age, sex, physical status;

(e) Requirements for written pre-operative and postoperative instructions to be explained to patients;

(f) Requirements for valid operative permits and signed informed consent forms;

(g) Operative procedures to be permitted and operative procedures to be excluded;

(h) Types of anesthesia that may be employed for specific procedures;

(i) Policies regarding use of laboratory tests, detection tests, treatment modalities and protective measures;

(j) Guidelines covering emergency care;

(k) Requirements that patients' status shall be deemed appropriate prior to discharge as regards vital signs, voiding, temperature and other significant elements;

(*l*) Requirement that each patient is to have a responsible person available to accompany him or her on discharge unless otherwise authorized by a physician;

(m) Required policies relating to quality control, which include review and evaluation of surgical, anesthesiology and nursing practice as well as case review and review of patterns of care;

(n) A requirement that all tissue removed at surgery shall be submitted to a qualified licensed pathologist. Examinations will be performed on these tissues according to an established procedure approved by the pathologist and the medical director. The disposition of the tissue or the pathological report shall be appended to the patient record;

(o) Establishment of written agreements with hospital(s) in the immediate vicinity in the event it becomes necessary to transfer a patient(s);

(p) Policies regarding prevention and control of infections among patients and staffs;

(q) Appropriate referral and follow-up on patients and cooperative arrangements with referring physicians.

(8) Laboratory and Radiology. (A) Laboratory work performed shall be under the supervision of a qualified licensed pathologist, or shall be done by a licensed laboratory.

(B) A qualified licensed radiologist shall supervise all radiological procedures.

(9) Anesthesia Services. The anesthesia services of the unit shall be under the supervision of a qualified anesthesiologist who shall be delegated the authority to:

(A) Oversee the quality of anesthesia care provided by anesthesia personnel employed by the unit;

(B) Assure the availability and proper functioning of such equipment as is necessary to administer anesthesia, and to provide necessary resuscitative measures including emergency cardiopulmonary resuscitation;

(C) Develop regulations to assure anesthetic safety and recovery room patient support;

(D) Administer a retrospective review of all anesthesia care. The anesthesiologist in charge shall have a major role in the development of policies and procedures to assure the satisfactory preanesthetic status of patients, including the decision regarding choice of anesthesia, preoperative medication, postoperative recovery room supervision, and suitable discharge status.

(f) **Records and Reports.** (1) There shall be adequate provision for the retention and storage of all clinical records which shall ensure the safety of such records and the confidentiality of the information contained therein.

(2) Adequate space and equipment shall be provided for record keeping.

(3) A clinical record shall be started for each patient at the time of admission to the unit to include all appropriate and proper identifying data. Each patient's record shall contain sufficient information to justify the diagnosis and warrant the treatment

given or services provided. Each entry in the record shall be signed by the person responsible for it immediately after service is rendered.

(4) All records shall be maintained in a safe manner for a minimum of five years following the discharge of the patient.

(5) The unit shall collect, retrieve and summarize data relating to program evaluation and in planning to meet needs of patients. This data should include at least the following: Total number of visits; number of patients seen; diagnosis; types and numbers of operative procedures performed; age distribution of patients; death and other untoward accidents or incidents. This report to be prepared on an annual basis and be available for review by the state department of health.

(6) There shall he an anesthesia record for each patient who receives anesthesia on the unit. This shall become a part of the medical record and shall include patient identification data, dosage and duration of anesthesia, a record of administration of other drugs or therapeutics.

(g) **Nursing Staff.** (1) There shall be appointed as supervisor of the unit a registered nurse with a current license to practice in Connecticut. She/he should have special education and experience in operating and recovery room care. Qualifications of the supervisor and other personnel shall be verified in the form of listing current license numbers and in written job descriptions.

(2) If the unit is opened for a period of time beyond the normal work week of the R.N. supervisor and/or in her absence, an additionally qualified person shall be available to be responsible for nursing services in the unit at these times.

(3) In addition to the supervisor there shall be additional licensed nurses with special training in surgery and recovery room care available. These additional personnel may serve as assistant or backup personnel under the direct supervision of a qualified registered nurse. A minimum of one registered nurse, in addition to the supervisor must be available at all times when there are patients in the unit. The minimum staffing ratio shall be such as to assure the provision of sufficient and adequate nursing care for the comfort, safety and welfare of all patients.

(h) **Additional Personnel.** (1) All housekeeping and cleaning staff shall have and receive special training to ensure that technical procedures used in cleaning and housecleaning are developed and implemented to protect patients' health and safety.

(2) There shall be either available on staff or arrangements made for, the assistance of social workers, dietitians, psychologicals and other professional staff as deemed necessary for the care of the patient.

(i) **General.** (1) There shall be job descriptions indicating qualifications, training and/or past experience and responsibilities relating to the care of patients and/or equipment used in units for all personnel.

(2) There shall be a program of continuing staff education provided on a regularly scheduled basis in order to maintain and improve skills.

(3) There shall be appropriate sterilizing equipment of steam pressure type available. The size of the equipment shall be dependent upon the amount of pre-sterilized disposable equipment used in the unit.

(4) There shall be emergency equipment and drugs for resuscitation and defibrillation.

(5) The management, operation, personnel, equipment, facilities, sanitation and maintenance of the unit shall be such as reasonably to ensure the health and safety of public patients and staff at all times.

(6) Written fire and disaster plans shall be formulated and posted in a conspicuous location.

(j) **Disaster Plan.** The surgical unit shall develop a plan to cope with internal disasters including fire and loss of power. This plan shall include:

(1) The assignment of personnel to specific duties;

(2) Instruction in use of fire alarms, fire equipment and systems for notification of key personnel;

(3) Instructions in methods of fire containment;

(4) Procedures for evacuation of patients. Fire disaster drills shall be held at regular intervals, not less than quarterly including evacuation procedures to assure the effectiveness of these plans.

(k) **Inspection and Licensure.** The ambulatory surgical facility shall be inspected annually by the state department of health to test for ongoing compliance with these regulations.

(Effective April 22, 1977)

Sec. 19-13-D57.

Repealed, August 20, 1982.

Secs. 19-13-D58—19-13-D59. Reserved

Public Health Nursing Grants to Towns Having Population of Less Than Five Thousand

Secs. 19-13-D60—19-13-D64.

Repealed, March 5, 1998.

Home Health Care Agency

Sec. 19-13-D65. Reserved

Licensure of Home Health Care Agencies

Sec. 19-13-D66. Definitions

As used in Sections 19-13-D66 to 19-13-D79 inclusive:

(a) ''Agency'' means home health care agency as defined in Section 19a-490 (a) of the Connecticut General Statutes;

(b) ''Central Office'' means the agency office responsible and accountable for all agency operations in this state;

(c) ''Clinical experience'' means employment in providing patient services in a health care setting;

(d) ''Commissioner'' means the commissioner of health services, or his/her representative;

(e) ''Contracted services'' or ''services under arrangement'' means services provided by the agency which are subject to a written agreement with an individual, another agency or another facility;

(f) ''Contractor'' means any organization, individual or home health care agency that provides services to patients of a primary agency as defined in paragraph (cc) of Section 19-13-D66 of these regulations;

(g) ''Chiropractor'' means a person possessing a license to practice chiropractic in this state;

(h) ''Curriculum'' means the plan of classroom and clinical instructions for training and skills assessment as a homemaker-home health aide;

(i) ''Dentist'' means a person licensed to practice dentistry in this state;

(j) ''Department'' means the Connecticut Department of Health Services;

(k) ''Direct service staff'' means individuals employed by the agency or under contract whose primary responsibility is delivery of care to patients;

(*l*) ''Evening or nighttime service'' means service provided between the hours of 5 p.m. and 8 a.m.;

(m) ''Full-time'' means employed and on duty a minimum of thirty-five (35) hours per workweek on a regular basis;

(n) ''Full-time equivalent'' means the total weekly hours of work of all persons in each category of direct service staff divided by the number of hours in the agency's standard workweek. Full-time equivalents are computed for each category of direct service staff;

(o) ''Holiday service'' means service provided on the days specified in the agency's official personnel policies as holidays;

(p) ''Homemaker-home health aide'' means an unlicensed person who has successfully completed a training and competency evaluation program for the preparation of homemaker-home health aides approved by the department;

(q) ''Licensed practical nurse'' means a person with a license to practice practical nursing in this state;

(r) ''Non-visiting program'' means services of the agency provided in sites other than a patient's home;

(s) ''Occupational therapist'' means a person with a license to practice occupational therapy in this state;

(t) ''Occupational therapy assistant'' means a person who has successfully completed a training program approved by the American Occupational Therapy Association and is currently certified by the said association;

(u) ''Patient care services'' mean agency activities carried out by agency staff for or on behalf of a patient. Such services include, but are not limited to, receipt of referral for service, admission to service, assignment of personnel, direct patient care, communication/coordination with source of medical care and development/maintenance of patient's clinical record;

(v) ''Patient service office'' means one or more separate and distinct offices which provide patient care services and are included under the agency's license. This office shall comply with the regulations of Connecticut State Agencies, Section 19-13-D77;

(w) ''Peer consultation'' means a process by which professionals of the same discipline, who meet supervisory qualifications, meet regularly to review patient management, share expertise and take responsibility for their own and each other's professional development and maintenance of standards of service;

(x) ''Permanent part-time'' means employed and on duty a minimum of twenty (20) hours per workweek on a regular basis;

(y) ''Pharmacist'' means a person licensed to practice pharmacy in this state;

(z) ''Physical therapy assistant'' means a person who has successfully completed an education program accredited by the American Physical Therapy Association;

(aa) ''Physician'' means a doctor of medicine or osteopathy licensed either in Connecticut or in a state which borders Connecticut;

(bb) ''Podiatrist'' means a person licensed to practice podiatry in this state;

(cc) ''Primary agency'' means a home health care agency which hires or pays for the services of other organizations, agencies or individuals who provide care or services to its patients;

(dd) ''Primary care nurse'' means a registered nurse licensed to practice nursing in this state who is the agency employee assigned primary responsibility for planning and implementing the patient's care;

(ee) ''Public health nurse'' means a graduate of a baccalaureate degree program in nursing approved by the National League for Nursing for preparation in public health nursing;

(ff) ''Quality care'' means that the patients receive clinically competent care which meets professional standards, are supported and directed in a planned pattern toward mutually defined outcomes, achieve maximum recovery consistent with individual potential and life style, obtain coordinated service through each level of care and are taught self-management and preventive health measures;

(gg) ''Registered nurse'' means a person with a license to practice as a registered nurse in this state;

(hh) ''Registered physical therapist'' means a person with a license to practice physical therapy in this state;

(ii) ''Related community health program'' means an organized program which provides health services to persons in a community setting;

(jj) ''Representative'' means a designated member of the patient's family, or person legally designated to act for the patient in the exercise of the patient's rights as contained in Sections 19-13-D66 to 19-13-D79 of the regulations of Connecticut State Agencies.

(kk) ''Social work assistant'' means a person who holds a baccalaureate degree in social work with at least one (1) year of social work experience; or a baccalaureate degree in a field related to social work with at least two (2) years of social work experience;

(*ll*) ''Social worker'' means a graduate of a master's degree program in social work accredited by the Council on Social Work Education;

(mm) ''Speech Pathologist'' means a person with a license to practice speech pathology in this state;

(nn) ''Subdivision'' means a unit of a multifunction health care organization which is assigned the primary authority and responsibility for the agency operations. A subdivision shall independently meet the regulations and standards for licensure and shall be independently licensed as a home health care agency;

(oo) ''Therapy services'' means physical therapy, occupational therapy, or speech pathology services;

(pp) ''Weekend service'' means services provided on Saturday or Sunday.

(Effective December 28, 1992)

Sec. 19-13-D67. Personnel

(a) The administrator of an agency shall be a person with one of the following:

(1) A master's degree in nursing with an active license to practice nursing in this state and at least one (1) year of supervisory or administrative experience in a health care facility program which included care of the sick; or

(2) A master's degree in public health or administration with a concentration of study in health services administration, and at least one (1) year of supervisory or administrative experience in a health care facility/program which included care of the sick; or

(3) A baccalaureate degree in nursing with an active license to practice nursing in this state and at least two (2) years supervisory or administrative experience in a health care facility/program which included care of the sick; or

(4) A baccalaureate degree in administration with a concentration of study in health services administration and at least two (2) years' supervisory or administrative experience in a health care facility/program which included care of the sick; or

(5) A physician licensed to practice medicine and surgery in the State of Connecticut who has had at least one (1) year supervisory or administrative experience in a health care facility/program which included care of the sick; or

(6) Employment as the administrator of a home health care agency in this state as of January 1, 1981, who has been so employed continuously for the five (5) years immediately preceeding January 1, 1981; or

(7) Continuous employment as an administrator of a home health care agency as of January 1, 1979; except that on and after January 1, 1986, no person shall be employed as an administrator of a home health care agency pursuant to this subdivision unless such person additionally meets one of the requirements of subparagraphs (1) through (5) inclusive above.

(b) An agency supervisor of clinical services shall be a registered nurse with an active license to practice nursing in this state, and shall have one of the following:

(1) A master's degree from a program approved by the National League for Nursing or the American Public Health Association with a minimum of one year (1) full-time clinical experience in a home health agency or related community health program which included care of the sick at home; or

(2) A baccalaureate degree in nursing and a minimum of three (3) years of full-time clinical experience in nursing, at least (1) one of which was in a home health agency or community health program which included care of the sick at home; or

(3) A registered nurse who has been continuously employed in the position of supervisor of clinical services in a home health agency in this state since January 1, 1979; or

(4) A diploma in nursing or an associates degree in nursing and

(A) A minimum of three years of full-time or full-time equivalent clinical experience in nursing within the past five years, at least one year of which was in a home health care agency or community health program which included care of the sick at home; and

(B) Evidence of certification by the American Nurses' Association as a community health nurse or completion of at least six credits received within two years in community health nursing theory or six credits in health care management from an accredited college or university program or school of nursing.

(c) An agency supervisor of physical therapy services shall be a registered physical therapist licensed to practice physical therapy in this state who has a minimum of three (3) years' clinical experience in physical therapy.

(d) An agency supervisor of occupational therapy services shall be an occupational therapist licensed to practice occupational therapy in this state who has a minimum of three (3) years' clinical experience in occupational therapy.

(e) An agency supervisor of speech pathology services shall be a speech pathologist licensed to practice speech pathology in this state who has a minimum of three (3) years' clinical experience in speech pathology.

(f) An agency supervisor of social work services shall be a graduate of a master's degree program in social work accredited by the Council on Social Work Education who has a minimum of three (3) years' clinical experience in social work.

(Effective April 24, 1989; amended August 31, 1998)

Sec. 19-13-D68. General requirements

An agency shall be organized and staffed in compliance with the following:

(a) The agency shall be governed by a governing authority, maintain an active professional advisory committee, be directed by an administrator and operate any services offered in compliance with these regulations. Compliance with these regulations shall be the joint and several responsibility of the governing authority and the administrator.

(b) **Governing Authority:**

(1) There shall be a formal governing authority with full legal authority and responsibility for the operation of the agency which shall adopt bylaws or rules that are periodically reviewed and so dated. Such bylaws or rules shall include, but are not limited to:

(A) Purposes of the agency;

(B) Delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;

(C) Qualifications for membership, method of selection and terms of office of members and chairpersons of committees;

(D) A description of the authority delegated to the administrator;

(E) The agency's conflict of interest policy and procedures.

(2) The bylaws or rules shall be available to all members of the governing authority and all individuals to whom authority is delegated.

(3) The governing authority shall:

(A) Meet as frequently as necessary to fulfill its responsibilities as stated in these regulations, but no less than one (1) time per year;

(B) Provide a written agenda and minutes for each meeting;

(C) Provide that minutes reflect the identity of those members in attendance and that, following approval, such minutes be dated and signed by the secretary;

Ensure that the agenda and minutes of any of its meetings or any of its committees are available at any time to the commissioner.

(4) Responsibilities of the governing authority include, but are not limited to:

(A) Services provided by the agency and the quality of care rendered to patients and their families;

(B) Selection and appointment of a professional advisory committee;

(C) Policy and program determination and delegation of authority to implement policies and programs;

(D) Appointment of a qualified administrator;

(E) Management of the fiscal affairs of the agency;

(F) The quality assurance program.

(5) The governing authority shall ensure that:

(A) The name and address of each officer and member of the governing authority are reported to the commissioner annually;

(B) The name and address of each owner and, if the agency is a corporation, all ownership interests of ten percent (10%) or more (direct or indirect) are reported to the commissioner annually;

(C) Any change in ownership is reported to the commissioner within ninety (90) days;

(D) The name of the administrator of the agency is forwarded to the commissioner within three (3) days of his/her appointment and notice that the administrator has left for any reason is so forwarded within forty-eight (48) hours.

(c) **Professional Advisory Committee:**

(1) There shall be a professional advisory committee, appointed by the governing authority, consisting of at least one physician, one public health nurse, one therapist representing at least one of the skilled therapy services provided by the agency and one social worker. Representatives appointed to the professional advisory committee shall be in active practice in their professions, or shall have been in active practice within the last five (5) years. No member of the professional advisory committee shall be an owner, stockholder, employee of the agency, or related to same, including by marriage. However, provision may be made for employees to serve on the professional advisory committee as ex officio members only, without voting power.

(2) The functions of the professional advisory committee shall be to participate in the agency's quality assurance program to the extent defined in the quality assurance program policies and to recommend and at least annually review agency policies on:

(A) Scope of services offered;

(B) Admission and discharge criteria;

(C) Medical and dental supervision and plans of treatment;

(D) Clinical records;

(E) Personnel qualifications;

(F) Quality assurance activities;

(G) Standards of care;

(H) Professional issues especially as they relate to the delivery of service and findings of the quality assurance program.

(3) The professional advisory committee shall hold at least two (2) meetings annually.

(4) Written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, read and accepted at the next regular meeting of the governing authority of the agency following the professional advisory committee meeting. These minutes shall be available at any time to the commissioner.

(d) **Administrator:**

(1) There shall be a full-time agency administrator appointed by the governing authority of the agency.

(2) The administrator shall have full authority and responsibility delegated by the governing authority to plan, staff, direct and implement the programs and manage the affairs of the agency. The administrator's responsibilities include, but are not limited to:

(A) Interpretation and execution of the policies of the governing authority;

(B) Program planning, budgeting, management and evaluation based upon

(C) Maintenance of ongoing liaison among the governing authority, its committees, the professional advisory committee and staff;

(D) Employment of qualified personnel, evaluation of staff performance per agency policy, provision of planned orientation and inservice education programs for agency personnel;

(E) Development of a record system and statistical reporting system for program documentation, planning and evaluation, which includes at least the data specified in these regulations;

(F) Preparation of a budget for the approval of the governing authority and implementation of financial policies, accounting system and cost controls;

(G) Assurance of an accurate public information system;

(H) Maintenance of the agency's compliance with licensure regulations and standards;

(I) Distribution of a written plan for the delegation of administrative responsibilities and functions in the absence of the administrator.

(3) An administrator's absence of longer than one month shall be reported to the commissioner.

(e) **Supervisor of Clinical Services;**

(1) An agency shall employ one full-time supervisor of clinical services for each fifteen (15), or less, full-time or full-time equivalent professional direct service staff.

(2) The supervisor of clinical services shall have primary authority and responsibility for maintaining the quality of clinical services.

(3) The supervisor's responsibilities include, but are not limited to:

(A) Coordination and management of all services rendered to patients and families by direct service staff under his/her supervision;

(B) Supervision of assigned nursing personnel in the delivery of nursing services to patients and families;

(C) Direct evaluation of the clinical competence of assigned nursing personnel and participation with appropriate supervisory staff in the evaluation of other direct service staff;

(D) Participation in or development of all agency objectives, standards of care, policies and procedures affecting clinical services;

(E) Participation in direct services staff recruitment, selection, orientation and inservice education;

(F) Participation in program planning, budgeting and evaluation activities related to the clinical services of the agency.

(4) The supervisor of clinical services may also serve as the administrator in agencies with six (6) or less full-time or full-time equivalent professional direct service staff.

(5) Any absence of the supervisor of clinical services for longer than one month must be reported to the commissioner. A registered nurse who has at least two (2) years' experience in a home health care agency, shall be designated, in writing, to act during any absence of the supervisor of clinical services whenever patient care personnel are serving patients.

(Effective June 21, 1983)

Sec. 19-13-D69. Services

Services offered by the agency shall comply with the following.

(a) **Nursing Service:**

(1) An agency shall have written policies governing the delivery of nursing service.

(2) Nursing service shall be provided by a primary care nurse, or other nursing staff delegated by the primary care nurse.

(3) The primary care nurse is responsible for the following which shall be documented in the patient's clinical record:

(A) Admission of patients for service and development of the patient care plan;

(B) Implementation or delegation of responsibility for twenty-four (24) hour nursing service and homemaker-home health aide services;

(C) Coordination of services with the patient, family and others involved in the care plan;

(D) Regular evaluation of patient progress, prompt action when any change in the patient's condition is noted or reported, and termination of care when goals of management are attained;

(E) Identification of patient and family needs for other home health services and referral for same when appropriate,

(F) Participation in orientation, teaching and supervision of other nursing and ancillary patient care staff;

(G) Determination of aspects of the care plan for delegation to a homemaker-home health aide. Whenever any patient care activity, other than those activities listed in section 19-13-D69 (d) (3) of these regulations, is delegated to a homemaker-home health aide, the patient's clinical record clearly supports that the primary care nurse or designated professional staff member has:

(i) Assessed all factors pertinent to the patient's safety including the competence of the homemaker-home health aide, and

(ii) Determined that this activity can be delegated safely to a homemaker-home health aide.

(H) Development of a written plan of care and instructions for homemaker-home health aide services;

(I) Arranging supervision of the homemaker-home health aide by other therapists, when necessary

(J) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequently than every sixty (60) days. The sixty-day assessment shall be completed by a registered nurse, while the homemaker-home health aide is providing services in the patient's home.

(4) An agency may employ licensed practical nurses under the direction of a registered nurse to provide nursing care, to assist the patient in learning self-care techniques and to prepare clinical and progress notes.

(b) **Therapy Services:**

(1) An agency shall have written policies governing the delivery of therapy services.

(2) All therapy services shall be provided by or under the supervision of a therapist licensed to practice in Connecticut.

(3) The responsibilities of each therapist within his/her respective area of practice include the following, which shall be documented in the patient's clinical record:

(A) Comprehensive evaluation of patient's level of function and participation in development of the total patient care plan;

(B) Identification of patient and family needs for other home health services and referral for same when needed;

(C) Participation in case management conferences;

(D) Instruction of patient, family and other agency health care personnel in the patient's treatment regime when indicated;

(E) Supervision of therapy assistants; and

(F) Supervision of homemaker-home health aides when such personnel are participating in the patient's therapy regime.

(4) A therapy supervisor shall be provided for each therapy service, except when therapy staff meet supervisory requirements. In such event, the agency shall provide peer consultation for that therapy staff.

(A) Each supervisor shall be employed directly by the agency, or as a contractor.

(B) When the direct service therapy staff is five (5) full-time or full-time equivalent persons, the agency shall provide a full-time supervisor for that therapy staff. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.

(5) Physical or occupational therapy assistants who function at all times under the direction of a registered physical therapist or occupational therapist, as appropriate, may be employed to carry out treatment regimes as assigned by the registered physical therapist or occupational therapist. The agency shall employ at least one (1) registered physical therapist or occupational therapist for every six (6) assistants or less.

(A) The responsibilities of the therapy assistant may include but not necessarily be limited to the following:

(i) After an initial visit has been made by the registered physical therapist or occupational therapist for evaluation of the patient and establishment of a patient care plan, the therapy assistant may provide ongoing therapy services in accordance with the established plan.

(ii) At least every thirty (30) days, the therapy assistant shall confer with the registered physical therapist or occupational therapist. The conference shall be documented in the patient's clinical record, and shall include a review of the current patient care plan and any appropriate modifications to the treatment regime.

(iii) The therapy assistant, with prior approval of the registered physical therapist or occupational therapist, may adjust a specific treatment regime in accordance with changes in the patient's status.

(iv) The therapy assistant may contribute to the review of the medical or dental plan of treatment required by subsection (b) of section 19-13- D73 of the regulations of Connecticut states agencies, pre-discharge planning and preparation of the discharge summary.

(B) A registered physical therapist or occupational therapist shall be accessible by phone and available to make a home visit at all times when the therapy assistant is on assignment in a patient's home.

(c) **Social Work Services:**

(1) An agency shall have written policies governing the delivery of social work services.

(2) All social work services shall be provided by or under the supervision of a qualified social worker.

(3) Functions of the social worker include the following which shall be documented in the patient's clinical record:

(A) Comprehensive evaluation of psychosocial status as related to the patient's illness and environment;

(B) Participation in development of the total patient care plan;

(C) Participation in case conferences with the health care team;

(D) Identification of patient and family needs for other home health services and referral for same when appropriate;

(E) Referral of patient or family to appropriate community resources.

(4) A qualified social work supervisor shall be employed directly by the agency or as a contractor, except when social work staff meet supervisory requirements. In such event, the agency shall provide peer consultation for social work staff.

When the direct service social work staff is five (5) full-time or full-time equivalent persons, the agency must provide a full-time supervisor. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.

(5) Social work assistants who function at all times under the supervision of a qualified social worker may be employed to carry out the social work activities and assignments. The agency shall employ at least one (1) qualified social worker for every six (6) social work assistants or less.

(d) **Homemaker-Home Health Aide Service:**

(1) An agency shall have written policies governing the delivery of homemaker-home health aide services.

(2) On and after January 1, 1993, no person shall furnish home health aide services on behalf of a home health care agency unless such person has successfully completed a training and competency evaluation program approved by the department.

(A) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide training program of not less than seventy-five (75) hours and competency evaluation program for homemaker-home health aides. The standard curriculum of the training program shall include the following elements which shall be presented in both lecture and clinical settings:

(i) Communication skills;

(ii) Observation, reporting and documentation of patient status and the care or services furnished;

(iii) Reading and recording temperature, pulse and respiration;

(iv) Basic infection control procedures;

(v) Basic elements of body function and changes in body function that must be reported to an aide's supervisor;

(vi) Maintenance of a clean, safe and healthy environment;

(vii) Recognizing emergencies and knowledge of emergency procedures;

(viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health care agency, including the need for respect for the patient, his or her privacy and his or her property;

(ix) Appropriate and safe techniques in personal hygiene and grooming that include: bath (bed, sponge, tub or shower), shampoo (sink, tub or bed), nail and skin care, oral hygiene, toileting and elimination;

(x) Safe transfer techniques and ambulation;

(xi) Normal range of motion and positioning;

(xii) Adequate nutrition and fluid intake;

(xiii) Any other task that the home health care agency may choose to have the homemaker-home health aide perform.

(B) A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the qualified registered nurse designated in subparagraph (I) (i) of this subdivision, of the elements required by the curriculum. Each agency that elects to conduct a homemaker-home health aide training program shall submit such information on its homemaker-home health aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the agency's homemaker-home health aide training program and competency evaluation program for sufficiency at any time.

(C) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide competency evaluation program to include, procedures for determination of competency which may include a standardized test. At a minimum the subject areas listed in subparagraph (A) (iii), (ix), (x), and (xi) of this subdivision shall be evaluated through observation of the aide's performance of the tasks. The other subject areas in subparagraph (a) of this subdivision shall be evaluated through written examination, oral examination or observation of a homemaker-home health aide with a patient.

(D) A homemaker-home health aide is not considered competent in any task for which he or she is evaluated as ''unsatisfactory.'' The homemaker-home health

aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated ''unsatisfactory'' and passes a subsequent evaluation with a ''satisfactory'' rating.

(E) A homemaker-home health aide is not considered to have successfully passed a competency evaluation if the homemaker-home health aide has an ''unsatisfactory'' rating in more than one of the required areas listed in subparagraph (A) of this subdivision.

(F) The competency evaluation must be performed by a registered nurse who possesses a minimum of two (2) years of nursing experience at least one (1) year of which must be in the provision of home health care.

(G) The state department of education, the board of trustees of community-technical colleges and an Adult Continuing Education Program established and maintained under the auspices of the local or regional board of education or regional educational service center and provided by such board or center may offer such training programs and competency evaluation programs in accordance with this subsection as approved by the commissioner.

(H) Home health care agencies may offer such training programs and competency evaluation programs in accordance with this subsection provided that they have not been determined to be out of compliance with one (1) or more of the training and competency evaluation requirements of OBRA as amended and/or one or more condition of participation of title 42, part 484 of the code of federal regulations within any of the twenty-four (24) months before the training is to begin.

(I) Qualifications of homemaker-home health aide training instructors

(i) The training of homemaker-home health aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, one (1) year of which must be in the provision of home health care.

(ii) Personnel from the health field may serve as trainers in the homemaker-home health aide training program under the general supervision of the qualified registered nurse identified in subparagraph (I) (i) of this subdivision. All trainers shall be licensed, registered and/or certified in their field.

(iii) Licensed practical nurses, under the supervision of the qualified registered nurse designated in subparagraph (I) (i) of this subdivision may serve as trainers in the homemaker-home health aide training program provided the licensed practical nurse has two (2) years of nursing experience, one (1) year of experience which must be in the provision of home health care.

(iv) The training of homemaker-home health aides may be performed under the general supervision of the supervisor of clinical services. The supervisor of clinical services is prohibited from performing the actual training of homemaker-home health aides.

(J) Upon satisfactory completion of the training and competency evaluation program the agency or educational facility identified in subparagraph (G) of this subdivision shall issue documentation of satisfactory completion, signed by the qualified registered nurse designated in subparagraph (I) (i) of this subdivision, as evidence of said training and competency evaluation. Said documentation shall include a notation as to the agency or educational facility that provided the training and competency evaluation program.

(K) On and after January 1, 1993, any home health care agency that uses homemaker-home health aides from a placement agency or from a nursing pool shall

maintain sufficient documentation to demonstrate that the requirements of this subsection are met.

(L) If, since an individual's most recent completion of a training and competency evaluation program or competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing related services for monetary compensation, such individual shall complete a new competency evaluation program.

(M) Any person employed as a homemaker-home health aide prior to January 1, 1993 shall be deemed to have completed a training and competency evaluation program pursuant to subdivision 19-13-D69 (d) (2) of the regulations of Connecticut State Agencies.

(N) Any person who has successfully completed prior to January 1, 1993 the state-sponsored nurse assistant training program provided through the state department of education or through the Connecticut Board of Trustees of community-technical colleges shall be deemed to have completed a homemaker-home health aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(O) Any person who completed a nurses aide training and competency evaluation program as defined in section 19-13-D8t (a) of the Regulations of Connecticut State Agencies shall be deemed to have completed a training program as required in this subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(P) Any person who has successfully completed a course or courses comprising not less than seventy-five (75) hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the state board of examiners for nursing may be deemed to have completed a homemaker-home health aide training program approved by the commissioner in accordance with this subsection. If the curriculum meets the minimum requirements as set forth in this subsection, such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(Q) On or after January 1, 1993 a homemaker-home health aide in another state or territory of the United States may be deemed to have completed a training program as required in this section provided the home health care agency has sufficient documentation which demonstrates such individual has successfully completed a training program in accordance with subparagraph (2) (A) of this subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(R) The home health care agency shall maintain sufficient documentation to demonstrate that all the requirements of this subsection are met for any individual furnishing homemaker-home health aide services on behalf of the home health care agency.

(S) Any person who has been deemed to have completed a homemaker-home health aide training program in accordance with this subsection shall be provided with ten (10) hours of orientation by the agency of employment prior to the individual providing any homemaker-home health aide services.

(3) When designated by the supervising primary care nurse, duties of the homemaker-home health aide may include:

(A) Assisting the patient with personal care activities including bathing, oral hygiene, feeding and dressing;

(B) Assisting the patient with exercises, ambulation, transfer activities and medications that are ordinarily self administered;

(C) Performing normal household services essential to patient care at home, including shopping, meal preparation, laundry and housecleaning.

(4) Supervision of homemaker-home health aides.

(A) A registered nurse shall be accessible by phone and available to make a home visit at all times, including nights, weekends and holidays, when homemaker-home health aides are on assignment in a patient's home.

(B) The primary care nurse assigned to the patient is responsible for supervision of the services rendered to the patient and family by the homemaker-home health aide.

(C) An agency shall designate a full-time registered nurse, who may have other responsibilities, to be responsible for supervision of the homemaker-home health aide program and staff when that staff is twenty-four (24) or less persons, but when the number of homemaker-home health aides employed is twenty-five (25) or more persons, the agency shall employ a full-time supervisor whose primary responsibility shall be management of the homemaker-home health aide program. If this supervisor is not a registered nurse, the agency shall designate one full-time registered nurse, who may have other responsibilities, to assist with homemaker-home health aide program and staff supervision.

(D) An agency shall maintain at least the following staffing pattern during the regular workweek: One (1) full-time registered nurse for every fifteen (15), or less, full-time equivalent homemaker-home health aides on duty.

(Effective December 28, 1992; amended August 29, 1996, August 31, 1998, July 3, 2007)

Sec. 19-13-D70. Contracted services

Home health care agencies may hire other organizations, agencies or individuals to provide services to home health care agency patients. Services provided by the primary agency through arrangements with a contractor agency or individuals shall be set forth in a written contract which clearly specifies:

(a) That the patient's contract for care is with the primary agency;

(b) The services to be provided by the contractor;

(c) The necessity to conform to all applicable primary agency policies, including personnel qualifications, supervisory ratios and staffing patterns;

(d) The responsibility for participating in developing the patient care plans;

(e) The procedures for submitting clinical and progress notes, scheduling visits, periodic patient evaluation, and determining charges and reimbursement;

(f) The procedure for annual assurance of clinical competence of all personnel utilized under contract;

(g) A term not to exceed one year.

(Effective June 21, 1983)

Sec. 19-13-D71. Personnel policies

(a) An agency shall have written personnel policies which include but are not limited to:

(1) Orientation policy and procedure. An agency orientation policy for all employees shall include but not be limited to review of the following:

(A) organizational structure of the agency;

(B) agency patient care policies and procedures;

(C) philosophy of patient care;

(D) description of client population and geographic area served;

(E) agency personnel policies and job description;

(F) applicable state and federal regulations governing the delivery of home health care services;

(G) The orientation dates, content, and name and title of the person providing the orientation shall be documented in the employee's personnel folder.

(2) In-service education policy which provides an annual average of at least one (1) hour per month for each employee serving patients. The in-service education shall include current information regarding drugs and treatments; specific service procedures and techniques; recognized professional standards, criteria and classification of clients served.

Agencies that employ homemaker-home health aides shall ensure that homemaker-home health aides attend in-service sessions. The in-service education program shall be provided under the supervision of the supervisor of clinical service or a designated registered nurse who possesses a minimum of two (2) years of nursing experience, at least one (1) year of which must be in the provision of home health care. On and after January 1, 1993 any home health care agency that utilizes a homemaker-home health aide from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate these requirements are met.

(3) A policy and procedure for an annual performance evaluation, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation;

(4) Position descriptions;

(5) Physical examination, including tuberculin test and a physician's or his/her designee's statement that the employee is free from communicable diseases, must be prior to assignment to patient care activities.

(b) For all employees employed directly or by contracts with individuals the agency shall maintain individual personnel records containing at least the following:

(1) Educational preparation and work experience;

(2) Current licensure, registration or certification;

(3) Written performance evaluations;

(4) Signed contract or letter of appointment specifying conditions of employment;

(5) Record of health examinations.

(c) For persons utilized via contract with another agency, not licensed as a home health care or homemaker-home health aide agency, the primary agency shall maintain records containing at least:

(1) A written verification of compliance with health examination requirements and documentation of clinical competence;

(2) Current licensure, registration or certification of each individual utilized by the primary agency;

(3) A resume of educational preparation and work experience for each individual utilized by the primary agency;

(4) The contract for services between the agencies.

(d) For persons utilized via contract with another licensed home health care or homemaker-home health aide agency, the primary agency shall obtain, upon request, records on the education, training or related work experience of such persons.

(Amended August 31, 1998)

Sec. 19-13-D72. Patient care policies

(a) **General Program Policies.** An agency shall have written policies governing referrals received, admission of patients to agency services, delivery of such services

and discharge of patients. Such policies shall cover all services provided by the agency, directly or under contract. A copy shall be readily available to patients and staff and shall include but not be limited to:

(1) Conditions of Admission:

(A) An agency shall accept a plan of treatment from a chiropractor for services within the scope of chiropractic practice as defined in Connecticut General Statutes Sec. 20-28, and an agency shall accept a plan of treatment from a podiatrist for service within the scope of podiatry practice as defined in Connecticut General Statutes Sec. 20-50. The agency shall have policies governing delivery of these services. Said policies shall conform to all applicable sections of these regulations;

(B) A home assessment by the primary care nurse or, when delegated by the supervisor of clinical services, by other professional staff, to determine that the patient can be cared for safely in the home;

(C) The scope of agency, patient and, when appropriate, family and/or other participation in the home health services to be provided;

(D) Circumstances which render a patient ineligible for agency services, including but not limited to level of care needs which make care at home unsafe, kinds of treatments agency will not accept, payment policy and limitations on condition of admission, if any;

(E) Plan for referral of patients not accepted for care;

(F) Any delay in the start of service shall require prior notification to the patient. Such notification shall include the anticipated start of service date and the agency's plan while the patient is on the waiting list;

(G) The policies define agency responsibility, plan and procedures to be followed to assure patient safety in the event patient services are interrupted for any reason.

(2) Delivery of Services:

(A) Review of Patient Care Plans;

(B) Case management and monitoring at regular intervals based upon the patient's condition, but at least every sixty (60) days. The patient, family, physician or dentist and all agency staff serving the patient shall participate in case management;

(C) Summary reports to patient's physician or dentist of skilled services provided to patient, which shall be forwarded within ten (10) days of admission and at least every sixty (60) days thereafter;

(D) Coordination of agency services with all other facilities or agencies actively involved in patient's care;

(E) Referral to appropriate agencies or sources of service for patients who have need of care not provided by the agency;

(F) Emergency plan and procedures to be followed to assure patient safety in the event agency services are disrupted due to civil or natural disturbances, e.g., hurricanes, snowstorms, etc.

(3) Discharge from Service:

(A) Agency policies shall define categories for discharge of patients. These categories shall include but not be limited to:

(i) Routine discharge - termination of service(s) when goals of care have been met and patient no longer requires home health care services;

(ii) Emergency discharge - termination of service(s) due to the presence of safety issues which place the patient and/or agency staff in immediate jeopardy and prevent the agency from delivering home health care services;

(iii) Premature discharge - termination of service(s) when goals of care have not been met and patient continues to require home health care services;

(iv) Financial discharge - termination of service(s) when the patient's insurance benefits and/or financial resources have been exhausted.

(B) In the case of a routine discharge the agency shall provide:

(i) pre-discharge planning by the primary care nurse, attending physician, or dentist and other agency staff involved in patient's care, which shall be documented in patient's clinical record;

(ii) A procedure through which the patient's physician or dentist is notified each time one or more services are terminated, and when the patient is discharged.

(C) In the case of an emergency discharge the agency shall immediately take all measures deemed appropriate to the situation to ensure patient safety. In addition, the agency shall immediately notify the patient, the patient's physician, and any other persons or agencies involved in the provision of home health care services. Written notification of action taken, including date and reason for emergency discharge, shall be forwarded to the patient and/or family, patient's physician, and any other agencies involved in the provision of home health care services within five (5) calendar days.

(D) In the case of a premature discharge the agency shall document that prior to the decision to discharge a case review was conducted which included patient care staff, supervisory and administrative staff, patient's physician, patient and/or patient representative, and representation from any other agencies involved in the plan of care.

(i) Decision to continue service:

If the decision of the case review is to continue to provide service, a written agreement shall be developed between the agency and the patient or his/her representative to identify the responsibilities of both in the continued delivery of care for the patient. This agreement shall be signed by the agency administrator and the patient or his representative. A copy shall be placed in the patient's clinical record with copies sent to the patient and his or her physician.

(ii) Decision to discharge from service:

If the case review results in an administrative decision to discharge the patient from agency services, the administrator shall notify the patient and/or family and the patient's physician that services shall be discontinued in ten (10) days and the patient shall be discharged from the agency. Services shall continue in accordance with the patient's plan of care to ensure patient safety until the effective day of discharge. The agency shall inform the patient of other resources available to provide health care services.

(E) In the case of a financial discharge the agency shall conduct a:

(i) Pre-termination Review: Whenever one or more home health services are to be terminated because of exhaustion of insurance benefits or financial resources, at least ten (10) days prior to such termination there shall be a review of need for continuing home health care by the patient, his family, the supervisor of clinical services, the patient's physician or dentist, primary care nurse and other staff involved in the patient's care. This determination and, when indicated, the plan developed for continuing care shall be documented in the patient's clinical record.

(ii) Post-termination Review: The clinical records of each patient discharged because of exhaustion of insurance benefits or financial resources shall be reviewed by the professional advisory committee or the clinical record review committee at the next regularly scheduled meeting following the discharge. The committee reviewing the record shall ensure that adequate post-discharge plans have been made for any patient with continuing home health care needs.

(b) **Patient Care Standards:**

(1) Infusion therapy may be provided to patients of a home health care agency provided services exclude the administration of blood and blood products and a program to monitor the effectiveness and safety of the infusion therapy is developed and implemented.

(A) Definitions

(i) ''Infusion therapy'' means intravenous, subcutaneous, intraperitoneal, epidural or intrathecal administration of medications, or solutions excluding blood or blood products.

(ii) ''Care partner'' means a person who demonstrates the ability and willingness to learn maintenance of infusion therapy and who, if not residing with the patient, is readily available to the patient on a twenty four (24) hour basis.

(B) Licensed registered nursing staff who are trained to perform infusion therapy shall be responsible for:

(i) Insertion or removal of a peripherally inserted central catheter (picc), upon the written order of a physician, provided the registered nurse has had appropriate training and experience in such procedures; and

(ii) Delivering of infusion therapy via existing epidural, intraperitoneal and intrathecal lines, monitoring, care of access site and recording of pertinent events and observations in the patient's clinical record.

(C) Licensed nursing staff trained in infusion therapy shall be responsible for:

(i) Performing a venipuncture for the delivery of intravenous fluids via a needle or intracath;

(ii) Withdrawal of blood from applicable infusion mechanisms for laboratory analysis; and

(iii) Delivering intravenous therapy via existing lines, monitoring, care of access site and recording pertinent events and observations in the patient's clinical record.

(D) Only a physician shall insert and remove central venous lines, epidural, intraperitoneal and intrathecal lines except as permitted in section (b) (1) (B) (i).

(E) A program to monitor the effectiveness and safety of the agency's infusion therapy services shall be developed, implemented and monitored.

(F) Infusion therapy services shall be provided in accordance with agency protocol, and practitioners orders and current standards of professional practice.

(G) Policies and procedures for infusion therapy shall be developed and implemented to address:

(i) Timely initiation and administration of infusion therapy;

(ii) Scope of infusion therapy services, therapeutic agents, staff credentials and training necessary to perform infusion therapy;

(iii) Training of patient or care partner to perform infusion therapy;

(iv) Infusion therapy orders, which shall include, type of access, drug, dosage, rate and duration of therapy, frequency of administration, type and amount of solution;

(v) Documentation of infusion therapy services in the patient's clinical record; and

(vi) Adverse reactions and side effects of infusion therapy.

(H) Current reference materials shall be available for staff relevant to infusion therapy services rendered by the agency.

(2) Hospice services delivered in a patient's home may be provided only by a home health care agency licensed pursuant to Section 19a-491 of the Connecticut General Statutes, with the approval of the Commissioner of Public Health. An agency shall make application for the provision of hospice services on forms provided by the Department of Public Health. Prior to the provision of hospice services, the

Commissioner shall approve an agency to provide these services, if the agency meets all of the requirements of this subdivision, and shall note this approval on the license of the home health care agency.

(A) Definitions

As used in Section 19-13-D72(b)(2) of the Regulations of Connecticut State Agencies:

(i) ''Attending Physician'' means a doctor of medicine or osteopathy, licensed pursuant to Chapter 370 or 371 of the Connecticut General Statutes, or licensed in a state which borders Connecticut, who is identified by the patient at the time of selection of hospice care as having the most significant role in the determination and delivery of the patient's medical care;

(ii) ''Bereavement Counselor'' means a person qualified through education and experience to counsel patients and family members on issues relating to loss and grief. The hospice program shall define the qualifications necessary to address the unique needs of each population served;

(iii) ''Primary Caregiver'' means a person who provides care for the patient and who, if not residing with the patient, is readily available to assure the patient's safety;

(iv) ''Case Management'' means the coordination and supervision of all hospice care and services, to include periodic review and revision of the patient's plan of care and services, based on ongoing assessments of the patient's needs;

(v) ''Coordination of Inpatient Care Agreement'' means an agreement between the agency and a contractor, which may include an inpatient setting or other health care professionals, for the provision of services during an inpatient admission by the contractor and which includes, but is not limited to, mechanisms for collaboration and coordination of care and sharing of information to meet the ongoing needs of the patient family;

(vi) ''Counseling Services'' means medical social work, bereavement, spiritual, dietary and other counseling services as required in the plan of care;

(vii) ''Family'' means group of two or more individuals related by blood, legal status, or affection who consider themselves a family;

(viii) ''Home'' means the place where a hospice patient resides and may include but is not limited to a private home, nursing home, or specialized residence which provides supportive services;

(ix) ''Hospice Employee'' means a paid or unpaid staff member of the hospice program;

(x) ''Hospice Interdisciplinary Team'' means a specifically trained group of professionals licensed pursuant to Title 20 of the Connecticut General Statutes, and volunteers, including but not limited to a physician, a registered nurse, a consulting pharmacist and one or more of the following: a social worker, a spiritual, bereavement or other counselor, the volunteer coordinator, a volunteer with a role in the patient's plan of care, who work together to meet the physiological, psychological, social, and spiritual needs of hospice patients and their families;

(xi) ''Hospice Program'' means a program of the home health care agency that is the primary agency engaged in coordinating the provision of care and services to patients who are terminally ill from the time of admission to the hospice program throughout the course of the illness until death or discharge;

(xii) ''Inpatient setting'' means an institution; licensed in the state in which it is located, which includes a short-term hospital, general, a chronic and convalescent nursing home, or a short-term hospital, special, hospice. A rest home with nursing supervision may also be included for the provision of respite care only;

(xiii) ''Medical Director'' means a doctor of medicine or osteopathy, licensed pursuant to Chapter 370 or 371 of the Connecticut General Statutes, or licensed in a state which borders Connecticut, who assumes overall responsibility for the medical component of the hospice's patient care program and who is an employee of the hospice program;

(xiv) ''Palliative Care'' means treatment which enhances comfort and improves the quality of a patient's life;

(xv) ''Patient Family'' means the hospice patient, his or her family members or primary caregivers; the patient family is considered to be a unit and the recipients of hospice care;

(xvi) ''Pharmaceutical Services'' means pharmacy services provided directly or by contract to patients, primarily for the relief of pain and other symptoms related to the terminal illness, and consultation to the hospice interdisciplinary team;

(xvii) ''Plan of Care'' means a written, individualized plan of care developed for a hospice patient, in accordance with the wishes of the patient, with the participation of the patient family, attending physician, medical director and members of the hospice interdisciplinary team as appropriate;

(xviii) ''Qualified Dietitian'' means a dietitian who is registered by the Commission on Dietetic Registration or certified as a dietitian-nutritionist by the Department pursuant to Chapter 384b of the Connecticut General Statutes;

(xix) ''Spiritual'' means those aspects of a human being associated with the emotions and feelings, which are unique to each individual, as distinguished from the physical body;

(xx) ''Spiritual Counselor'' means a person who is qualified through education and experience to provide spiritual counseling and support. The hospice program shall define the qualifications necessary to address the unique needs of each population served;

(xxi) ''Terminally Ill'' means having a diagnosis of advanced irreversible disease, as attested to by a licensed physician;

(xxii) ''Volunteer'' means an unpaid associate of the hospice program who has successfully completed a training program in preparation for providing assistance to hospice patient families and assisting in the administrative activities of the hospice;

(xxiii) ''Volunteer Coordinator'' means an employee of the hospice program who has demonstrated skills in organizing, communicating with and managing people.

(B) An agency shall develop and implement written policies and procedures for all hospice services provided which include:

(i) A description of the objectives and scope of each service to be provided, both directly and by contract which assures the continuity of care from the time of admission to the hospice program throughout the course of the patient's illness until death or discharge. Such services shall include coordination of inpatient care agreements for care as needed in inpatient settings;

(ii) Admission criteria for accepting a patient family for hospice services which includes, but is not limited to, a statement of a physician's or the medical director's clinical judgment regarding the normal course of the individual's illness and a requirement that patients will not be discharged from the hospice program solely as a result of admission to an inpatient setting with which the hospice program has a coordination of inpatient care agreement;

(iii) Procedures for the provision of care and services to the patient family including advising the patient or legal representative of the nature of the palliative care offered. Palliative care includes pain control, symptom management, quality of life

enhancement and spiritual and emotional comfort for patients and their caregivers; the patient's needs are continuously assessed and all treatment options are explored and evaluated in the context of the patient's values and symptoms;

(iv) Qualifications for all providers of care and services in accordance with State law and regulations;

(v) Availability of services;

(vi) Orientation and training for all providers of care and services to the hospice philosophy of patient care. The hospice program shall be responsible for educating all unlicensed personnel assigned to provide services to hospice patient families regarding hospice goals, philosophy and approaches to care;

(vii) For hospice employees, six hours of the annual in-service education requirements in accordance with Section 19-13-D71(a)(2) of these regulations shall address topics related to hospice care. The agency shall ensure, as part of its coordination of inpatient care agreement with an inpatient setting, that all direct service staff receive in-service education including two hours specific to hospice care. The in-service education shall include current information regarding drugs and treatments, specific service procedures and techniques, pain and symptom management, psychosocial and spiritual aspects of care, interdisciplinary team approach to care, bereavement care, acceptable professional standards, and criteria and classification of clients served;

(viii) The procedure for the disposal of controlled drugs maintained in the patient's home by the family or primary caregiver, when those drugs are no longer needed by the patient, in accordance with accepted safety standards.

(C) A hospice program shall have a written quality improvement plan and program which guides the hospice program toward improving organizational performance and achieving the desired outcomes for patient families.

(D) In addition to the membership requirements set forth in Section 19-13-D68(c) of these regulations, a hospice program shall appoint a pharmacist, a volunteer and members of other professional disciplines as appropriate to the agency's Professional Advisory Committee.

(E) The hospice interdisciplinary team shall be composed of individuals who have clinical experience and education appropriate to the needs of the terminally ill and their families. The team shall include:

(i) The medical director, or physician designee;

(ii) A registered nurse, licensed pursuant to Chapter 378 of the Connecticut General Statutes;

(iii) A consulting pharmacist, licensed pursuant to Chapter 400j of the Connecticut General Statutes;

(iv) and one or more of the following, based on the needs of the patient:

I. A social worker, licensed pursuant to Chapter 383b of the Connecticut General Statutes;

II. A bereavement counselor;

III. A spiritual counselor;

IV. A volunteer coordinator;

V. A trained volunteer who is assigned a role in the patient's plan of care;

VI. A physical therapist, occupational therapist or speech-language pathologist.

(F) Interdisciplinary team members shall participate, to the extent of the scope of services provided to a patient family, in:

(i) The admission process and initial assessment for services;

(ii) The development of initial patient family plan of care, within 48 hours of admission;

(iii) Ongoing case management.

(G) The plan of care shall be individualized and interdisciplinary, addressing the patient family. The plan for each service provided to the patient family shall include, but not be limited to, assessment of patient family needs as they relate to hospice services, goals of hospice management, plans for palliative intervention, bereavement care and identification of advance directives.

(i) The hospice program shall assure coordination and continuity of the plan of care, 24 hours per day, seven days per week from the time of admission to the hospice program throughout the course of the patient's illness until death or discharge. A copy of the plan of care shall be furnished to providers in inpatient or other settings where the patient may be temporarily placed and shall include the inpatient services to be furnished;

(ii) The hospice supervisor of clinical services shall be responsible for coordination and management of all services, including those provided directly and by contract, to hospice patient families;

(iii) The plan of care for all hospice services shall be reviewed and revised by members of the interdisciplinary team as often as the patient's condition indicates, but no less frequently than every 14 days.

(H) Assessments and plans of care shall be documented and retained in the clinical record. The clinical record shall also include progress notes from each involved discipline.

(I) Case management shall be implemented based on the patient's condition, but occur no less frequently than every 14 days, and shall include the participation of the patient, family, physician and all members of the interdisciplinary team who are serving the patient family.

(J) There shall be a full-time hospice program director, appointed by the governing authority of the home health care agency, who shall have responsibility to plan, staff, direct and implement the hospice program. The hospice program director shall either:

(i) Be qualified in accordance with Section 19-13-D67(a) of the Regulations of Connecticut State Agencies, but with hospice or home health care supervisory or administrative experience which included care of the sick, in lieu of experience in a health care facility or program; or

(ii) Possess a master's degree in social work and at least one year of supervisory or administrative experience in a hospice or home health care agency.

(K) An agency offering a hospice program shall employ a medical director.

(i) A hospice program medical director shall have a minimum of five years of clinical experience in the practice of medicine or osteopathy.

(ii) The medical director shall be knowledgeable about the psychosocial, spiritual, and medical aspects of hospice care;

(iii) The medical director's responsibilities shall include, but not be limited to:

I. Development and periodic review of the medical policies of the hospice program;

II. Consultation with attending physicians regarding pain and symptom control and medical management as appropriate;

III. Participation in the development of the plan of care for each patient admitted to the hospice;

IV. Serving as a resource for the hospice interdisciplinary team;

V. Acting as a liaison to physicians in the community;

VI. Assuring continuity and coordination of all medical services.

(L) Medical care and direction shall be provided by the patient's attending physician or the hospice medical director. Orders to administer medications shall be written and signed by the patient's attending physician or the hospice medical director.

(M) Nursing services shall be provided by qualified nurses licensed pursuant to Chapter 378 of the Connecticut General Statutes, employed by the hospice program and under the supervision of a primary care nurse.

(i) In addition to the requirements of Section 19-13-D68(e) of these regulations, an agency providing a hospice program shall employ one qualified full-time registered nurse supervisor of clinical services for each ten or fewer, full-time or full-time equivalent professional direct service staff assigned to the hospice program, who shall manage and supervise the day to day activities of the hospice program, including coordination of the interdisciplinary team;

(ii) The supervisor of clinical services assigned to the hospice program may also serve as the hospice program director in programs with six or fewer full-time or full-time equivalent professional direct-services staff.

(iii) A registered nurse, serving as the primary care nurse, shall be responsible for the following:

I. Development and implementation of an individualized, interdisciplinary patient family plan of care;

II. Admission of patients for service and development of the initial patient family plan of care within 48 hours of admission with input from at least one other member of the hospice interdisciplinary team;

III. Coordination of services with the patient family, hospice interdisciplinary team members and all others involved in the plan of care and delivery of patient care services.

(N) Social work services shall be provided by qualified social workers, licensed pursuant to Chapter 383b of the Connecticut General Statutes, employed by the hospice program. The social worker's functions shall include, but not be limited to:

(i) Comprehensive evaluation of the psychosocial status of the

patient family as it relates to the patient's illness and environment;

(ii) Counseling of the patient family and primary caregivers;

(iii) Participation in development of the plan of care;

(iv) Participation in ongoing case management with the hospice interdisciplinary team.

(O) Counseling shall include bereavement, spiritual, dietary, and any other counseling services that may be needed by the patient family while enrolled in a hospice program.

(i) Counseling shall be provided only by qualified personnel employed by the hospice;

(ii) Bereavement services shall include:

I. Ongoing assessment of the family and primary caregiver's needs, including the presence of any risk factors associated with the patient's impending death or death and the ability of the family or primary caregiver to cope with the loss;

II. A plan of care for bereavement services which identifies the individualized services to be provided;

III. The availability of pre-death grief counseling for the patient family and primary caregiver;

IV. Ongoing, regular, planned contact with the family and primary caregiver, offered for at least one year after the death of the patient, based on the plan of care;

(iii) A spiritual counselor shall provide counseling, in accordance with the wishes of the patient, based on initial and ongoing assessments of the spiritual needs of the patient family that, at a minimum, include the nature and scope of spiritual concerns or needs. Services may include:

I. Spiritual counseling consistent with patient family beliefs;

II. Communication with and support of involvement by local clergy or spiritual counselor;

III. Consultation and education for the patient family and interdisciplinary team members.

(iv) A qualified dietitian shall provide counseling based on initial and ongoing assessments of the current nutritional status of the patient, pre-existing medical conditions, and special dietary needs. Services may include:

I. Counseling of the patient family and primary caregiver with regard to the patient's diet;

II. Coordination of the plan of care with other providers of nutritional services or counseling.

(P) The hospice program shall have volunteer services available to the hospice patient family. Management of the ongoing active volunteer program including orientation and education, shall be designated in writing to a full-time hospice employee, who may have other responsibilities in addition to those of volunteer coordinator.

(i) Volunteers may be utilized in administrative or direct patient family care roles;

(ii) The hospice program shall provide orientation, ongoing training and supervision of its volunteers consistent with the duties and functions to be performed;

(iii) Volunteers who are qualified to provide professional or homemaker-home health aide services shall meet all standards, licensing or credentialing requirements associated with their discipline.

(Q) The hospice program, which shall serve as the patient's primary agency, may provide services by contract with an agency or individual and shall have legally binding written agreements for the provision of such contracted services in accordance with the requirements of Section 19-13-D70 of the Regulations of Connecticut State Agencies. If a hospice program enters into a coordination of inpatient care agreement with an inpatient setting, the written agreement shall include, but not be limited to, provisions for accommodations for family members to remain with the patient overnight, space for private patient and family visiting, homelike decor, and privacy for the family after a patient's death.

(R) Pharmaceutical services, including consultation with hospice program staff regarding patient needs, shall be made available by the hospice program 24 hours a day, 7 days a week.

(Effective December 28, 1992; amended December 23, 1997, August 31, 1998, December 12, 2001)

Sec. 19-13-D73. Patient care plan

(a) Each medical or dental plan of treatment shall include, but not be limited to:

(1) All diagnoses or conditions, primary and secondary;

(2) Types and frequency of services and equipment required;

(3) Medications and treatments required;

(4) Prognosis, iuding rehabilitation potential;

(5) Functional limitations and activities permitted;

(6) Therapeutic diet.

(b) The medical or dental plan of treatment shall be reviewed as often as the severity of the patient's condition requires, but at least every sixty (60) days for all

patients receiving one (1) or more skilled services. The original plan and any modifications shall be signed by the patient's physician or dentist within twenty-one (21) days. Agency professional staff shall promptly alert the patient's physician or dentist to any changes in the patient's condition that suggest a need to alter the plan of treatment.

(c) The plan for each service provided the patient and family shall include, but not be limited to:

(1) Assessment of patient and family needs as they relate to home health services;

(2) Goals of management, plans for intervention and implementation.

(d) The plan for each agency service shall be reviewed and revised as often as the patient's condition indicates and shall be signed by the primary care nurse and other service personnel at least every sixty (60) days.

(Effective September 20, 1978; amended August 29, 1996)

Sec. 19-13-D74. Administration of medicines

(a) Orders for the administration of medications shall be in writing, signed by the patient's physician or dentist, and in compliance with the agency's written policy and procedure.

(1) Medications shall be administered only as ordered by the patient's physician or dentist and in compliance with the laws of the State of Connecticut;

(2) Orders shall include at least the name of medication, dosage, frequency and method of administration.

(3) All medications shall be administered only by registered nurses or licensed practical nurses licensed in accordance with Chapter 378 of the Connecticut General Statutes or other health care practitioners licensed in this state with statutory authority to administer medications.

(b) Agency staff shall regularly monitor all prescribed and over-the-counter medicines a patient is taking and shall promptly report any problems to the patient's physician or dentist.

(Effective October 26, 1984)

Sec. 19-13-D75. Clinical record system

(a) An agency shall maintain a clinical record system which includes, but not limited to:

(1) A written policy on the protection of records which defines procedures governing the use and removal of records, conditions for release of information contained in the record and which requires authorization in writing by the patient for release of appropriate information not otherwise authorized by law;

(2) A written policy which provides for the retention and storage of records for at least seven (7) years from the date of the last service to the patient and which provides for the retention and storage of such records in the event the agency discontinues operation;

(3) A policy and procedure manual governing the record system and procedures for all agency staff;

(4) Maintaining records on the agency's premises in lockable storage area(s).

(b) A clinical record shall be developed for each patient which shall be filed in an accessible area within the agency and which shall include, but not be limited to:

(1) Identifying data (name, address, date of birth, sex, date of admission or readmission);

(2) Source of referral, including where applicable, name and type of institution from which discharged and date of discharge;

(3) Patient care plans;

(4) Name, address and phone number of physician(s) or dentist(s) responsible for medical or dental care;

(5) Pertinent past and current health history;

(6) Clinical notes following each patient's contact with the staff members, incorporated no less often than weekly;

(7) Progress notes by professional staff and copies of summary or progress reports sent to physician or dentist;

(8) Documentation of all case management and monitoring activities, including sixty (60) day utilization review;

(9) Discharge summary, if applicable.

(c) All notes and reports in the patient's clinical record shall be typewritten or legibly written in ink, dated and signed by the recording person with his full name or first initial and surname and title.

(Effective September 20, 1978)

Sec. 19-13-D76. Quality assurance program

(a) An agency shall have a written quality assurance program which shall include but not be limited to the following components:

(1) Program evaluation;

(2) Quarterly clinical record review;

(3) Annual documentation of clinical competence;

(4) Annual process and outcome record audits.

(b) The professional advisory committee or a committee appointed by the governing authority and at least one person from administrative or supervisory staff shall implement, monitor and integrate the various components of the agency's quality assurance program.

(c) The committee and staff designated pursuant to regulation 19-13-D76 (b) shall:

(1) Annually analyze and summarize, in writing, all findings and recommendations of the quality assurance program;

(2) Present written reports of the findings of each component or a written summary report of the findings of the quality assurance program to the professional advisory committee and to the governing authority;

(3) Monitor implementation of the recommendations and actions directed by the governing authority based on said report(s);

(4) Within one hundred twenty (120) days of action on the report(s) by the governing authority, report in writing to the governing authority, administration and professional advisory committee the progress in implementation of the recommended actions;

(5) Ensure that a copy of the annual quality assurance report(s) and the progress report on implementation are maintained by the agency.

(d) The program evaluation shall include, but not be limited to:

(1) The extent to which the agency's objectives, policies and resources are adequate to maintain programs and services appropriate to community, patient and family needs;

(2) The extent to which the agency's administrative practices and patterns for delivery of services achieve efficient and effective community, patient and family services in a five (5) year cycle.

(e) At least quarterly, health professionals in active practice, representing at least the scope of the agency's home health care services shall review a sample of active and closed clinical records to assure that agency policies are followed in providing

services. No person involved directly in service to a patient or family shall participate in the review of that patient or family's clinical record.

(1) At least once in each calendar quarter, the agency shall select records for review by a random sampling of all therapeutic cases. The agency's sampling methodology shall be defined in its quality assurance program policies and procedures after approval by the commissioner. The sample of clinical records reviewed each quarter shall be according to the following ratios:

(A) Eighty (80) or less cases; eight (8) records;

(B) Eighty-one (81) or more cases, ten percent (10%) of caseload for the quarter to maximum of twenty-five (25) records. One review form describing the areas to be assessed shall be completed for each record reviewed.

(f) Six (6) months after employment and annually thereafter, a written report shall be prepared on the clinical competence of each direct service staff member employed by or under individual contract to the agency by the employee's professional supervisor, which shall include but not be limited to:

(1) Direct observation of clinical performance;

(2) Patient and family management as recorded in clinical notes and reports prepared by the staff member;

(3) Case management conference performance;

(4) Participation in the agency's inservice education program;

(5) Personal continuing education;

(6) Each staff member shall review and sign a copy of his/her performance evaluation and the agency shall maintain copies of same in the employee's personnel file;

(7) Unsatisfactory performance of direct service staff shall require a plan for corrective action which shall be filed in the employee's personnel folder. In the case of a homemaker-home health aide, the corrective action shall include that the homemaker-home health aide may not perform any task rated as ''unsatisfactory'' without direct supervision by a registered nurse until after he or she receives training in the task for which he or she was evaluated as ''unsatisfactory'' and passes a subsequent evaluation with "'satisfactory.''

(g) **Effective January 1, 1982, an agency shall:**

(1) Include in its quality assurance program annual process and outcome audits of a sample of the clinical records of persons served during the previous twelve (12) months;

(2) Have defined outcome measures for at least two (2) of any diagnostic category representing five (5%) percent or more of its annual caseload. For each successive twelve (12) month period after January 1, 1982, the agency shall expand its outcome measures by one diagnostic category, until measures have been defined for each diagnostic category representing five (5%) percent or more of the agency's caseload; or

(3) Have received approval from the commissioner to use another patient classification system to define outcome measures.

(Effective December 28, 1992)

Sec. 19-13-D77. Administrative organization and records

An agency shall not be eligible for licensure until it demonstrates to the satisfaction of the commissioner that complete authority and control of the agency's operations is vested in a corporation chartered in or properly qualified to do business in this state, or in a person or persons who will reside in this state during the period of licensure. When an agency provides patient care services through more than one

office, the organization, services, control and lines of authority and accountability between the central office and the other office(s) shall be defined in writing the central office, shall be licensed as a home health care agency in compliance with the regulations and standards governing home health care agencies. When patient care services are provided through other offices of the agency, each office shall be in compliance with the regulations and standards, as specified herein, governing supervisor of clinical services, services, patient care policies, patient care plan, administration of medicines, clinical record system, patient bill of rights and responsibilities and facilities. Weekend, holiday, evening or night services may be provided through arrangement with one or more other agencies but there shall be a written description of the organization, services provided, lines of authority, responsibility and accountability between the agencies.

(a) An agency shall be in compliance with all applicable laws and ordinances of the State of Connecticut, the federal government and the town(s) served by the agency.

(b) A copy of the policy and procedure manual shall be available to the staff at all times.

(c) An agency shall submit an annual statistical report of services rendered to the commissioner within ninety (90) days after the close of the agency's fiscal year.

(d) An agency shall provide consumer participation in the annual program evaluation component of the quality assurance program.

(e) An agency shall appoint a pharmacist to its professional advisory committee or to its clinical record review process.

(f) An agency shall provide written information to the actual and potential consumers of its services which accurately describes the services available, the fees for services and any conditions for acceptance or termination of services which may influence a consumer's decision to seek the services of the agency. If a licensed home health care agency is not certified for provision of Medicare home health benefits, its written information shall state this clearly.

(g) Whenever services as defined in C.G.S section 19-576 (d) or (e) are being provided at the same time to the same patient by more than one agency licensed to provide such services, there shall be:

(1) A written contract between participating agencies which meets the requirements of section 19-13-D70 of these regulations; or

(2) A written memo of understanding between the participating agencies or documentation in the patient's clinical record of the plan established between the participating agencies which defines assignment of primary responsibility for the patient's care and methods of communication/coordination between the agencies so that all information necessary to assure safe, coordinated care to the patient is accessible and available to all participating agencies.

(h) Administrative records, including all files, records and reports required by these regulations, shall be maintained on the agency's premises and shall be accessible at any time to the commissioner. These records shall be retained for not less than seven (7) years. There shall be a policy for retention and storage of these records in the event the agency discontinues operation.

(i) An agency shall notify the commissioner immediately of an intent to discontinue operations. In such event, an agency shall continue operations, maintain a staff of administrator, supervisor of clinical services and essential patient care personnel and fulfill all patient care obligations until an orderly transfer of all patients to other sources of care has been completed to the commissioner's satisfaction.

(Effective June 21, 1983)

Sec. 19-13-D78. Patient's bill of rights and responsibilities

An agency shall have a written bill of rights and responsibilities governing agency services which shall be made available and explained to each patient or representative at the time of admission. Such explanation shall be documented in the patient's clinical record. The bill of rights shall include but not be limited to:

(a) A description of available services, unit charges and billing mechanisms. Any changes in such must be given to the patient orally and in writing as soon as possible but no later than thirty (30) working days from the date the agency becomes aware of a change;

(b) Policy on uncompensated care;

(c) Criteria for admission to service and discharge from service;

(d) Information regarding the right to participate in the planning of the care to be furnished, the disciplines that will furnish care, the frequency of visits proposed and any changes in the care to be furnished, the person supervising the patients' care and the manner in which that person may be contacted;

(e) Patient responsibility for participation in the development and implementation of the home health care plan;

(f) Right of the patient or designated representative to be fully informed of patients' health condition, unless contraindicated by a physician in the clinical record;

(g) Right of the patient to have his or her property treated with respect;

(h) Explanation of confidential treatment of all patient information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;

(i) Policy regarding patient access to the clinical record;

(j) Explanation of grievance procedure and right to file grievance without discrimination or reprisal from agency regarding treatment or care to be provided or regarding the lack of respect for property by anyone providing agency services;

(k) Procedure for registering complaints with the commissioner and information regarding the availability of the medicare toll-free hotline, including telephone number, hours of operation for receiving complaints or questions about local home health agencies;

(*l*) Agency's responsibility to investigate complaints made by a patient, patient's family or guardian regarding treatment or care provided or that fails to be provided and lack of respect for the patient's property by anyone providing agency services. Agency complaint log shall include date, nature and resolution of the complaint.

(Effective December 28, 1992)

Sec. 19-13-D79. Facilities

(a) An agency's central office or any offices serving residents of Connecticut shall be located within the State of Connecticut and be accessible to the public.

(b) An agency shall have a communication system adequate to receive requests and referrals for service, maintain verbal contact with health service personnel at all times when they are serving patients, receive calls from patients under the care of the agency and maintain contact as needed with physicians and other providers of care.

(c) The facilities shall provide adequate and safe space for:

(1) Staff to carry out their normal pre and post visit activities;

(2) Supervisory conferences with staff;

(3) Conferencing with patients and their families;

(4) Storage and maintenance of equipment and supplies necessary for patient care;

(5) Maintaining administrative records and files, financial records, and clinical records in file cabinets which can be locked.

(Effective June 21, 1983)

Homemaker-Home Health Aide Agency

Sec. 19-13-D80. Definitions

As used in Sections 19-13-D80 to 19-13-D92 inclusive:

(a) ''Agency'' means a homemaker-home health aide agency as defined in Section 19a-490 (e) of the Connecticut General Statutes;

(b) ''Central office'' means the agency office responsible and accountable for all agency operations in this state;

(c) ''Clinical experience'' means employment in providing patient services in a health care setting;

(d) ''Commissioner'' means the commissioner of health services, or his/her representative;

(e) ''Consumer'' means a potential or actual recipient of homemaker-home health aide services;

(f) ''Contracted services'' or ''services under arrangement'' means services provided by the agency which are subject to a written agreement with an individual, another agency or facility;

(g) ''Contractor'' means any organization, individual, home health care or homemaker-home health aide agency that provides services to patients of a primary agency as defined in paragraph (s) of Section 19-13-D80 of these regulations;

(h) ''Curriculum'' means the plan of classroom and clinical instructions for training and skills assessment as a homemaker-home health aide;

(i) ''Department'' means the Connecticut Department of Health Services;

(j) ''Evening or nighttime service'' means service provided between the hours of 5 p.m. and 8 a.m.;

(k) ''Full-time'' means employed and on duty a minimum of thirty-five (35) hours per workweek;

(*l*) ''Full-time equivalent'' means the hours of work by more than one person in a one workweek period which equals a cumulative total which shall not be less than thirty-five (35) hours;

(m) ''Holiday service'' means service provided on the days specified in the agency's official personnel policies as holidays;

(n) ''Homemaker-home health aide'' means an unlicensed person who has successfully completed a training and competency evaluation program for the preparation of homemaker-home health aides approved by the department.

(o) ''Parent agency'' means the agency that develops and maintains administrative control of subdivisions and patient service offices;

(p) ''Patient care services'' means agency activities carried out by agency staff for or on behalf of a patient. Such services include, but are not limited to, receipt of referral for service, admission to service, assignment of personnel, homemaker-home health aide service, communication/coordination with patient and others involved in the patient's care and development/maintenance of patient's record.

(g) ''Patient service office'' means one or more separate and distinct offices which provide patient care services and are included under the agency's license. This office shall comply with the regulations of Connecticut State Agencies, Section 19-13-D90;

(r) ''Permanent part-time'' means employed and on duty a minimum of twenty (20) hours per workweek on a regular basis;

(s) ''Primary homemaker-home health aide agency'' means the agency that is responsible for the homemaker-home health aide service furnished to patients and for the implementation of the plan of care;

(t) ''Professional supervision'' means direction and supervision by a registered nurse supervisor, and, as appropriate, a physical therapist supervisor, occupational therapist supervisor, speech therapist supervisor, or social work supervisor;

(u) ''Provider agency'' means the agency or subdivision that has primary authority and responsibility for provision of services to the patient and family;

(v) ''Public health nurse'' means a graduate of a baccalaureate degree program in nursing approved by the National League for Nursing for preparation in public health nursing;

(w) ''Representative'' means a designated member of the patient's family, or person legally designated to act for the patient in the exercise of the patient's rights as contained in Sections 19-13-D80 to 19-13-D92 of the Regulations of Connecticut State Agencies.

(x) ''Social worker'' means a graduate of a master's degree program in social work accredited by the council on social work education;

(y) ''Subdivision'' means a unit of a multifunction health care organization which is assigned the primary authority and responsibility for the agency operations. A subdivision shall independently meet the regulations and standards for licensure and shall be independently licensed as a homemaker-home health aide agency;

(z) ''Supportive services'' means services which include, but are not limited to assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management, and are provided under the supervision of a registered nurse;

(aa) ''Weekend service'' means services provided on Saturday or Sunday.

(Effective December 28, 1992)

Sec. 19-13-D81. Personnel

(a) An agency administrator shall be a person with one of the following:

(1) A baccalaureate degree in nursing with an active license to practice in this state and at least two (2) years of full-time experience in a homemaker-home health aide agency or related health care facility/program which included care of the sick; or

(2) A baccalaureate degree in social work, home economics, administration, or related human services field with a concentration of study in health services administration, and at least two (2) years of full-time experience in a homemaker-home health aide agency or related health care facility/program which included care of the sick; or

(b) An agency registered nurse supervisor shall be a person with an active license to practice nursing in this state and shall have one of the following:

(1) A baccalaureate degree in nursing and at least two (2) years of full-time clinical experience within the past five (5) years in a home health care agency or related health care facility program which included care of the sick; or

(2) An associate degree in nursing and at least three (3) years of full-time clinical experience in nursing within the past five (5) years, at least two (2) of which were in a home health care agency or related health care facility/program which included care of the sick; or

(3) A diploma in nursing and at least three (3) years of full-time clinical experience in nursing within the past five (5) years, at least two (2) of which were in a home

health care agency or related health care facility/program which included care of the sick.

(c) An agency physical therapist supervisor shall be a person licensed to practice physical therapy in this state and one who has completed a minimum of one (1) year full-time clinical experience in physical therapy;

(d) An agency occupational therapist supervisor shall be a graduate of a basic education program accredited by the American Medical Association for the preparation of occupational therapists, or a person who has successfully completed the national certifying examination and is currently registered by the American Occupational Therapy Association, who has a minimum of one (1) year clinical experience in occupational therapy services and effective July 1, 1979, the occupational therapist supervisor shall be licensed to practice in this state.

(e) An agency social work supervisor shall be a graduate of a master's degree program in social work accredited by the Council on Social Work Education who has a minimum of one (1) year full-time experience in social work.

(Effective December 28, 1992)

Sec. 19-13-D82. General requirements

The agency shall be organized and staffed in compliance with the following:

(a) An agency shall be governed by a governing authority, maintain an active patient care advisory committee, be directed by an administrator and operate any services offered in compliance with these regulations. Compliance with these regulations shall be the joint and several responsibility of the governing authority and the administrator.

(b) **Governing Authority:**

(1) There shall be a formal governing authority with full legal authority and responsibility for the operation of the agency which shall adopt bylaws or rules that are reviewed and so dated. Such bylaws or rules shall include, but are not limited to:

(A) Purposes of the agency;

(B) Delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;

(C) Qualifications for membership, method of selection and terms of office of members and chairpersons of committees;

(D) A description of the authority delegated to the administrator;

(E) The agency's conflict of interest policy and procedures.

(2) The bylaws or rules shall be available to all members of the governing authority and all individuals to whom authority is delegated.

(3) The governing authority shall:

(A) Meet as frequently as necessary to fulfill its responsibilities as stated in these regulations, but no less than one (1) time per year;

(B) Provide a written agenda and minutes for each meeting;

(C) Provide that minutes reflect the identity of those members in attendance and that, following approval, such minutes be dated and signed by the secretary;

(D) Ensure that the agenda and minutes of any of its meetings or any of its committees are available at any time to the commissioner.

(4) Responsibilities of the governing authority include, but are not limited to:

(A) Services provided by the agency and the quality of care rendered to patients and their families;

(B) Selection and appointment of a patient care advisory committee;

(C) Policy and program determination and delegation of authority to implement policies and programs;

(D) Appointment of a qualified administrator;
(E) Management of the fiscal affairs of the agency;
(F) The quality assurance program.
(5) The governing authority shall ensure that:
(A) The name and address of each officer and member of the governing authority are reported annually to the commissioner;
(B) The name and address of each owner and, if the agency is a corporation, all ownership interests of ten percent (10%) or more (direct or indirect) are reported annually to the commissioner;
(C) Any change in ownership is reported to the commissioner within ninety (90) days;
(D) The name of the administrator of the agency is forwarded to the commissioner within three (3) days of his/her appointment and notice that the administrator has left for any reason is so forwarded within forty-eight (48) hours.
(c) **Patient care advisory committee:**
(1) There shall be a patient care advisory committee, appointed by the governing authority, consisting of at least one (1) physician, one (1) public health nurse, one (1) social worker and two (2) consumers representing the community served by the agency. Professional representatives shall be in active practice in their professions, or shall have been in active practice within the last five (5) years. No member of the patient care advisory committee, shall be an owner, stockholder, employee of the agency or related to same, including by marriage. However, provision may be made for employees to serve on the committee as exofficio members only, without voting powers.
(2) The functions of the patient care advisory committee shall be to recommend and review at least annually agency policies on:
(A) Scope of service offered;
(B) Service policies;
(C) Admission and discharge criteria;
(D) Professional supervision and care plans;
(E) Patient records;
(F) Personnel qualifications and training;
(G) Quality assurance activities;
(H) Patient care issues especially as they relate to the delivery of service and findings of the quality assurance program.
(3) The patient care advisory committee shall hold at least two (2) meetings annually.
(4) Written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, read and accepted at the next regular meeting of the governing authority of the agency following the patient care advisory committee meeting. These minutes shall be available at any time to the commissioner.
(d) **Administrator:**
(1) There shall be a full-time agency administrator appointed by the governing authority of the agency.
(2) The administrator shall have full authority and responsibility delegated by the governing authority to plan, staff, direct and implement the programs and manage the affairs of the agency. The administrator's responsibilities include, but are not limited to:
(A) Interpretation and execution of the policies of the governing authority;
(B) Program planning, budgeting, management and evaluation based upon community needs and agency resources;

(C) Maintenance of ongoing liaison among governing authority, its committees, the patient care advisory committee and staff;

(D) Employment of qualified personnel, evaluation of staff performance per agency policy, provision of planned orientation and inservice education programs for agency personnel;

(E) Development of a record system and statistical reporting system for program documentation, planning and evaluation, which includes at least the data specified in these regulations;

(F) Preparation of a budget for the approval of the governing authority and implementation of financial policies, accounting system and cost controls;

(G) Assurance of an accurate public information system;

(H) Maintenance of the agency's compliance with licensure regulations and standards;

(I) Distribution of a written plan for the delegation of administrative responsibilities and functions in the absence of the administrator;

(J) Notification to the commissioner, within forty-eight hours, that the registered nurse supervisor is no longer employed by the agency.

(3) An administrator's absence of longer than one month shall be reported to the commissioner.

(e) **Professional Supervision:**

(1) An agency shall employ one (1) full-time registered nurse supervisor for each twenty-five (25) or less full-time or full-time equivalent homemaker-home health aides.

(2) Each homemaker-home health aide shall be assigned to and shall report to the same registered nurse supervisor to ensure clear lines of authority and delegation of patient care.

(3) A registered nurse supervisor shall be accessible by phone and available to make a home visit at all times when homemaker-home health aides are on assignment in a patient's home.

(4) Any absence of the registered nurse supervisor for longer than one month shall be reported to the commissioner. A registered nurse who has at least two (2) years experience in a home health care agency or related health care facility/program, which included care of the sick shall be designated, in writing, to act in any absence of the registered nurse supervisor.

(5) The registered nurse supervisor shall have primary authority and responsibility for maintaining the quality of homemaker-home health aide services provided to the patient. The responsibilities of the registered nurse supervisor shall be clearly delineated in the position description and shall include but not be limited to:

(A) Initial assessment of the patient and home situation and determination that the patient's status and care needs can be safely met by homemaker-home health aide service

(B) Referral of the patient at any time to a home health care agency or other appropriate level of care, when the patient's status and care needs require more than supportive services as defined in 19-13-D80 (z) of these regulations;

(C) Development and periodic review of a written plan of care which shall include the frequency of assessment and methods by which the patient's status and care needs are to be monitored between assessment visits in the home. The plan of care shall be reviewed and revised no less frequently than the plan for the registered nurse supervision of the homemaker-home health aide;

(D) Development and periodic review of the written instructions for the homemaker-home health aide; which shall be completed before the homemaker-home health aide provides any service to the patient. These instructions shall include the scope and limitations of homemaker-home health aide activities, pertinent aspects of patient's condition to be observed and reported to the registered nurse supervisor, and the name and telephone number of the registered nurse supervisor;

(E) Orientation of the homemaker-home health aide in the home, to the patient, family and plan for care;

(F) In situations when the homemaker-home health aide orientation cannot be done in the home prior to initiation of patient care activities, there shall he documentation in the patient's record identifying the circumstances which substantiate that the patient's safety was maintained;

(G) Determination, in the home, that the homemaker-home health aide is competent to carry out all assigned patient care activities;

(H) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequently than every sixty (60) days. The sixty-day assessment shall be completed while the homemaker-home health aide is providing services in the patient's home;

(I) Arranging supervision of a homemaker-home health aide by a physical therapist, occupational therapist, speech therapist or social worker, as appropriate;

(J) Plan for medical or other emergencies.

(K) When appropriate, communication with the patient's source(s) of medical care to secure or report information pertinent to the patient's care;

(L) Development and maintenance of the patient care record;

(M) Coordination of services rendered to the patient and family;

(N) Evaluation of homemaker-home health aide staff, including participation in orientation and inservice education, direct observation of the homemaker-home health aide's performance in patient care situations, review of the records and reports prepared by the homemaker-home health aide, case management conferences with the homemaker-home health aide, and a written performance evaluation of aides not less frequently than six (6) months after date of employment, and annually thereafter;

(O) Consultation with the agency administrator on all aspects of patient care;

(6) When appropriate, the registered nurse supervisor may delegate all or part of the professional supervision to a physical therapist, occupational therapist, speech therapist or social work supervisor. In such situations, the registered nurse supervisor shall review with designated supervisor the patient's plan of care at least every four (4) weeks;

(7) The registered nurse supervisor may also serve as the administrator in agencies with ten (10) or less homemaker-home health aides.

(Effective December 28, 1992; amended June 5, 2007)

Sec. 19-13-D83. Homemaker-home health aide services

(a) An agency shall have written policies governing the delivery of homemaker-home health aide services.

(b) On and after January 1, 1993, no person shall furnish homemaker-home health aide services on behalf of a homemaker-home health aide agency unless such person has successfully completed a training and competency evaluation program approved by the department.

(1) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide training program of not less than seventy-five (75) hours and competency

evaluation program for homemaker-home health aides. The standard curriculum of the training program shall include the following elements which shall be presented in both lecture and clinical settings:

(A) Communications skills;

(B) Observation, reporting and documentation of patient status and the care or services furnished;

(C) Reading and recording temperature, pulse and respiration;

(D) Basic infection control procedures;

(E) Basic elements of body function and changes in body function that must be reported to an aide's supervisor;

(F) Maintenance of a clean, safe and healthy environment;

(G) Recognizing emergencies and knowledge of emergency procedures;

(H) The physical, emotional, and developmental needs of and ways to work with the populations served by the homemaker-home health aide agency, including the need for respect for the patient, his or her privacy and his or her property;

(I) Appropriate and safe techniques in personal hygiene and grooming that include: bath (bed, sponge, tub or shower), shampoo (sink, tub or bed), nail and skin care, oral hygiene, toileting and elimination;

(J) Safe transfer techniques and ambulation;

(K) Normal range of motion and positioning;

(L) Adequate nutrition and fluid intake;

(M) Any other task that the homemaker-home health aide agency may choose to have the homemaker-home health aide perform.

(2) A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the qualified registered nurse designated in subparagraph (9) (A) of this subdivision of the elements required by the curriculum. Each agency that elects to conduct a homemaker-home health aide training program shall submit such information on its homemaker-home health aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the agency's homemaker-home health aide training program and competency evaluation program for sufficiency at any time.

(3) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide competency evaluation program to include, procedures for determination of competency which may include a standardized test. At a minimum the subject areas listed in subparagraph (1) (C), (I), (J), and (K) of this subdivision shall be evaluated through observation of the homemaker-home health aide's performance of the tasks. The other subject areas in subdivision (1) of this subsection shall be evaluated through written examination, oral examination or observation of a homemaker-home health aide with a patient.

(4) A homemaker-home health aide is not considered competent in any task for which he or she is evaluated as ''unsatisfactory.'' The homemaker-home health aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated ''unsatisfactory'' and passes a subsequent evaluation with a ''satisfactory'' rating.

(5) A homemaker-home health aide is not considered to have successfully passed a competency evaluation if the aide has an ''unsatisfactory'' rating in more than one of the required subject areas listed in subdivision (1) of this subsection.

(6) The competency evaluation must be performed by a registered nurse who possesses a minimum of two (2) years of nursing experience at least one (1) year of which must be in the provision of home health care.

(7) The state department of education, the board of trustees of community-technical colleges and an adult continuing education program established and maintained under the auspices of the local or regional board of education or regional educational service center and provided by such board or center may offer such training programs and competency evaluation programs in accordance with this subsection as approved by the commissioner

(8) Homemaker-home health aide agencies may offer such training programs and competency evaluation programs in accordance with this subsection provided that they have not been determined to be out of compliance with one (1) or more of the training and competency evaluation requirements of OBRA as amended within any of the twenty-four (24) months before the training is to begin.

(9) Qualifications of homemaker-home health aide training instructors:

(A) The training of homemaker-home health aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, one (1) year of which must be in the provision of home health care.

(B) Qualified personnel from the health field may serve as trainers in the homemaker-home health aide training program under the general supervision of the qualified registered nurse identified in subdivision (9) (A) of this subsection. All trainers shall be licensed, registered and/or certified in their field.

(C) Licensed practical nurses, under the supervision of the qualified registered nurse designated in subdivision (9) (A) of this subsection may serve as trainers in the homemaker-home health aide training program provided the licensed practical nurse has two (2) years of nursing experience, one (1) year of experience which must be in the provision of home health care.

(D) The training of homemaker-home health aides may be performed under the general supervision of the registered nurse supervisor. The registered nurse supervisor is prohibited from performing the actual training of homemaker-home health aides.

(10) Upon satisfactory completion of the training and competency evaluation program the agency or educational facility identified in subdivision (7) of this subsection shall issue documentation of satisfactory completion, signed by the qualified registered nurse designated in subdivision (9) (A) of this subsection, as evidence of said training and competency evaluation. Said documentation shall include a notation as to the agency or educational facility that provided the training and competency evaluation program.

(11) On and after January 1, 1993 any homemaker-home health aide agency that uses homemaker-home health aides from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate that the requirements of this subsection are met.

(12) If, since an individual's most recent completion of a training and competency evaluation program or competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing related services for monetary compensation, such individual shall complete a new competency evaluation program.

(13) Any person employed as a homemaker-home health aide prior to January 1, 1993, shall be deemed to have completed a training and competency evaluation program pursuant to subsection 19-13-D83 (b) of the regulations of Connecticut State Agencies.

(14) Any person who has successfully completed prior to January 1, 1993 the state-sponsored nurse assistant training program provided through the state depart-

ment of education or through the Connecticut Board of Trustees of community-technical colleges shall be deemed to have completed a homemaker-home health aide training and competency evaluation program approved by the commissioner in accordance with this subsection.

(15) Any person who has completed a nurses aide training and competency evaluation program as defined in section 19-13-D8t (a) of the Regulations of Connecticut State Agencies shall be deemed to have completed a training program as required in this section. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(16) Any person who has successfully completed a course or courses comprising not less than seventy-five (75) hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the state board of examiners for nursing may be deemed to have completed a homemaker-home health aide training program approved by the commissioner in accordance with this subsection. If the curriculum meets the minimum requirements as set forth in this subsection, such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(17) On or after January 1, 1993 a homemaker-home health aide in another state or territory of the United States may be deemed to have completed a training program as required in this subsection provided the homemaker-home health aide agency has sufficient documentation which demonstrates such individual has successfully completed a training program in accordance with subdivision (b) (1). Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.

(18) The homemaker-home health aide agency shall maintain sufficient documentation to demonstrate that all the requirements of this subsection are met for any individual furnishing homemaker-home health aide services on behalf of the homemaker-home health aide health agency.

(19) Any person who has been deemed to have completed a homemaker-home health aide training program in accordance with this subsection shall be provided with ten (10) hours of orientation by the agency of employment prior to the individual providing any homemaker-home health aide services.

(c) When designated by the supervising registered nurse, duties of the homemaker-home health aide may include:

(1) Assisting the patient with personal care activities; including bathing, oral hygiene, feeding, or dressing;

(2) Assisting the patient with exercises, ambulation, transfer activities and assisting with medications that are ordinarily self-administered;

(3) Performing normal household services essential to health care at home, including shopping, meal preparation, laundry, housecleaning.

(Effective December 28, 1992; amended August 31, 1998)

Sec. 19-13-D84. Contracted services

(a) An agency may hire professional supervision for its homemaker-home health aide staff through contractual arrangements with other agencies or individuals. Supervision provided by the primary agency through arrangements with a contractor agency or individuals shall be set forth in a written contract which clearly specifies:

(1) That the patient's contract for care is with the primary agency;

(2) The services to be provided by the contractor;

(3) The necessity to conform to all applicable primary agency policies, including personnel qualifications, supervisory ratios and staffing patterns;

(4) The authority and responsibilities of the supervisor;

(5) A term not to exceed one (1) year.

(Effective September 20, 1978)

Sec. 19-13-D85. Personnel policies

(a) An agency shall have written personnel policies which include but are not limited to:

(1) Orientation policy and procedure. An agency orientation policy for all employees shall include but not be limited to review of the following:

(A) Agency organization and philosophy of patient care;

(B) Agency patient care policies and procedures;

(C) Agency personnel policies and job description;

(D) Applicable state regulations governing the delivery of homemaker-home health aide services;

(E) Agency's procedure for the documentation of the orientation dates, content and name and title of person providing the orientation;

(2) Inservice education policy and plan which provides an annual average of at least one (1) hour per month for each homemaker-home health aide and a description of the content of each inservice education session. The in-service education program shall be provided by or under the supervision of the registered nurse supervisor;

(3) Performance evaluation, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation. The corrective action shall include that the homemaker-home health aide may not perform any task rated as ''unsatisfactory'' without direct supervision by the registered nurse supervisor until after he or she receives training in the task for which he or she was evaluated as ''unsatisfactory'' and passes a subsequent evaluation with ''satisfactory.'' Each staff member shall review and sign a copy of his/her performance evaluation and the agency shall maintain copies of same in the employee's personnel file;

(4) Position descriptions;

(5) Physical examination, including a tuberculin test and a physician's statement that the employee is free from communicable diseases, must be prior to assignment to patient care activities.

(b) For all employees employed directly or by contracts with individuals, the agency shall maintain individual personnel records containing at least the following:

(1) Educational preparation and work experience;

(2) Current licensure, registration or certification;

(3) Written performance evaluations;

(4) Signed contract or letter of appointment specifying conditions of employment;

(5) Record of physical examination;

(6) Documentation of orientation

(c) For persons utilized via contract with another agency not licensed as a home health care or homemaker-home health aide agency, the primary agency shall maintain records containing at least:

(1) A written verification of compliance with health examination requirements and performance evaluation requirements;

(2) Current licensure, registration or certification of each individual utilized by primary agency;

(3) A resume of educational preparation and work experience for each individual utilized by the primary agency;

(4) The contract for services between the agencies.

(d) For persons utilized via contract with another licensed home health care or homemaker-home health aide agency, the primary agency shall maintain records on the education, training and/or related work experience of such persons.

(Effective December 28, 1992)

Sec. 19-13-D86. Service policies

(a) An agency shall have written policies governing referrals received, admission of patients, delivery of services and discharge of patients. Such policies shall be applicable to services provided by the agency, directly or under arrangement. A copy shall be readily available to patients and staff and shall include but not be limited to:

(1) Conditions of admission:

(A) An assessment of the patient and home shall be completed by the registered nurse supervisor to determine that the patient can be cared for safely in the home by a homemaker-home health aide;

(B) Plan for referral of patients not accepted for care;

(C) Following acceptance of a referral, any delay in the start of service shall require prior notification to the patient. Such notification shall include the anticipated start of service date and the agency's plan while the patient is on the waiting list;

(D) When circumstances require the services of a homemaker-home health aide prior to an assessment of the patient and home by a registered nurse supervisor, the factors necessitating delivery of services prior to an assessment and verification that the patient's safety is assured shall be documented in the patient's record. Such assessment shall be completed within twenty-four (24) hours of the initiation of services;

(E) Establishment of a plan of care;

(F) Definition of the scope of agency, patient and, when appropriate, family responsibilities for the services to be provided;

(G) Circumstances which render a patient ineligible for agency services, including factors which make home care unsafe, the kinds of treatments an agency will not accept, payment policy and limitations or conditions of admission, if any;

(H) The policies define agency responsibility, plan and procedures to be followed to assure patient safety in the event patient services are interrupted for any reason.

(2) Delivery of services:

(A) Frequency and nature of professional registered nurse supervision of patient situation;

(B) Review of original plan of care at least every sixty (60) days, or more often depending on patient's condition;

(C) Coordination of agency services with all other facilities or agencies actively involved in patient's care;

(D) Referral to appropriate agencies or sources of service for patients who have need of care not provided by agency.

(E) Emergency plan and procedures to be followed to assure patient safety in the event agency services are disrupted due to civil or natural disturbances, e.g., as hurricanes, snowstorms, etc.

(3) Discharge from service:

(A) The agency shall have policies and plans which it shall follow for the following discharge categories:

(i) Routine discharge which means termination of services when patient no longer requires homemaker-home health aide service;

(ii) Emergency discharge which means termination of services due to the presence of safety issues which place the patient and/or agency staff in immediate jeopardy and prevent the agency from delivering homemaker-home health aide services;

(iii) Premature discharge which means termination of services when patient continues to require homemaker-home health aide services;

(iv) Financial discharge which means termination of services when the patient's insurance benefits and/or financial resources have been exhausted.

(B) In the case of a routine discharge the agency shall provide:

(i) Pre-discharge planning by the registered nurse supervisor, which shall be documented in patient's record.

(C) In the case of an emergency discharge, the registered nurse supervisor shall immediately take all measures deemed appropriate to the situation to assure patient safety. Written notification of action taken, including date and reason for emergency discharge, shall be forwarded to the patient and/or patient representative, patient's source of medical care as applicable, and any other agencies involved in the provision of home health services within five (5) calendar days.

(D) In the case of a premature discharge, the agency shall document that prior to the decision to discharge, a case review was conducted by the registered nurse supervisor, administrator, patient's source of medical care as applicable, patient and/or patient representative, and representation from any other agencies involved.

(i) Decision to continue service:

If the decision of the case review is to continue to provide service, a written agreement shall be developed between the agency and the patient and/or patient representative to identify the responsibilities of both in the continued delivery of care for the patient. This agreement shall be signed by the agency administrator and the patient and/or patient representative. A copy shall be placed in the patient's record with copies to the patient and/or patient representative.

(ii) Decision to discharge from service:

If the case review results in the decision to discharge the patient from agency services, the administrator shall notify the patient and/or patient representative, and the patient's source of medical care as applicable, and any other agencies involved in the provision of home health services, that services shall be discontinued in ten (10) days and the patient shall be discharged from the agency. Services shall continue in accordance with the patient's plan of care to assure patient safety until the effective day of discharge. The agency shall inform the patient of other resources available to provide homemaker-home health aide services. This discharge notice shall include the patient's right to appeal this decision within the ten (10) day notice of discharge. All patient appeals shall be reviewed by the agency's patient care advisory committee with ten (10) days of receipt of the appeal to advise on the appropriateness of the discharge or to recommend readmission and terms under which agency services will be provided.

(E) In the case of a financial discharge, the agency shall conduct:

(i) Pre-termination Review: Whenever homemaker-home health aide services are terminated because of exhaustion of insurance benefits or financial resources, at least ten (10) days prior to such termination there shall be a review of need for continuing homemaker-home health aide services by the patient, his family and/or patient representative, the registered nurse supervisor, and the patient's source of medical care as applicable, and other staff involved in the patient's care. This

determination and, when indicated, the plan developed for continuing care shall be documented in the patient's record.

(ii) Post-termination Review: The records of each patient discharged because of exhaustion of insurance benefits or financial resources shall be reviewed by the patient care advisory committee at the next regularly scheduled meeting following the discharge. The committee reviewing the record shall ensure that adequate post-discharge plans have been made for each patient with continuing care needs.

(Effective December 28, 1992)

Sec. 19-13-D87. Plan of care

(a) A written plan of care for homemaker-home health aide service shall be completed by the registered nurse supervisor in consultation with the patient, family and others involved in care to the patient, within seven (7) days of the patient's admission for services. The plan shall include, but not be limited to:

(1) Initial assessment and reassement frequency;

(2) Documentation of patient's care needs;

(3) Goals of management;

(4) Written instructions for the homemaker-home health aide shall be completed before the homemaker-home health aide provides any service to the patient. These instructions shall include the scope and limitations of homemaker-home health aide activities, pertinent aspects of patient's condition to be observed and reported to the registered nurse supervisor, and name and telephone number of the registered nurse supervisor;

(5) Plan for medical or other emergencies;

(6) Frequency of review and revision of care plan;

(7) Frequency of registered nurse supervision;

(8) Plan for registered nurse supervision of the homemaker-home health aide including frequency and methods of insuring ongoing competence.

(Effective December 28, 1992)

Sec. 19-13-D88. Patient records

(a) An agency shall maintain a patient record system which includes, but is not limited to:

(1) A written policy on the protection of records which defines procedures governing the use and removal of records, conditions for release of information contained in the record and which requires authorization in writing by the patient for release of appropriate information not otherwise authorized by law;

(2) A written policy which provides for the retention and storage of records for at least seven (7) years from the date of the last service to the patient and which provides for records retention and storage of such records in the event the agency discontinues operation;

(3) A policy and procedure manual governing the records system and procedures for all agency staff;

(4) Maintaining records on the agency's premises in lockable storage area(s).

(b) A record shall be developed for each patient which shall be filed in an accessible area within the agency and which shall include, but not be limited to:

(1) Identifying data (name, address, date of birth, sex, date of admission or readmission);

(2) Source of referral, including where applicable, name and type of institution from which discharged and date of discharge;

(3) Assessment of the patient and home;

(4) Plan of care and written instructions for the homemaker-home health aide;
(5) Name, address and phone number of patient's source of medical care;
(6) Pertinent past and current health history;
(7) Documentation of the registered nurse supervisor activities and, when appropriate, other professional supervisor(s) activities related to patient care;
(8) Documentation of coordination of services with the patient, family and others involved in the plan of care;
(9) Homemaker-home health aide notes which the registered nurse supervisor shall review, shall be incorporated in the patient's record no less often than every two (2) weeks;
(10) Discharge summary, if applicable.
(c) All notes and reports in the patient's record shall be typewritten or legibly written in ink, dated and signed by the recording person with his full name, or first initial, surname and title.
(Effective December 28, 1992)

Sec. 19-13-D89. Quality assurance program

(a) An agency shall have a written quality assurance program which shall include but not be limited to:
(1) Program evaluation:
(2) Patient record review.
(b) The governing authority, or a committee appointed by the governing authority and the patient care advisory committee shall conduct the program evaluation which shall include, but not be limited to:
(1) The extent to which the agency's objectives, policies and resources are adequate to maintain programs and services appropriate to community, patient and family needs;
(2) The extent to which the agency's administrative practices and patterns for delivery of services achieve efficient and effective community, patient and family services in a five (5) year cycle.
(c) At least quarterly, the professional members of the patient care advisory committee shall review a random sample of active and closed patient records. Each record review shall be documented on a record review form and shall include, but not be limited to verification, that:
(1) Agency policies are followed in the provision of services to patients and families;
(2) Homemaker-home health aide services are utilized appropriately in relation to agency resources and patient or family resources;
(3) Services are provided only to patients whose level of care needs can be safely met by a homemaker-home health aide;
(4) Provision of care is coordinated within the agency and with other agencies involved in the care of the patient or family.
(5) Referral of the patient to a home health care agency when the patient's status and care needs are no longer limited to supportive services.
(d) An agency's sampling methodology shall be defined in its quality assurance program policies and procedures. The sample of patient records reviewed each quarter shall be according to the following ratios:
(1) Eighty (80) or less cases; eight (8) records;
(2) Eighty-one (81) or more cases; ten percent (10%) of caseload for the quarter to maximum of twenty-five (25) records.

(e) An annual written report of the agency's quality assurance program shall summarize all findings and recommendations resulting from the quality assurance activities. This report and documentation of all actions or implementations on the findings or recommendations included in the report shall be available to the commissioner.

(Effective December 28, 1992)

Sec. 19-13-D90. Administrative organization and records

(a) An agency shall not be eligible for licensure until it demonstrates to the satisfaction of the commissioner that complete authority and control of the agency's operations is vested in a corporation chartered in or properly qualified to do business in this state, or in a person or persons who will reside in this state during the period of licensure. When an agency provides services through more than one office, the organization, services, control and lines of authority and accountability between the central office and the other office(s) shall be defined in writing. The central office shall be licensed as a homemaker-home health aide agency in compliance with the regulations and standards governing homemaker-home health aide agencies. When patient care services are provided through other offices of the agency, each office shall be in compliance with the regulations and standards, as specified herein, governing registered nurse supervisor, services, service policies, plan of care, patient records, patient bill of rights and responsibilities, and facilities. Weekend, holiday, evening or night services may be provided through arrangement with one or more other agencies but there shall be a written description of the organization, services provided, lines of authority, responsibility and accountability between the agencies.

(b) Whenever services as defined in C.G.S. Section 19a-490 (d) or (e) are being provided at the same time to the same patient by more than one agency licensed to provide such services, there shall be:

(1) A written contract between the participating agencies which meets the requirements of Section 19-13-D84 of these regulations; or

(2) A written memo of understanding between the participating agencies or documentation in the patient's record of the plan established between the participating agencies which defines assignment of primary responsibility for the patient's care and methods of communication/coordination between the agencies so that all information necessary to assure safe, coordinated care to the patients is accessible and available to all participating agencies.

(c) An agency shall maintain compliance with all applicable laws and ordinances of the State of Connecticut, the federal government and the town(s) served by the agency.

(d) A copy of the policy and procedure manual shall be available to the staff at all times.

(e) An agency shall prepare an annual statistical report on services rendered which shall be submitted to the commissioner within ninety (90) days after the close of the agency's fiscal year.

(f) An agency shall provide written information to the actual and potential consumers of its services which accurately describes the service available, the fees for services and any conditions for acceptance or termination of services which may influence a consumer's decision to seek the services of the agency. The written information shall include that the agency is not certified for provision of medicare home health benefits.

(g) An agency shall provide consumer participation in the annual program evaluation component of the quality assurance program.

(h) Administrative records, including all files, records and reports required by these regulations, shall be maintained on the agency's premises and shall be accessible at any time to the commissioner. These records shall be retained for not less than seven (7) years. There shall be a policy for retention and storage of these records in the event the agency discontinues operation.

(i) An agency shall notify the commissioner immediately of an intent to discontinue operations. In such event, an agency shall continue operations, maintain a staff of administrator, registered nurse supervisor and essential homemaker-home health aide personnel and fulfill all patient care obligations until an orderly transfer of all patients to other sources of care has been completed to the commissioner's satisfaction.

(Effective December 28, 1992)

Sec. 19-13-D91. Patient's bill of rights and responsibilities

An agency shall have a written bill of rights and responsibilities governing agency services which shall be made available and explained to each patient and/or patient representative at the time of admission. Such explanation shall be documented in the patient's record. The Bill of Rights shall include but not be limited to:

(a) A description of available services, unit charges, and billing mechanisms; any changes in such must be given to the patient orally and in writing as soon as possible but no later than fifteen (15) working days from the date the agency becomes aware of a change;

(b) Policy on uncompensated care;

(c) Criteria for admission to service and discharge from service;

(d) Information in advance regarding the right to participate in the planning of the care to be furnished, the frequency of visits proposed and any changes in the care to be furnished, the name of the person supervising the patient's care and the manner in which that person may be contacted;

(e) Patient participation in the implementation of the plan of care;

(f) Right of the patient and/or patient representative to be fully informed of patient's health condition, unless contra-indicated by the patient's source of medical care in the clinical record;

(g) Right of the patient to have his or her property treated with respect;

(h) Explanation of confidential treatment of all patient information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;

(i) Policy regarding patient access to the patient record;

(j) Explanation of grievance procedure and right to file grievance without discrimination or reprisal from agency regarding care provided or failed to be provided, or regarding the lack of respect for property by anyone providing agency services;

(k) Agency's responsibility to investigate complaints made by a patient, patient's family or guardian regarding care provided or that fails to be provided and lack of respect for the patient's property by anyone providing agency services. Agency complaint log shall include date, nature and resolution of the complaint;

(*l*) Procedure for registering complaints with the commissioner.

(Effective December 28, 1992)

Sec. 19-13-D92. Facilities

(a) An agency's central office or any other office(s) serving residents of Connecticut shall be located within the State of Connecticut and be accessible to the public.

(b) An agency shall have a communication system adequate to receive requests and referrals for service, maintain verbal contact with health service personnel at all times when they are serving patients, receive calls from patients under the care of the agency and maintain contact as needed with the patients source of medical care as applicable and other providers of care.

(c) The facilities shall provide adequate and safe space for:

(1) Staff to carry out their normal pre and post visit activities;

(2) Supervisory conferences with staff;

(3) Conferencing with patients and their families;

(4) Storage and maintenance of equipment and supplies necessary for patient care;

(5) Maintaining administrative records and files, financial records, and patient records in file cabinets which can be locked.

(Effective December 28, 1992)

Coordination, Assessment and Monitoring Agency Licensure Regulations

Secs. 19-13-D93—19-13-D104.

Repealed, June 30, 1998.

Sec. 19-13-D105. Assisted living services agency

(a) **Definitions.** As used in this section:

(1) ''Agency'' means assisted living services agency.

(2) ''Assisted living services'' for the purpose of this section only means nursing services and assistance with activities of daily living provided to clients living within a managed residential community having supportive services that encourage clients primarily age fifty-five (55) or older to maintain a maximum level of independence. Routine household services may be provided as assisted living services by the assisted living services agency or by the managed residential community as defined in subsection (a) (13). These services provide an alternative for elderly persons who require some help or aid with activities of daily living as described in subsection (a) (4) or nursing services in order to remain in their private residential units within the managed residential community.

(3) ''Assisted living services agency'' means an entity that provides assisted living services.

(4) ''Assisted living aide'' means an unlicensed person who has successfully completed a training and competency evaluation program in accordance with Section 19-13-D8t (1), Section 19-13-D69 (d) (2) or Section 19-13-D83 (b) of the regulations of Connecticut State Agencies. An assisted living aide may assist clients with one or more of the following activities of daily living: ambulation, feeding, bathing, dressing, grooming, toileting, oral hygiene, transfers, exercise and supervision of self administration of medications.

(5) ''Client'' means the recipient of the assisted living services provided by licensed nurses or assisted living aides.

(6) ''Client service program'' means a written schedule of assisted living services to be provided to, reviewed with and agreed to by a client or client representative.

(7) ''Commissioner'' means the Commissioner of the Department of Public Health and Addiction Services, or the commissioner's representative.

(8) ''Community'' means managed residential community.

(9) ''Core services'' means the services described in subsection (c) (3) of this section which shall be made available in order for an assisted living services agency,

for the purpose of this section only, to provide services within a managed residential community.

(10) ''Department'' means the Connecticut Department of Public Health and Addiction Services.

(11) ''Full time'' means on duty a minimum of thirty-five (35) hours per workweek.

(12) ''Licensed nurse'' means a registered nurse or licensed practical nurse licensed under chapter 378 of the Connecticut General Statutes.

(13) ''Managed residential community'' means a facility consisting of private residential units that provides a managed group living environment, including housing and services primarily for persons age fifty-five (55) or older.

(14) ''Primary agency'' means an assisted living services agency that contracts for the services of other organizations, agencies or individuals who provide care or services to its clients.

(15) ''Private residential unit'' means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.

(16) ''Self administration of medications'' means a client taking medication in accordance with directions for use and includes:

(A) the client removing an individual dose from a container of medications that have been ordered by a physician or health care practitioner with the statutory authority to prescribe medications and dispensed by a pharmacy or purchased over-the-counter by or under the direction of the client; or

(B) the client taking an individual or multiple dose(s) of medications that have been prepared or prepoured by a licensed nurse, family member or significant other and stored for client administration in the client's home.

(17) ''Tenant'' means a person who either owns, rents under a lease agreement or otherwise contracts for the use of the home within a managed residential community in which that person resides.

(b) **Assisted living services agency**

(1) If it is determined by the appropriate state agency that a certificate of need is required to operate an assisted living services agency, the certificate of need shall be a prerequisite to licensing.

(2) Application for licensure

(A) No person shall operate an assisted living services agency without a license issued by the department in accordance with Connecticut General Statutes, Section 19a-491.

(B) Application for the grant or renewal of a license to operate an assisted living services agency shall be made to the department, in writing, on forms provided by the department; shall be signed by the person seeking authority to operate the service; shall be notarized; and shall include, but not necessarily be limited to, the following information:

(i) a list of the managed residential communities where assisted living services shall be provided;

(ii) an affidavit attesting that assisted living services shall be provided only at managed residential communities that have complied with the requirements of subsection (c) of this section;

(iii) an affidavit attesting that assisted living services shall be provided on an individual basis to clients who fully understand and agree to the provision of services and are made aware of the costs involved prior to the initiation of such services;

(iv) the total number of employees, by category;

(v) the services provided;

(vi) evidence of financial viability to include a projected two (2) year budget, with estimates of net income and expenditures, at the time of initial application;

(vii) a certificate of malpractice and public liability insurance;

(viii) a certificate of good standing, if applicable;

(ix) a statement of ownership and operation, to include, but not necessarily be limited to the following information:

(a) the name and address of each owner and, if the agency is a corporation, all ownership interests (direct or indirect) of ten percent (10%) or more; and

(b) the name and address of each officer, director and member of the governing authority;

(x) any relevant statistical information requested by the department;

(xi) the agent for service; and

(xii) a listing of the health care institutions or agencies owned or operated in other states, at the time of initial application.

(C) The assisted living services agency shall notify the department of any changes in the information provided in accordance with subparagraph (B)(i)(v)(vii)(viii)(ix) and (xi) of this subdivision.

(3) Issuance and renewal of license

(A) Upon determination by the department that the assisted living services agency is in compliance with chapter 368V of the Connecticut General Statutes and the regulations thereunder pertaining to its licensure, the department shall issue a license or renewal of license to operate the service for a period not to exceed two (2) years.

(B) Application for license renewal shall be made in accordance with subdivision (2)(B) of this subsection not less than thirty (30) days preceding the date of expiration of the agency's current license.

(C) A license shall be issued in the name of the entity that has submitted application for the license.

(D) The license shall not be transferable to any other person, entity or service.

(E) Each license shall list on its face, the name of the licensee, the ''doing business as'' name, the location(s) served and the date of issuance and expiration.

(F) The license shall be posted in the business office of the licensee.

(G) The licensee shall immediately notify the department in writing of any change in the supervisor of the assisted living services agency.

(H) Any change in the ownership of an assisted living services agency, owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten percent (10%) more of the stock of a corporation that owns, conducts, operates or maintains such agency, shall be subject to prior approval of the department. The licensee shall notify the department in writing of any such proposed change of ownership, at least ninety (90) days prior to the effective date of the proposed change.

(4) Suspension, revocation, denial, non-renewal or voluntary surrender of license.

(A) A license may be suspended, revoked, denied or its renewal refused whenever in the judgment of the department the facility:

(i) fails to comply with applicable regulations prescribed by the commissioner or statutes;

(ii) furnishes or makes any false or misleading statements to the department in order to obtain or retain the license; or

(iii) provides assisted living services in a managed residential community that fails to provide or arrange to make available the core services on a regular and continual basis.

(B) In the event of the suspension, revocation, denial or non-renewal of a license, the assisted living services agency shall have the opportunity for a hearing in accordance with the contested case provisions of Chapter 54 of the Connecticut General Statutes and Sections l9a-4-1 through 19a-4-31 of the regulations of Connecticut State Agencies, as applicable.

(C) Refusal to grant the department access to clients, records and staff of the agency shall be grounds for suspension, revocation, denial or non-renewal of the license.

(D) Surrender of license. The licensee shall notify, in writing, each client receiving services from the agency, the next of kin or legal representative, and any third party payors concerned, at least thirty (30) days prior to the voluntary surrender of an assisted living services agency license or surrender of license upon the department's order of revocation, refusal to renew, or suspension of license. Arrangements shall be made by the licensee for the continuation of care and services as required for any individual client following the surrender of the agency's license. This notice shall include at a minimum:

(i) a statement by the assisted living services agency identifying which services shall no longer be provided to clients; and

(ii) information regarding other resources available to provide health care services to clients.

(5) The assisted living services agency shall ensure that all of the core services are provided. In the event that a managed residential community fails to provide or arrange to make available one or more of the core services on a regular and continual basis, the licensee shall terminate the provision of assisted living services to the managed residential community. The department, each client receiving services from the agency, the next of kin or legal representative and any third party payors concerned shall be mailed written notice from the licensee at least thirty (30) days prior to the termination of services. Arrangements shall be made by the licensee for the continuation of care and services as required by any individual client following termination of the assisted living service. In the event that the disruption of services is temporary, alternative arrangements for the health and safety of the clients shall be made immediately by the managed residential community, with full service restored in not more than seven (7) days.

(6) The assisted living services agency shall maintain records of all temporary service disruptions or the managed residential community's failure to provide core services and shall record the length of disruptions and provision of alternative arrangements.

(7) Waiver

(a) The commissioner in accordance with section 19a-6c of the Connecticut General Statutes, may waive provisions of this section for assisted living services agencies, only when such agencies provide services in state-funded congregate housing facilities. No waiver of this section shall be made if the commissioner determines that the waiver would:

(i) endanger the life, safety or health of any resident receiving assisted living services in a state-funded congregate housing facility;

(ii) impact the quality or provision of services provided to a resident in a state-funded congregate housing facility;

(iii) revise or eliminate the requirements for an assisted living services agency's quality assurance program;

(iv) revise or eliminate the requirements for an assisted living services agency's grievance and appeals process; or

(v) revise or eliminate the assisted living services agency's requirements relative to a client's bill of rights and responsibilities.

(B) The commissioner, upon the granting or renewing of a waiver of any provision of this section, may impose conditions, which assure the health, safety, and welfare of residents receiving assisted living services in a state-funded congregate housing facility. The commissioner may revoke such waiver upon a finding:

(i) that the health, safety, or welfare of any patient has been jeopardized; or

(ii) that such facility or agency has failed to comply with such conditions as the commissioner may impose pursuant to this subparagraph.

(C) Any agency requesting a waiver shall apply in writing to the department. Such application shall include:

(i) the specific regulations for assisted living service agencies for which the waiver is requested;

(ii) reasons for requesting a waiver, including a statement of the type and degree of any hardship that would result to the agency upon enforcement of the regulations;

(iii) the specific relief requested;

(iv) reasons that the waiver would not endanger the life, safety or health of any resident or negatively impact the quality or provision of services to residents; and

(v) any documentation which supports the application for waiver.

(D) Waiver applications shall by signed by a person authorized to bind the agency and shall be notarized.

(E) In consideration of any application for waiver, the commissioner shall consider the following:

(i) the maximum resident capacity;

(ii) the impact of a waiver on care provided; and

(iii) alternative policies or procedures proposed.

(F) Waivers shall be granted for a period of no more than two (2) years. An agency shall reapply in writing to the department in order to renew such waiver at least sixty (60) days in advance of the expiration date of the current waiver.

(G) If the commissioner, upon the granting of a waiver, imposes any conditions to ensure the health, safety and welfare of residents, the agency shall acknowledge in writing his or her agreement to abide by such conditions.

(H) The department reserves the right to request additional information before processing an application for waiver.

(c) **Managed residential communities served by assisted living services agencies**

(1) Assisted living services may not be provided in a managed residential community unless the managed residential community has notified the department either in writing or by telephone of its intention to provide or arrange to make available licensed assisted living services and has submitted all information as required in this subsection and until the assisted living services agency has been issued a license to operate by the department. The information shall be provided to the department on forms provided by the department, shall be signed by the owner(s) or the operating or managing entity and shall be notarized. The form(s) shall include the following information:

(A) evidence of compliance with local zoning ordinances, local building codes and the Connecticut Fire Safety Code and Supplement;

(B) name of the management company or manager, as appropriate;

(C) legal entity that owns or operates the managed residential community;

(D) description of the manner in which tenants are advised that the managed residential community is not licensed by the department;

(E) description of the information provided to tenants informing them of the assisted living services and home health care services available for individual use and how to access itemized costs of services delivered by these providers;

(F) person to whom official notices are to be sent;

(G) name of the assisted living services agencies; and

(H) attestation that the core services described in subdivision (3) of this subsection are made available and are accessible on a regular and continual basis to those tenants who choose to use such core services.

(2) Upon receipt of the form(s) by the department, the department shall notify the managed residential community in writing within thirty (30) days that either the managed residential community's form(s) is complete and shall be maintained on file in the department or that the information submitted was incorrect or incomplete.

(3) A managed residential community shall provide or arrange to make available the following core services to its tenants who choose to use any or all of the core services:

(A) regularly scheduled meal service for three (3) meals per day;

(B) regularly scheduled laundry service for personal laundry and linens;

(C) regularly scheduled transportation for personal shopping, social and recreational events, health care appointments and similar needs and for which public bus transportation shall not qualify as the only form of transportation;

(D) regularly scheduled housekeeping services;

(E) maintenance service for tenants' living units, including chore services for routine domestic tasks that the tenant is unable to perform; and

(F) programs of social and recreational opportunities.

(4) A managed residential community shall also provide:

(A) a formally established program that provides tenants with twenty-four (24) hour a day security designed to protect tenants from intruders;

(B) an emergency call system in each living unit;

(C) on-site washers and dryers sufficient to meet the needs of the tenants; and

(D) common use space that is sufficient in size to accommodate fifty percent (50%) of the tenant population.

(5) The managed residential community shall employ an on-site service coordinator who reports directly to the operating or managing entity or the administrator of the managed residential community.

(A) The service coordinator shall possess at a minimum a bachelor's degree in social work or in a related human service field. Individuals without a bachelor's degree may be hired if they have an associate's degree in social work or in a related human service field and two (2) years of experience in a social service delivery system dealing with issues and coordinating services related to persons primarily age fifty-five (55) or older. Individuals without a bachelor's degree or an associate's degree may be hired if they have four (4) years of experience in a social service delivery system dealing with issues and coordinating services related to persons primarily age fifty-five (55) or older. The service coordinator should have prior supervisory or management experience. Any person employed as a service coordina-

tor prior to December 1, 1994 shall be eligible to continue in the facility of employment without restriction.

(B) Responsibilities of the service coordinator shall include, but not necesarily be limited to:

(i) ensuring that the services required by this subsection are provided or made available to all tenants;

(ii) assisting tenants in making arrangements to meet their personal needs;

(iii) establishing collaborative relations with provider agencies, support services and community resources.

(iv) establishing a tenant council, ensuring that a private space is provided to the group for meetings and providing assistance and responding to written requests that result from group meetings;

(v) serving as an ongoing liaison with the assisted living services agencies to include liaison with the assisted living services agencies' quality assurance committee as required in subsection (*l*) of this section;

(vi) ensuring that a tenant information system is in place; and

(vii) developing a written plan for the delegation of responsibilities and functions in the absence of the service coordinator.

(C) A service coordinator's absence of longer than one (1) month shall be reported to any assisted living services agencies servicing the community.

(6) The managed residential community, through its service coordinator or any other representative, may not provide health services, including but not limited to the provision of rehabilitative therapy, administration or supervision of the self-administration of medications, nursing care or medical treatment, unless it has been licensed as an assisted living services agency. It may contract with one or more assisted living services agencies, home health care agencies, or other appropriately licensed health care providers to make available health services for tenants provided by such licensed persons or entities.

(7) Managed residential communities may not require tenants to share units. Sharing of a unit shall be permitted solely upon the request and mutual consent of tenants.

(8) The owner or operating entity shall notify the department and any assisted living services agency that provides services to tenants of the managed residential community, in writing, of any proposed change of ownership or operating entity or elimination of core services at least thirty (30) days prior to the effective date of such proposed change.

(9) The owner or operating entity shall immediately notify any assisted living services agencies servicing the community of any change in the service coordinator.

(10) The managed residential community shall provide the department with unrestricted access to the community, tenants and tenant related documents.

(11) The managed residential community shall notify, in writing, each tenant concerned, the next of kin or legal representative, any third party payers concerned and any assisted living services agency servicing the community at least thirty (30) days prior to the voluntary elimination of its status as a managed residential community and immediately upon the department's order of revocation, refusal to renew or suspension of license of the assisted living services agency. This notice shall include at a minimum:

(A) a statement by the managed residential community identifying which core services and assisted living services shall no longer be provided to tenants and clients; and

(B) information regarding other resources available to tenants and clients to provide health care services.

(d) **Governing authority of an assisted living services agency**

(1) There shall be a formal governing authority with full legal authority and responsibility for the operation of the agency, which shall be the officers and directors of the corporation, and which shall adopt bylaws or rules that are reviewed in accordance with a schedule established by the governing authority and so dated. Such bylaws or rules shall include, but not necessarily be limited to:

(A) the purpose of the agency;

(B) a delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;

(C) the qualifications for membership, method of selection and terms of office of members and chairpersons of committees;

(D) a description of the authority delegated to the supervisor of the assisted living services agency;

(E) the agency's conflict of interest policy and procedures;

(F) assurances that a written contract shall be maintained with one or more licensed home health care agencies if the licensed home health care agencies are not owned and operated by the managed residential community; and

(G) assurances that a written contract shall be maintained with one or more licensed assisted living services agencies if the agencies are not owned and operated by the managed residential community.

(2) The bylaws or rules shall be available to all members of the governing authority and all individuals to whom authority is delegated.

(3) The governing authority shall:

(A) meet as frequently as necessary to fulfill its responsibilities as stated in subdivision (4) of this subsection, but no less than two (2) times per year;

(B) maintain minutes for each meeting;

(C) ensure that minutes reflect the identity of those members in attendance and that, following approval, such minutes are dated and signed by the secretary; and

(D) ensure that the minutes of any of its meetings or any of its committees are available at any time to the commissioner.

(4) Responsibilities of the governing authority shall include, but not necessarily be limited to:

(A) ensuring the quality of services provided by the agency and the quality of care rendered to clients;

(B) establishing a quality assurance program in accordance with subsection (*l*) of this section;

(C) selecting and appointing a quality assurance committee;

(D) reviewing and accepting all minutes of meetings held by the quality assurance committee and assuring the implementation of corrective actions identified in these minutes;

(E) adopting and documenting the annual review of the written agency budget;

(F) developing policies and programs and delegating the authority to implement policies and programs;

(G) managing the fiscal affairs of the agency;

(H) establishing a schedule for the review of its bylaws or rules;

(I) establishing a schedule for the submission of the reports described in subsection (g) (2) (G) and (H) of this section to the governing authority;

(J) ensuring that a written contract is maintained between the assisted living services agency and one or more licensed home health care agencies or the managed residential community and one or more licensed home health care agencies unless the assisted living services agency operates under common ownership with the licensed home health care agencies that serve the same managed residential community; and

(K) ensuring that a written contract to include provisions that the assisted living services agency shall monitor the provision of core services to determine if the services are being provided on a regular and continual basis, is maintained between the assisted living services agency and the managed residential community unless the licensed assisted living services agency is under common ownership with the managed residential community.

(5) If an assisted living services agency is owned by or is under common or related ownership with the managed residential communities it serves or a licensed home care agency serving such communities, the governing authority of the related managed residential community or licensed home health care agency may serve as the governing authority of the assisted living services agency provided that the requirements of this subsection are met and minutes of meetings clearly identify discussions related to the assisted living services agency.

(e) **General requirements for an assisted living services agency**

(1) An agency shall be in compliance with all applicable federal, state and local laws and regulations.

(2) An assisted living services agency, as defined in this section, shall only provide services to individuals residing in a managed residential community.

(3) Any assisted living services agency which contracts individually with a tenant of a managed residential community and is not under contract with the community shall comply with this section.

(4) Each agency shall have a designated office on the site of the managed residential community. This office shall provide adequate and safe space for:

(A) conferences with clients and their families;

(B) staff to carry out pre and post client visit activities;

(C) supervisory conferences with staff;

(D) storage and maintenance of equipment and supplies necessary to provide client services in an area, that may be separate from the business office; and

(E) maintenance of administrative records and files, financial records and client service records in locked file cabinets or an area that can be locked.

(5) Contracted services. Assisted living services agencies may contract with other organizations, agencies or individuals to provide the services defined in subsections (h) and (i) of this section to their clients. Services provided by the primary agency through arrangements with a contracted agency or individuals(s) shall be set forth in either a written contract or a written memorandum of understanding between participating agencies. The provisions set forth in this subdivision shall also apply when services are being provided at the same time to the same client by more than one (1) agency licensed to provide such services. The contract or written memorandum of understanding shall include, but not necessarily be limited to:

(A) a statement that clearly defines the assignment of primary responsibility for the client's care;

(B) the methods of communication and coordination between agencies to ensure that all information necessary for safe, coordinated care to clients is accessible and available to all participating agencies;

(C) the necessity to conform with all applicable primary agency policies, including personnel qualifications and staffing patterns; and

(D) the responsibility of participating agencies in developing and implementing the client service program.

(6) Each assisted living services agency shall have a communication system adequate to receive requests and referrals for service, maintain verbal contact with health service personnel at all times when they are providing services to clients, receive calls from clients under the care of the agency and tenants residing in the community and maintain contact as needed with the client's source of medical care and other providers of care, if applicable.

(7) Assisted living services, including nursing services and assistance with activities of daily living, may be provided to clients with chronic and stable conditions as determined by a physician or health care practitioner with applicable statutory authority at least on an annual basis and as needed. Chronic and stable conditions are not limited to medical or physical conditions, but also include chronic and stable mental health and cognitive conditions. The determination shall be made in writing and maintained in the client's service record.

(8) Each agency shall establish written criteria for admission to assisted living services. The criteria shall not impose unreasonable restrictions which screen out a client whose needs may be met by the agency.

(9) Each agency shall develop written policies for the discharge of clients from the agency. Agency discharge policies shall define categories for the discharge of clients and shall include but not necessarily be limited to:

(A) Change in client's condition. Termination of services when the client's condition is no longer chronic and stable;

(B) Routine discharge. Termination of services when goals of care have been met and the client no longer requires assisted living services;

(C) Emergency discharge. Termination of services due to the presence of safety issues which place the client or agency staff in immediate jeopardy and prevent the agency from delivering assisted living services;

(D) Financial discharge. Termination of services when the client's insurance benefits or financial resources have been exhausted; and

(E) Premature discharge. Termination of services when goals of care have not been met and the client continues to require assisted living services.

(10) Clients and other responsible parties shall be informed when their individual care and service needs may qualify for reimbursement by a third party payor. A summary of the information provided to the client shall be documented in the client service record and shall be signed and dated by the supervisor of assisted living services or his or her designee as well as by the client or the client's representative.

(11) Each agency shall develop and have readily available a policy and procedure to address the appropriate steps to follow in the event of a medical emergency. A review of the policy and procedure shall be included in the employee orientation program.

(12) Each agency shall establish a written complaint procedure regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or the lack of respect for a client's property by anyone providing agency services including, but not necessarily limited to:

(A) a statement that a client or his or her family has the right to file a complaint without discrimination or reprisal from the agency;

(B) the manner in which the agency shall address the complaint with the client or his or her family including a full investigation into the complaint; and

(C) provisions to ensure that the agency shall promptly attempt to resolve complaints.

(13) The agency shall maintain a complaint log which shall include, but not necessarily be limited to the name of the client and the date, nature and resolution of the complaint. The log shall be available to the department upon its request.

(14) The agency shall apprise the client of his or her right to access the appropriate state agency should the complaint not be resolved to the client's satisfaction.

(f) **Personnel policies for an assisted living services agency**

(1) An agency shall have written personnel policies which shall include but not necessarily be limited to the following:

(A) Each agency shall have an orientation policy and procedure for all employees which shall include but not necessarily be limited to the following:

(i) organizational structure of the agency and philosophy of assisted living services;

(ii) agency client services policies and procedures;

(iii) agency personnel policies;

(iv) applicable regulations governing the delivery of assisted living services; and

(v) orientation dates, content, and name and title of the person providing the orientation as documented in the employee's personnel folder.

(B) Each agency shall have an in-service education policy that provides an annual average of at least one (1) hour bimonthly for each assisted living aide.

(i) The in-service education shall include, but not necessarily be limited to current information regarding specific service procedures and techniques and information related to the population being served.

(ii) The in-service education program shall be provided by or under the supervision of the supervisor of assisted living services or a designated licensed nurse who possesses a minimum of two (2) years of full time or full time equivalent experience in nursing, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home.

(iii) An assisted living services agency that utilizes an aide from a placement agency or nursing pool shall maintain sufficient documentation to demonstrate that in-service education requirements are met.

(iv) A nursing home or home health care agency having the same ownership as, or under common or related ownership with, as assisted living services agency may provide joint in-service education programs for all aides, provided that records of such in-services clearly reflect content, attendance and work location.

(v) An assisted living services agency may contract with a home health care agency or nursing home to provide in-service education to its assisted living aides in accordance with this section.

(C) Each agency shall have a policy and procedure for the annual performance evaluation of employees which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation.

(D) Agency personnel policies and procedures shall include written job descriptions that specify the duties and qualifications of each job.

(E) Agency policies and procedures shall address documentation by a physician or health care practitioner with applicable statutory authority of annual physical examinations, including tuberculin testing, that are performed for the purpose of preventing infection or contagion from communicable disease. A statement that the

employee is free from communicable disease, including results of the tuberculin testing, shall be obtained prior to assignment to client care activities.

(2) For all employees of the agency employed directly or via individual or agency contracts, the agency shall maintain individual personnel records containing at least the following:

(A) educational preparation and work experience;

(B) written verification of successful completion of a home health aide training and competency evaluation program or a competency evaluation program approved by the commissioner in accordance with Section 19-13-D8t (*l*), Section 19-13-D69 (d) (2) or Section 19-13-D83 (b) of the regulations of Connecticut State Agencies, if applicable;

(C) current licensure, if applicable;

(D) written annual performance evaluations;

(E) record of health examinations; and

(F) documentation of orientation.

(3) For persons utilized via contract with another assisted living services agency, a home health care agency, homemaker-home health aide agency or nursing pool, the assisted living services agency shall ensure it has access to the personnel records required in subdivision (2) of this subsection and shall make the documents available to the department upon its request.

(4) An assisted living services agency owned by, or under common or related ownership with, a nursing home or home health care agency, may maintain one (1) personnel file for each employee or independent contractor utilized by the nursing home or home health care agency and the assisted living services agency.

(g) **Supervisor of assisted living services**

(1) The supervisor of assisted living services shall be a registered nurse licensed to practice in this state who has one of the following:

(A) a baccalaureate degree in nursing and a minimum of two (2) years full time or full time equivalent clinical experience in nursing, at least one (1) of which shall be in a home health care agency or community health program that included care of the sick at home; or

(B) a diploma or associate's degree in nursing and at least four (4) years full time or full time equivalent clinical experience in nursing within the past ten (10) years, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home.

(2) The supervisor's responsibilities include, but are not necessarily limited to:

(A) coordinating and managing all nursing and assisted living aide services rendered to clients by direct service staff under his or her supervision;

(B) supervising assigned nursing personnel and assisted living aides in the delivery of nursing services and assistance with the provision of activities of daily living;

(C) ensuring the evaluation of the clinical competence of assigned nursing personnel and assisted living aides;

(D) participating in or developing all agency objectives, standards of care, policies and procedures concerning nursing services and the provision of assistance with activities of daily living;

(E) participating in direct service staff recruitment, selection, orientation and in-service education;

(F) participating in program planning, budgeting and evaluating activities related to the clinical services provided by the agency;

(G) providing weekly reports to the service coordinator regarding any problems associated with the provision of the core services, or any problems or concerns associated with the managed residential community or the assisted living services agency, summaries of which shall be provided to the governing authority in accordance with the schedule established by the governing authority; and

(H) providing monthly reports to the service coordinator regarding statistical data including the number of clients served and services provided, summaries of which shall be provided to the governing authority in accordance with the schedule established by the governing authority.

(3) The supervisor of assisted living services may provide direct nursing services to clients in accordance with subsection (h) of this section.

(4) Any absence of the supervisor of assisted living services longer than one (1) month shall be reported to the commissioner. A registered nurse with a minimum of two (2) years full time or full time equivalent clinical experience in nursing, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home, shall be designated, in writing, to act during any absence of the supervisor of assisted living services.

(h) **Nursing Services provided by an assisted living services agency**

(1) An assisted living services agency shall have written policies governing the delivery of nursing services.

(2) Nursing services shall be provided by licensed nurses in accordance with subparagraph (J) of subdivision (3) of this subsection.

(3) A registered nurse shall be responsible for the following which shall be documented in the client's service record:

(A) admission of clients for service;

(B) development of the client service program and instructions for assisted living aide services;

(C) assessments, completed as often as necessary based on the client's condition but not less frequently than every one hundred and twenty (120) days, and prompt action when a change in the client's condition would require a change in the client's service program;

(D) coordination of services with the client, family, and other appropriate individuals involved in the client service program;

(E) participation in orientation, teaching, and supervision of assisted living aides;

(F) arrangements for training or supervision of the assisted living aide by other professionals, when appropriate;

(G) referral to appropriate professionals or agencies, whenever the client's condition necessitates, including the provision of current clinical information ensuring that if the client's condition is no longer chronic and stable, services of a licensed home health care agency are engaged or other appropriate arrangements are made;

(H) planning for clients who shall no longer receive or require the services of the assisted living services agency;

(I) implementation or delegation of responsibility for the availability of nursing services on a twenty-four (24) hour basis;

(J) nursing services which shall include, but not necessarily be limited to:

(i) client teaching;

(ii) wellness counselling;

(iii) health promotion;

(iv) disease prevention;

(v) medication administration and delegation of supervision of self-administered medications as specified in subdivision (4) of this subsection; and

(vi) provision of care and services to clients whose conditions are chronic and stable as defined in subdivision (7) of subsection (e).

(4) Supervision of medication administration by an assisted living service agency shall be provided in accordance with the following:

(A) A licensed nurse may administer medications to clients under the written order of a physician or health care practitioner with applicable statutory authority.

(B) A licensed nurse may pre-pour medications for clients who are able to self-administer medications, under the written order of a physician or health care practitioner with applicable statutory authority.

(C) With the approval of the client or his or her representative an assisted living aide may supervise a client's self-administration of medications. The aide shall only:

(i) remind a client to self administer the medications;

(ii) verify that a client has self administered their medications; or

(iii) assist the client with the self administration in the form of opening bottles, bubble packs or other forms of packaging if the client is not capable of performing this function.

(D) For clients who require only supervision of self-administration, a registered nurse may verbally verify the client's medication regimen with the client's physician or health care practitioner with applicable statutory authority and document the medication regime in the client's service record.

(E) The registered nurse shall verify written or verbal orders from the physician or health care practitioner with applicable statutory authority as needed, but at least once every one hundred and twenty (120) days.

(F) All medications shall be stored within a client's private residential unit.

(G) A licensed nurse shall ensure that the client or his or her representative is aware of the client's medication regime and able to make decisions regarding medication administration.

(i) **Assisted living aide services provided by an assisted living services agency**

(1) An assisted living services agency shall have written policies governing the delivery of services by an assisted living aide.

(2) Any person who furnishes assisted living services on behalf of an assisted living services agency shall have successfully completed a training and competency evaluation program in accordance with Section 19-13-D8t (*l*), Section 19-13-D69 (d) (2) or Section 19-13-D83 (b) of the regulations of Connecticut State Agencies, and shall have completed ten (10) hours of orientation prior to providing any direct client care service. This orientation shall be provided by the supervisor of assisted living services or a licensed nurse designated by the supervisor.

(3) When designated by the licensed nurse responsible for a client's care and services, the duties of the assisted living aide may include:

(A) assisting the client with personal care activities including bathing, oral hygiene, feeding, dressing, toileting and grooming;

(B) assisting the client with exercises, ambulation, transfer activities and supervision of self-administered medication; and

(C) performing routine household services essential to client care at home, including shopping, meal preparation, laundry and housecleaning.

(4) An assisted living services agency is not required to provide the services described in subparagraph (C) of subdivision (3) of this subsection. These services may be provided by an assisted living aide or any other person.

(5) Supervision of assisted living aides

(A) A registered nurse shall be accessible by telephone and available to make a home visit at all times, including nights, weekends and holidays, when assisted living aides are on assignment in a client's home.

(B) The licensed nurse assigned to the client is responsible for supervision of the services rendered by the assisted living aide.

(j) **Assisted living services agency staffing requirements**

(1) An assisted living services agency shall appoint, with the written approval of the governing authority, a supervisor of assisted living services and a designee, as described in subsection (g) of this section.

(2) An assisted living services agency shall employ or contract with at least one (1) registered nurse in addition to the supervisor of assisted living services. This registered nurse may serve as the designee in the absence of the supervisor and shall be available to provide relief for the supervisor as needed.

(3) The agency shall employ a supervisor of assisted living services to be on site as follows:

(A) at least twenty (20) hours per week for each ten (10) or less full time or full time equivalent licensed nurses or assisted living aides; or

(B) at least forty (40) hours per week for each twenty (20) or less full time or full time equivalent licensed nurses or assisted living aides.

(4) In addition to the supervisor of assisted living services, the agency shall be staffed with licensed nurses at least ten (10) hours per week for each additional ten (10) or less full time or full time equivalent assisted living aides.

(5) The supervisor of assisted living services shall be responsible for ensuring that licensed nurse staffing is adequate at all times to meet client needs.

(6) All registered nurses shall be supervised directly by the supervisor of assisted living services.

(7) All licensed practical nurses shall be supervised by the supervisor of assisted living services or a registered nurse designated by said supervisor.

(8) An assisted living services agency shall designate a registered nurse to be on call twenty-four (24) hours a day. The on-call registered nurse shall have two (2) years of full time or full time equivalent clinical experience in nursing, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home. The on-call registered nurse may be the supervisor of assisted living services or another registered nurse as specified in this section. An assisted living services agency may contract for on-call registered nurse services with a licensed home health care agency. The on-call nurse shall be reachable by telephone and shall be available to make an on-site visit, if necessary in order to:

(A) respond to the assisted living aides during the provision of care to clients; and

(B) respond to client emergencies.

(9) In an assisted living services agency that serves no more than thirty (30) clients on a daily basis, one (1) individual may serve as both the supervisor of assisted living services and the service coordinator, as described in subdivision (5) of subsection (C) of this section, provided that the assisted living services agency is owned by, or under common or related ownership with the management of the managed residential community. The minimum qualifications required for the supervisor of assisted living services shall be sufficient to meet the minimum qualifications required for these shared positions. In the event that the monthly

average of clients served per day exceeds thirty (30) for two (2) consecutive months, the agency shall not qualify for the sharing of the positions.

(10) The supervisor of assisted living services shall be responsible for ensuring that sufficient numbers of assisted living aides are available to meet the needs of clients at all times based on the clients' service programs.

(k) **Client service record**

(1) Each assisted living services agency shall maintain a complete service record for each client. All parts of the record pertinent to the daily care and treatment of the client shall be located in an accessible area on the campus of the managed residential community. The agency shall use a format that shall be provided by the department.

(2) The complete client service record shall include, but not necessarily be limited to:

(A) client identifying data including name, date of birth, sex, date of admission or readmission, marital status, and religion;

(B) name of family member or significant other, including address and telephone number;

(C) name, location and phone number of client's personal physician or source of medical care;

(D) complete medical diagnoses;

(E) all initial and subsequent orders by the physician or health care practitioner with applicable statutory authority, if applicable;

(F) assessment of the client including pertinent past and current health history, physical, mental and social status, and evaluation of client's needs;

(G) annual and other certifications by a physician or health care practitioner with applicable statutory authority of the client's chronic and stable condition;

(H) a client service program, completed by a registered nurse in consultation with the client, family and others involved in the care of the client, within seven (7) days of the client's admission to the agency, which shall be reviewed as often as the client's condition requires but not less than once every one hundred and twenty (120) days, shall be explained to, reviewed with and agreed to by the client or his or her representative, shall reflect the client's or his or her representative's or family's preferences and choices regarding client services, and shall include but not necessarily be limited to:

(i) identification of client's problems and needs;

(ii) goals of management, plans for intervention and implementation;

(iii) types and frequency of services and equipment required;

(iv) types and frequency of services to be provided by the client's family or informal support system;

(v) medications to be self-administered with supervision or administered by a licensed nurse, treatments and other required nursing services;

(vi) written instructions for the assisted living aide which shall be completed before the assisted living aide provides care and services to include the scope and limitations of the assisted living aide's activities and pertinent aspects of the client's condition to be observed and reported to the registered nurse; and

(vii) frequency and plan for registered nurse supervision of the assisted living aides, including methods of ensuring ongoing competence of the assisted living aide;

(I) nurses notes including changes in client conditions and notification of appropriate source of medical care, family member or significant other, treatments, and responses to such treatments;

(J) a record of medications administered, including medications pre-poured for the client or medications refused by the client;

(K) documentation of coordination of services with the client, family, and others involved in the client service program;

(L) documentation of all care and services rendered, including assisted living aide notes which have been reviewed by the registered nurse; and

(M) referrals and discharge summary, if applicable.

(3) Upon a client's referral to a home health care agency, the name of the agency to which the client was referred and a summary of the reason(s) for the referral shall be documented in the client record including the staff person contacted and the date of contact with the agency.

(4) Upon a client's resumption of services by an assisted living services agency, a summary of the care and services provided to the client by the home health care agency shall be documented in the client record.

(5) All entries in the client service record shall be typewritten or written in ink and legible. All entries shall be verified according to accepted professional standards.

(6) Client service records shall be safeguarded against loss, destruction or unauthorized use.

(7) All client service records, originals or copies, shall be preserved for at least seven (7) years following death or discharge of the client from the assisted living services agency.

(8) Client records shall be confidential. Written consent shall be obtained from the client prior to the release of information to persons not otherwise authorized under law to receive said information.

(*l*) **Quality assurance program for an assisted living service agency**

(1) There shall be a quality assurance committee, appointed by the governing authority, consisting of at least one (1) physician, one (1) registered nurse with a minimum of two (2) years of clinical experience in home health care or one (1) nurse with a bachelor's degree in nursing and one (1) social worker with a bachelor's degree in social work or in a related human service field. Representatives appointed to the committee shall be in active practice in their profession or shall have been in active practice within the last five (5) years. No member of the quality assurance committee shall be an owner, stockholder, employee of the agency or related by blood or marriage to an owner, stockholder or employee of the agency. However, provision may be made for employees to serve on the committee as ex officio members only, without voting powers. The service coordinator of a managed residential community may be appointed to serve as the social worker for the assisted living services agency's quality assurance committee provided that the agency is not owned by, or under common or related ownership with the managed residential community.

(2) The quality assurance committee shall meet at least once every one hundred and twenty (120) days.

(3) Written minutes shall document dates of meetings, attendance, and recommendations. The minutes shall be presented and acted on at the next regular meeting of the governing authority of the agency following the quality assurance committee meeting. These minutes shall be available to the department upon its request.

(4) The professional advisory committee of a home health care agency that owns, or is under common or related ownership with, an assisted living services agency may also serve as the quality assurance committee for the assisted living services

agency, provided that minutes and other records clearly distinguish committee activities.

(5) The functions of the quality assurance committee shall be to participate in the agency's quality assurance program to the extent defined in the quality assurance program policies and to, at least annually, review and revise, if necessary, the agency's policies on:

(A) program evaluation;

(B) assessment and referral criteria;

(C) service records;

(D) evaluation of client satisfaction;

(E) personnel qualifications;

(F) standards of care; and

(G) professional issues, especially as they relate to the delivery of services and findings of the quality assurance program.

(6) Each agency shall have a written quality assurance program which shall include, but not necessarily be limited to:

(A) program evaluation; and

(B) client record review.

(7) The quality assurance committee shall conduct the program evaluation, which shall include, but not necessarily be limited to:

(A) the extent to which the managed residential community's policies and resources are adequate to maintain core services on a regular and continual basis and are appropriate to the community tenants and family needs; and

(B) the extent to which the agency's objectives, policies and resources, are adequate to meet health and personal care needs of the managed residential community tenants, including referral to other health care services agencies or professionals, as appropriate.

(8) At least every one hundred and twenty (120) days, the quality assurance committee shall review a random sample of active and closed client records. Each record review shall be documented on a record review form and shall include, but not necessarily be limited to verification that:

(A) agency policies are followed in the provision of services to clients;

(B) services are provided only to clients whose level of care needs can be met by an assisted living services agency;

(C) provision of care is coordinated within the agency involved in the care of the client; and

(D) referral of the client is made to a home health care agency or other services of care or health care professionals when the client's status and care needs are no longer limited to the services provided by an assisted living services agency.

(9) The agency's sampling methodology for reviewing client records shall be defined in its quality assurance program policies and procedures.

(10) An annual written report of the agency's quality assurance program shall summarize all findings and recommendations resulting from the quality assurance activities. This report and documentation of all actions taken as a result of the findings or recommendations included in the report shall be available to the department.

(m) **Client's bill of rights and responsibilities.** An assisted living services agency shall have a written bill of rights and responsibilities governing agency services which shall be provided and explained to each client at the time of admission to the agency. Such explanation shall be documented in the client's service record.

All clients shall receive a written copy of any changes made to the bill of rights. The bill of rights shall include but not necessarily be limited to:

(1) description of available services, charges and billing mechanisms with the assurance that any changes shall be given to the client orally and in writing as soon as possible but no less than fifteen (15) working days prior to the date such changes become effective;

(2) criteria for admission to service;

(3) information regarding the right to participate in the planning of (or any changes in) the care to be furnished, the frequency of visits proposed, the nurse supervising care and the manner in which the nurse may be contacted;

(4) client responsibility for participation in the development and implementation of the client service program and the client's right to refuse recommended services;

(5) right of the client to be free from physical and mental abuse and exploitation and to have personal property treated with respect;

(6) explanation of confidential treatment of all client information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;

(7) policy regarding client access to his or her service record;

(8) explanation of the complaint procedure and right to file a complaint without discrimination or reprisal from the agency regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or the lack of respect for property by anyone providing agency services;

(9) agency's responsibility to promptly investigate the complaints made by a client or his or her family regarding the provision of care and services, any allegations of physical or mental abuse or exploitation or lack of respect for the client's property by anyone providing agency services;

(10) procedure for registering complaints with the commissioner including the address and phone number of the department;

(11) the client's right to have services provided by an individual or entity other than via an assisted living services agency;

(12) the circumstances under which the client may be discharged from the agency or may not be permitted to receive services from the assisted living services agency;

(13) a description of Medicare-covered services and billing and payment requirements for such services;

(14) information advising the client of his or her rights under state law to make decisions about medical care, including the right to formulate advance directives such as living wills and durable power of attorney for health care decisions;

(15) the client's right to make individual arrangements with an assisted living services agency which does not have a formal contract with the managed residential community in which he or she resides; and

(16) the client's right to terminate or reduce services provided by an assisted living services agency at any time.

(Effective November 29, 1994; amended June 29, 2001)

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Chapter V

OCCUPATIONAL HEALTH

TETRAETHYL LEAD

Sec. 19-13-E1. Definitions

For the purpose of sections 19-13-E2 to 19-13-E4,

inclusive, ''tetraethyl lead'' means the chemical substance Pb $(C^2H^5)^4$ of a commercial grade of purity or higher. Ethyl fluid is the concentrated commercial fluid containing tetraethyl lead and other ingredients, which is to be mixed with gasoline to make ethyl gasoline. The manufacture of ethyl fluid consists in adding these other ingredients to tetraethyl lead and is called blending. The process of adding the ethyl fluid to gasoline to form ethyl gasoline is called mixing. In the term ''ethyl gasoline,'' as herein used, are included all other motor fluids containing tetraethyl lead.

Sec. 19-13-E2. Manufacture of tetraethyl lead and the blending of the latter to make ethyl fluid

(a) No person shall be employed without adequate instructions as to the nature of the hazard and the precautions to be taken.

(b) Each worker shall have a periodical physical examination which shall consist of such physical and other tests as are indicative of the absorption of tetraethyl lead and shall include, as a minimum, the following items: (1) Examination of blood for stippling by carefully trained workers, using positive and negative controls, without knowledge of the source of the slides; this examination shall be once a week for the first three weeks, and bimonthly thereafter; (2) semimonthly contact with the plant physician for an informal statement as to general health; (3) bimonthly weight, stripped; (4) bimonthly systolic and diastolic blood pressure estimation, while sitting; (5) bimonthly hemoglobin estimation by Dare's hemoglobinometer. Exact records of these examinations shall be kept, and persons showing gradually increasing amounts of stippling, sudden development of stippling or other marked deviation from normal shall be promptly excluded from tetraethyl lead work, irrespective of whether or not such finding may be indicative of lead poisoning. All parts of the plant where lead in any form is used shall be subject to sanitary measures to prevent collection and dissemination of lead dust.

(c) Separate ventilation systems shall be provided for the manufacturing apparatus and for the air of the rooms, the outlets of the latter being located near the floor of each room, and all external inlets and outlets being so situated as to avoid dustiness and appreciable contamination of the air around the plant.

(d) Daily inspection shall cover efficiency of ventilating systems, all joints, valves and gaskets of manufacturing apparatus and adequacy of pressure-hose respirators.

(e) All containers of ethyl fluid or tetraethyl lead shall be labeled as to exact content and danger and shall conform to the regulations of the interstate commerce commission. These containers shall be carefully tested for leaks and shall bear a plainly legible label stating that they are to be closed tightly immediately when emptied, without cleansing, and sent back to the plant.

(f) Kerosene or other material used for cleansing the containers of ethyl fluid or tetraethyl lead shall be placed in the containers by means of a closed system with air vents to outside air and with adequate ventilation.

(g) The filling shall be performed by means of a closed system with air vent from the container to the outside air and with adequate ventilation.

(h) A dye shall be added to ethyl fluid in sufficient amount to give staining qualities to the ethyl gasoline to deter individuals from using it for cleansing or other similar purposes.

(i) Reports shall be made monthly to the state department of health covering the following points: (1) The number of workers employed at the beginning of the month; (2) the number of workers employed at the close of the month; (3) the number of new workers; (4) the number of workers separated from tetraethyl lead work on account of the results of examinations; (5) the number of definite cases of poisoning; (6) the condition of cases of poisoning previously reported so far as known.

Sec. 19-13-E3. Mixing

(a) The maximum content of tetraethyl lead in commercial ethyl gasoline shall be in the proportion of 1:1260 by volume for commercial tetraethyl lead, or 1:1300 for Pb $(C^2H^5)^4$ C.P.

(b) Mixing ethyl fluid with gasoline, except for certain specific requirements such as research, military and naval use and air mail service, shall be done only at the main distribution centers and in not less than tank car lots. Adequate provision shall be made at each such center for thorough mechanical distribution of the ethyl fluid throughout the gasoline, and the efficiency of such distribution shall be controlled by the analysis of samples.

(c) The location of these centers and the names of persons engaged in mixing shall be reported to the state department of health.

(d) As few persons at each center as practicable shall be employed for this work.

(e) No person shall be engaged for mixing until adequately instructed as to the mechanics of mixing, the dangers and the precautions to be taken.

(f) The distributor of ethyl fluid shall provide a special corps of adequately trained instructors and service men.

(g) All mixing shall be done with the maximum ventilation practicable under weather conditions existing at the time.

(h) Operation of the pumps shall be instantly stopped at the appearance of a leak or other defect and no attempt shall be made to repair or disconnect the system until a qualified man takes personal charge of it.

(i) Floors of all places where any possibility of spilling is present are to be provided with drains and proper facilities for making possible a complete flushing out of all spilled fluid or, in their absence, provision shall be made for chemically neutralizing such spillage as occurs.

(j) No bulk mixing station shall be dismantled or disconnected for repairs except by a qualified man.

(k) Kerosene or other efficient means of preventing skin adsorption of tetraethyl lead and washing facilities shall always be conveniently available.

(*l*) The rules and instructions affecting the employees shall be posted in a conspicuous place where the ethyl fluid is being handled.

Sec. 19-13-E4. Distribution of ethyl gasoline

(a) Each filling station shall have prominently displayed at the pump, or in another conspicuous place, the following warning or one of similar effectiveness: ‘‘Ethyl Gasoline containing tetraethyl lead, to be used as motor fuel only, and not for cleaning or any other purpose.’’

(b) Leaflets approved by the state department of health shall be available at all filling stations where ethyl gasoline is sold and shall describe the possible dangers and precautions to be taken in the use of ethyl gasoline.

(c) Containers of ethyl gasoline sold to the general public shall be labeled: ''Ethyl Gasoline containing tetraethyl lead. To be used for motor fuel only, and not for cleaning or any other purpose.''

OCCUPATIONAL DISEASE

Sec. 19-13-E5.

Repealed, December 28, 1971.

Sec. 19-13-E5a. Standards

(1) The following occupational health standards promulgated by the Secretary of Labor, United States Department of Labor, under the authority of the Williams-Steiger Occupational Safety and Health Act of 1970 (84 Stat. 1590 - 1620) and any changes, amendments, corrections, additions and deletions subsequently made, are herewith adopted as regulations as if fully set forth herein:

Code of Federal Regulations - Title 29, Chapter XVII

Part 1910 - Occupational Safety and Health Standards

Subpart G-Occupational Health and Environmental Control
Section 1910.93 Air contaminants.
Section 1910.94 Ventilation.
Section 1910.95 Occupational noise exposure.
Section 1910.97 Nonionizing radiation.

Subpart I-Personnel Protective Equipment
Section 1910.134 Respiratory protection

Subpart Q-Welding, Cutting and Brazing
Section 1910.251 Definitions
Section 1910.252(c) (4) (i) Ventilation and flash guard.
Section 1910.252 (e) (2) Eye protection.
Section 1910.252 (e) (4) (i) General.
Section 1910.252 (e) (4) (ii) Ventilation.
Section 1910.252 (f) Health protection and ventilation.

(2) These regulations shall become effective upon the same dates as the standards promulgated by the Secretary of Labor, United States Department of Labor, herein adopted.

(3) These regulations shall apply to employments performed in a workplace within this state.

(Effective December 28, 1971)

Sec. 19-13-E6.

Repealed, December 28, 1971.

Sec. 19-13-E7. Use of mercurial carroting solutions and mercurial carroted fur

(a) For the purpose of carrying out the provisions of this section, the following terms are defined: (1) Hatters' fur is any animal fiber or other substance used in

the manufacture of hats, which is treated or otherwise prepared by the process of, or in a manner similar to that of, carroting. (2) Carroting is the process of treating hatters' fur with mercury nitrate or any other solution or material for the purpose of rendering the hatters' fur suitable in the manufacture of hats. (3) Mercurial carrot is any solution or material containing mercury or its compounds in combination with nitric acid or other materials and used in the carroting or preparation of hatters' fur.

(b) The use of mercurial carrot in the preparation of hatters' fur, or the use of mercurial carroted hatters' fur in the manufacture of hats, is prohibited.

Sec. 19-13-E8. Use of dyed piece fur in the fur felt hat manufacturing industry prohibited unless processed

(a) For the purpose of carrying out the provisions of this section, dyed piece fur is defined as any fur produced from dyed pieces or dyed skins derived from the furriers' trade and prepared for use in the manufacture of fur felt hats. No dyed piece fur shall be used in the manufacture of fur felt hats, unless it has been processed in such manner that the extract resulting from the treatment of one gram of the processed fur with one hundred ml. of water for the duration of twenty minutes at a temperature of 200°F. yields a color not greater in intensity than the following standards: (1) For black type of dyed piece fur: Weigh out 6.4 grams of C. P. (A. C. S. Standard) cobaltous nitrate (Co. $(No.^{3})^{2}.6\ H^{2}O$) and dissolve in 1000 ml. distilled water; (2) for brown types of dyed piece fur: 750 ml. of the above standard are diluted to 1000 ml. with distilled water and 1.2 ml. of 1/2 normal potassium dichromate solution are added. The potassium dichromate solution may be prepared by dissolving 24.5 grams of C. P. (A. C. S. Standard) potassuim dichromate in 1000 ml. distilled water; (3) acidity. The acidity of the above extracts shall not be greater than that corresponding to pH of 3.0, as determined with an electric pH meter.

(b) All manufacturers of fur felt hats using processed dyed piece fur shall notify the state department of health, in writing, within forty-eight hours of the receipt of each shipment of such fur, or the date such fur was processed on the premises, giving the name and address of the processor.

(c) Each bag or container of processed dyed piece fur shall plainly bear the name and address of the processor and a statement that the contents have been processed in compliance with section 19-13-E8 of the Connecticut Public Health Code, as revised.

Sec. 19-13-E9.

Repealed, January 2, 1975.

Sec. 19-13-E10. Cleaning of wiping cloths

Rags sold or exchanged in commercial trade, to be used as wiping cloths, shall be washed with suitable detergents until they are free from gross soilage, provided during the process they shall be immersed in water at a temperature of not less than 160°F. for thirty minutes, and all portions of the rags shall be subjected to these time and temperature conditions.

Radiation Sources and Radioactive Materials

Secs. 19-13-E11—19-13-E24.

Repealed, July 2, 1968.

X-Ray Devices for Diagnosis and Therapy

Secs. 19-13-E25—19-13-E54.

Repealed, October 1, 1982.

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Chapter VI

LAND AND AIR CONVEYANCES OF COMMON CARRIERS

Sec. 19-13-F1. Transportation on land and air conveyances of persons having communicable diseases

No person knowing or suspecting himself to be afflicted with any communicable disease shall apply for, procure or accept transportation on any land or air conveyance of a common carrier except in compliance with the interstate quarantine regulations of the United States Public Health Service and with the permission of the local director of health at the point of departure, and of the local director of health of the place of arrival if in Connecticut. No common carrier shall permit transportation of any person known or suspected to be afflicted with any communicable disease except in compliance with this section.

Sec. 19-13-F2. Sources of water furnished to land and air conveyances, terminals and yards

Water used for drinking and for other personal or domestic purposes on land and air conveyances of common carriers and their depots, coach yards, terminals, bus stations and airplane landing fields shall be of the quality prescribed by the drinking water standards of the United States Public Health Service and shall be secured only from supplies approved by the state department of health having jurisdiction.

Sec. 19-13-F3. Delivery of water and ice to land and air conveyances

Common carriers operating land and air conveyances and providing water and ice from approved supplies shall cause such water and ice to be handled from the source of supply to the delivery to consumers in such manner that the safety or sanitary quality of such water and ice shall not be impaired, and such water and ice shall be furnished in accordance with the following requirements:

(a) Water hydrants, taps or faucets shall be properly located, constructed and maintained to assure protection of approved drinking water against contamination.

(b) Hose lines used for the delivery of water from hydrants to conveyances shall be of satisfactory material, shall be properly handled and shall be used only for this purpose. Hose lines shall be flushed before delivery of water for use, shall be equipped with adequate protective devices and shall not be left in gutters. The hose when not in use shall not be left on the ground unless the ends are protected in a suitable housing; preferably the hose when not in use shall be drained and hung in special lockers or wound on reels provided for that purpose.

(c) Buckets used for the delivery of water from hydrants to conveyances shall be of satisfactory material and construction, shall be properly handled and shall be used only for this purpose. Such buckets shall be provided with tight-fitting complete covers which are kept closed when not in use, and buckets and covers shall be handled and stored so as to be protected against contamination. Buckets shall be thoroughly flushed with approved water each time before using.

(d) The methods of production, storage, delivery and use of ice for the cooling of drinking water or other beverages in connection with the operation of conveyances shall be carried out in a sanitary manner. Ice shall be secured from sources approved by the state department of health having jurisdiction.

Sec. 19-13-F4. Sanitation at terminals and yards

Places where land and air conveyances are serviced, such as depots, coach yards, terminals, bus stations and airplane landing fields, shall be provided with all sanitary

facilities essential to the protection of public health, and such places and facilities shall be maintained in a clean and sanitary condition and in accordance with the following requirements:

(a) Equipment and facilities of adequate nature and extent shall be provided so that the handling of water, ice and foods and the cleaning of land and air conveyances shall be carried out under acceptable conditions.

(b) Satisfactory facilities for the storage and disposal of garbage and other refuse shall be provided.

(c) The use of water of unsafe, doubtful or unknown sanitary quality shall not be permitted for drinking and for other personal or domestic purposes in any coach yard, station, bus terminal, airplane field, hangar or room where land and air conveyances are serviced or maintained. Outlets for any such unapproved water shall be posted as ''Unsafe to Drink.''

(d) Places or areas where land and air conveyances are serviced or handled, including the furnishing of water and food supplies, shall have satisfactory and adequately drained platforms or ground surfaces kept in good repair and in a clean condition.

(e) In places or areas where land and air conveyances are serviced, maintained, cleaned or occupied by passengers at a terminal or yard, operations shall be so conducted as to avoid fecal contamination of these areas. Where soil cans are used, they shall be of suitable material and provision shall be made for their proper cleaning, maintenance and storage. Disposal of their contents shall be in a sanitary manner, and She water system shall be protected against contamination during the cleaning operation.

(f) There shall be suitable facilities for the cleaning and flushing of removable water coolers and constant temperature bottles in instances where equipment of this type is in use, and cleaning and flushing shall be sufficiently frequent and thorough as to maintain water of good physical and bacteriological quality.

(g) There shall be available suitable equipment for the cleaning in a sanitary manner of water filters when used on land and air conveyances, and such filters shall be properly maintained.

(h) Satisfactory facilities and equipment shall be provided at places or areas where land and air conveyances are furnished with food and drink supplies so that these supplies may be properly protected, and such food and drink supplies shall be clean, wholesome and free from spoilage, and shall be so stored and prepared as to be safe for human consumption. Foods such as oysters, clams and milk products shall not be repacked from one container to another.

(i) Interior cleaning of all land and air conveyances shall be sufficiency frequent and thorough as to maintain such conveyances in a clean and sanitary condition. Suitable facilities shall be provided at the places or areas where land and air conveyances are cleaned and shall be such that cleaning operations can be carried out without causing insanitary conditions or creating industrial or safety hazards detrimental to the health of employees.

(j) There shall be adequate toilet, washroom, locker and other essential facilities in or adjacent to places or areas where land and air conveyances are serviced, maintained, cleaned or handled, for the use of the employees engaged in this work. At all stations and terminals of land and air conveyances where public waiting rooms are provided and tickets are sold, there shall be adequate toilet facilities for the use of both patrons and employees. If such station or terminal is located within three hundred feet of a public sewer, water-flush toilets shall be installed and

permanently connected with such sewer and a wash basin or basins shall be located near the toilet and similarly connected. Toilets and lavatories shall be constantly furnished with an adequate supply of toilet paper, soap and free or pay clean towels. Toilets and other facilities set forth shall be separate for each of the two sexes and shall be kept in a clean and sanitary condition and in good working order at all times.

(k) Persons engaged in the servicing of land and air conveyances with water, foods or drinks shall wear clean outer garments or uniforms, overalls or aprons of washable material, which shall be laundered at frequent intervals, and shall clean their hands by washing with soap and hot water after using a toilet or urinal and directly before beginning their duties and at all other times when necessary so that their hands may be clean and their duties may be performed in a sanitary manner.

(*l*) No person shall work in the servicing of land and air conveyances with water, foods or drinks who is affected with any disease in a communicable form or is a carrier of such disease nor shall any such person or any person suspected of being affected with any disease in a communicable form or of being a carrier of such disease be employed. If the person having administrative direction of employees engaged in the handling of water, foods or drinks suspects that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall immediately notify the local director of health. A placard containing this section shall be posted in all toilet rooms used by handlers of water, foods or drinks. When suspicion arises as to the possibility of transmission of infection from any person employed in the servicing of land and air conveyances with water, foods or drinks, the local director of health is authorized to require any or all of the following measures: (1) The immediate exclusion of the employee from the handling of water, foods or drinks, (2) the immediate closing of the public eating or drinking places concerned until no further danger of disease outbreak exists, in the opinion of the local director of health, (3) adequate medical examinations of the employee and of his associates, with such laboratory examinations as may be indicated.

(See Reg. 19-13-A23.)

Sec. 19-13-F5. Sanitary conditions of land and air conveyances

Sanitary conditions of all land and air conveyances, such as railway coaches, sleeping cars, dining cars, motor buses and airplanes, shall be such as not to facilitate the spread of communicable diseases and to this end such conveyances shall be maintained and operated in a satisfactory manner for the protection of health and in accordance with the following requirements:

(a) When toilet and lavatory facilities are provided on conveyances, they shall be properly located, constructed, equipped and maintained so as to insure cleanliness. Separate basins for brushing the teeth shall be provided in the wash rooms of sleeping cars.

(b) The discharge of fecal wastes, waste water or other polluting materials while any conveyance is at a station or terminal shall not be permitted unless proper devices, such as soil cans, garbage receptacles or connections to a sewer line, are used for the purposes for which provided. Toilets shall be kept locked at all times when a conveyance is at a standstill in a depot unless adequate watertight containers are used to receive such fecal wastes and unless proper measures are taken for the sanitary disposal of such wastes and for the cleaning of the containers.

(c) There shall be no discharge from any conveyances of fecal wastes, garbage, waste water or other polluting materials while any such conveyance is passing through or over (1) a public water supply watershed or (2) an approved area from

which shellfish for domestic consumption are obtained. The limits of areas of watersheds and shellfish-producing areas within which discharges are prohibited and toilets are required to be kept locked under the provisions of this section shall be as established by the state department of health in cooperation with the U. S. Public Health Service. Under all conditions when a conveyance is en route, garbage shall be held in covered metal containers until such material can be satisfactorily disposed of at a point of stop-over.

(d) Conveyances when in transit or operation shall be kept clean and sanitary, free of dirt, odors, rodents, flies and other insects. Cleaning of conveyances while occupied shall be limited to the minimum consistent with the maintenance of clean conditions and shall be carried out so as to cause the least possible raising of dust or other annoyance to passengers; cleaning by dry sweeping or dry dusting shall be avoided while the conveyance is occupied by passengers.

(e) All conveyances shall be so ventilated as to insure an adequate supply of fresh or conditioned air at all times while in service and shall be so heated in cold weather as to maintain comfort.

(f) Facilities and equipment for the furnishing of food and drink supplies on conveyances shall be such that these supplies are properly protected. Such food and drink supplies shall be clean, wholesome and free from spoilage, and shall be so stored, prepared and served as to be safe for human consumption.

Sec. 19-13-F6. Water supply on land and air conveyances

Equipment on land and air conveyances for the storage and distribution of water used for drinking and for other personal or domestic purposes shall be such as to provide for the delivery of water of safe and sanitary quality, and shall be in accordance with the following requirements:

(a) The water system, either of the pressure or gravity type, on any conveyance shall preferably be complete and closed from the filling ends to the discharge taps and in no case shall be so operated as to admit contamination. Such system shall be of adequate capacity for maximum requirements and shall be so constructed as to facilitate cleaning and inspection. Water of like approved quality shall be supplied for all purposes: Drinking, culinary, washing and toilet-flushing. The storage tanks shall be flushed periodically with water from an approved supply.

(b) In new equipment on railway conveyances there shall be filling pipes or connections for supplying the water tanks on both sides of the conveyance so that the sanitary quality of the water may not be impaired by inadequate equipment or facilities. Filling pipe connections shall be so located and constructed as to provide for protection against contamination. The end of the filling pipe shall be flushed with water from an approved supply before attachment of a hose.

(c) Coolers for water on conveyances shall be maintained in a sanitary condition at all times and shall be so designed and constructed that the water cooled for drinking purposes shall be chilled in such manner that the ice or refrigerant cannot come in contact with the water. A supply of single service cups protected against contamination shall be available at all water coolers or chilled water faucets unless coolers are equipped with drinking fountains of an approved type.

(d) Where water filters are employed on conveyances, they shall be so designed and operated as not to introduce any pollution hazard to the drinking water supply.

(e) There shall not be provided for drinking water purposes on any conveyance any cup, glass or any other container which may be used by more than one person unless such cup, glass or container shall have been thoroughly cleansed and subjected

to bactericidal treatment after each individual use, in the manner prescribed in subsection (i) of section 19-13-B42 for utensils used hi the preparation and serving of food and drink.

(f) Bottles or containers of a constant temperature type which are used on conveyances for the storage and dispensing of drinking and culinary water or foods shall be maintained in a sanitary condition at all times. Ice for cooling shall not be placed in contact with water in such bottles or containers either on the conveyance or when they are filled preparatory to being placed on the conveyance.

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Chapter VII

AIR POLLUTION CONTROL

Secs. 19-13-G1—19-13-G10.

Repealed, June 1, 1972.

Secs. 19-13-G11—19-13-G12.

Repealed, June 1, 1973.

Sec. 19-13-G13.

Repealed, June 1, 1972.

Secs. 19-13-G14—19-13-G15.

Repealed, June 1, 1973.

Sec. 19-13-G16. Emission standards

Particulates. (a) No person shall construct, install, use or cause to be used any new incinerator or alter and use or alter and cause to be used any existing incinerator which will emit more than four-tenths pound of particulates per one thousand pounds of flue gasses adjusted to fifty per cent excess air.

(b) Three years from April 12, 1969, no person shall use or cause to be used any existing incinerator which will emit more than four-tenths pound of particulates per one thousand pounds of flue gasses adjusted to fifty per cent excess air.

Smoke. No person, including industrial and commercial establishments, shall cause or allow emissions of one or more air contaminants darker in shade than that designated as No. 2 Ringelmann, except that emissions not darker than No. 3 Ringelmann are permitted for not more than a total of five minutes in any one period of sixty minutes.

Unburned waste and ash. No person shall cause, suffer, allow or permit the emission of particulates of unburned waste or ash from any incinerator which are individually large enough to be discernible by the human eye.

Odors. No person shall construct, install, use or cause to be used any incinerator which will result in odors that are either annoying or harmful to health in any area of normal human use or occupancy.

Demonstration of compliance for particulate emissions. When visual evidence or complaints indicate that an incinerator is being operated in violation of this regulation, the commissioner may undertake air sampling measurements of the particulate effluents emanating from that incinerator. Any person responsible for the construction, installation, alteration or use of such incinerator shall, when ordered by the commissioner, provide the facilities and necessary proper accessibility for determining the quantity of particulates being discharged from the stack or chimney. In lieu of such tests, the commissioner may accept results of samples collected during routine operation. All such sampling data shall be recorded in a permanent log as specified by the commissioner. The data shall be maintained for a period of not less than one year and shall be available for review by the commissioner.

(Effective April 12, 1969)

Secs. 19-13-G17—19-13-G19.

Repealed, June 1, 1972.

Sec. 19-13-G20.
Repealed, June 1, 1973.

Secs. 19-13-G21—19-13-G30.
Repealed, June 1, 1972.

Secs. 19-13-G31—19-13-G36.
Repealed, June 1, 1973.

Secs. 19-13-G37—19-13-G38.
Repealed, June 1, 1972.

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Radiation Sources and Radioactive Materials

Sec. 19-24-1. Scope

(a) Sections 19-24-2 to 19-24-14, inclusive, shall apply to all persons who receive, transfer, possess, manufacture, use, store, handle, transport or dispose of radioactive materials and to all persons who manufacture, use or operate other sources of ionizing radiation except as specifically exempted herein.

(b) Radioactive materials and other sources of ionizing radiation used or operated by or in the possession of an employee within the scope of his duties shall be considered to be used or operated by or in the possession of the employer.

(Effective October 1, 1982)

Sec. 19-24-2. Definitions

(a) As used in sections 19-24-1 to 19-24-14, inclusive:

''Airborne radioactive material'' means any radioactive material dispersed in the air in the form of dusts, fumes, mists, vapors or gases;

''Calendar quarter'' means any period determined according to either of the following methods:

(1) The first period of thirteen complete, consecutive calendar weeks in a calendar year; the second period of thirteen complete, consecutive calendar weeks in a calendar year; the third period of thirteen complete, consecutive calendar weeks in a calendar year; the fourth period of thirteen complete, consecutive calendar weeks in a calendar year. Alternately the four periods may consist of the first fourteen complete, consecutive calendar weeks; the next twelve complete, consecutive calendar weeks; the next fourteen complete, consecutive calendar weeks, and the last twelve complete, consecutive calendar weeks. If at the end of a calendar year there are any days not falling within a complete calendar week of that year, such days shall be included within the last complete calendar week of that year. If at the beginning of any calendar year there are days not falling within a complete calendar week of that year, such days shall be included within the last complete calendar week of the previous year.

(2) The first period of three consecutive months of any year beginning on any date in January. The second, third, and fourth periods of three consecutive months of any year accordingly beginning on the same date in April, July and October respectively. The fourth period shall extend into January of the succeeding year if necessary to complete a three-month period. The method of determining calendar quarters shall not be changed except at the beginning of a calendar year.

''Department'' means the state department of environmental protection.

''High radiation area'' means any area accessible to individuals in which there exists radiation originating from radioactive materials or other sources of ionizing radiation at such levels that a major portion of the body could receive in any one hour a dose in excess of one hundred millirem.

''Individual'' means any human being.

''Installation'' means a location where for a period of more than thirty days one or more sources of radiation are received, possessed, operated, handled, used, stored or manufactured.

''Mobile source'' means a source of radiation used, operated or stored outside an installation. If a mobile source is used routinely in one location, it shall be considered a fixed installation.

''Occupational dose'' means exposure of an individual to radiation during or in the course of employment, provided occupational dose shall not be deemed to include any exposure to radiation which was administered for the purpose of diagnosis or therapy by or under supervision of a licensed healing arts practitioner as authorized by law.

''Owner of an installation'' means the person owning or having actual control of sources of radiation located within the installation.

''Owner of a mobile source'' means the person owning or having actual control thereof.

''Person'' means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing.

''Radiation'' means ionizing radiation.

''Radiation area'' means any area accessible to individuals in which there exists radiation originating from radioactive materials or other sources of ionizing radiation at such levels that a major portion of the body could receive in any one hour a dose in excess of five millirem or in any five consecutive days a dose in excess of one hundred millirem.

''10 CFR 20'' means title 10, chapter I, Code of Federal Regulations – Energy, part 20, ''Standards For Protection Against Radiation,'' Rules and Regulations of the United States Nuclear Regulatory Commission. A current copy is on file with the department at Hartford.

(b) Definitions of certain other words and phrases as used in section 19-24-1 to 19-24-14, inclusive, are set forth in other sections including ''airborne radioactivity area,'' defined in section 19-24-8 (a) (4) (A), ''personnel monitoring equipment'' defined in section 19-24-6 (a) (2), ''survey'' defined in section 19-24-7 (a) (1), ''Dose'' (rad, rem) defined in section 19-24-4 (a) (1), (2), and (3) and ''units of measurement of radioactivity'' defined in section 19-24-4 (b) (1), (2), and (3).

(c) Scientific and technical terms not herein specifically defined shall be used in accordance with definitions recommended by the National Council on Radiation Protection and Measurement.

(Effective October 1, 1982)

Sec. 19-24-3. Registration requirement

(a) (1) The owner of every installation or mobile source, not exempted by the provisions of section 19-24-8 (b), shall register the same or cause it to be registered with the department and such registration shall be on forms provided for this purpose by the department.

(2) Every new installation and mobile source shall be registered before the sources of radiation are operated, handled, used, stored or manufactured. Each owner of an installation or mobile source shall reregister installations and mobile sources each January and, in addition, at any time when any increase is contemplated in the number of sources, the source strength, the output or the types of radiation involved.

(3) Receipt and acknowledgement of registration shall not imply approval by the department of the receipt, transfer, possession, manufacture, storage, use, operation, handling, transportation or disposal of radioactive materials or the manufacture, use or operation of other sources of ionizing radiation described in the registration.

(b) The activities described below are exempted from the registration requirements of subsection (a).

(1) The possession or operation of devices emitting x-rays for diagnostic or therapeutic purposes by or under the supervision of a person or persons licensed to practice medicine, surgery, osteopathy, chiropractic, natureopathy, dentistry, podiatry or veterinary medicine and surgery as authorized by law; (Refer to sections 19-25a-1 to 19-25a-5.)

(2) The production, transportation, storage, use and disposal of naturally occurring radioactive materials of equivalent specific radioactivity not exceeding that of natural potassium;

(3) The production, transportation, storage, use and disposal of other radioactive materials not exceeding the quantities listed in Appendix A;

(4) The operation of equipment that is primarily not intended to produce radiation and that, by nature of design, does not produce radiation at the point of nearest approach in quantities sufficient to produce radiologic damage to a person. For the purposes of these regulations such equipment shall include: Time pieces, instruments, novelties or devices containing self-luminous elements, except during manufacture or repair of the self-luminous elements, and electrical equipment that is not primarily intended to produce radiation and that does not produce radiation greater than five-tenths mr per hour at any readily accessible point five centimeters from the surface. Such equipment shall not be exempt if it is used or handled in such a manner that any individual might receive a radiation dose exceeding one-tenth the limits established in section 19-24-5 (a). The production testing or production servicing of such equipment shall not be exempt;

(5) The transportation of any radioactive material in conformity with regulations of the United States Department of Transportation or other agency of the federal government having jurisdiction. Exemption from registration does not mean exemption from compliance with other pertinent provisions of these regulations.

(6) Any quantity of radioactive material determined by the U.S. Nuclear Regulatory Commission or an agreement state to be an ''exempt quantity'' or any item determined by the U.S. Nuclear Regulatory Commission or an agreement state to be an ''exempt item.''

(Effective October 1, 1982)

Sec. 19-24-4. Definitions

(a) (1) ''Dose,'' as used in sections 19-24-1 to 19-24-14, inclusive, means the quantity of radiation absorbed, per unit of mass, by the body or by any portion of the body. When a dose during a period of time is specified, the dose means the total quantity of radiation absorbed, per unit of mass, by the body or by any portion of the body during such period of time. Several different units of dose are in current use. The definitions are set forth in subdivisions (2) and (3) below.

(2) The ''rad,'' as used in sections 19-24-1 to 19-24-14, inclusive, is a measure of the dose of any ionizing radiation to body tissues in terms of the energy absorbed per unit mass of the tissue. One rad is the dose corresponding to the absorption of one hundred ergs per gram of tissue. (One millirad (m rad) = 0.001 rad.)

(3) The ''rem,'' as used in said sections, is a measure of the dose of any ionizing radiation to body tissue in terms of its estimated biological effect relative to a dose of one roentgen (r) of x-rays. (One millirem (mrem) = 0.001 rem.) The relation of the rem to other dose units depends upon the biological effect under consideration and upon the conditions of irradiation. For the purpose of this regulation, any of the following is considered to be equivalent to a dose of one rem:

(A) A dose of one roentgen due to x- or gamma radiation;

(B) A dose of one rad due to x-, gamma, or beta radiation;

(C) A dose of one-tenth rad due to neutrons or high energy protons;

(D) A dose of five-hundredths rad due to particles heavier than protons and with sufficient energy to reach the lens of the eye. If it is more convenient to measure the neutron flux, or equivalent, than to determine the neutron dose in rads, as provided in subparagraph (C) above, one rem of neutron radiation may for purposes of sections 19-24-1 to 19-24-14, inclusive, be assumed to be equivalent to fourteen million neutrons per square centimeter incident upon the body; or, if there exists sufficient information to estimate with reasonable accuracy the approximate distribution in energy of the neutrons, the incident number of neutrons per square centimeter equivalent to one rem may be estimated from the following table:

Neutron Flux Dose Equivalents

Neutron energy (Mev)	*Number of neutrons per square centimeter equivalent to a dose of 1 rem (neutrons/cm^2)*	*Average Flux to deliver 100 millirem in 40 hours (neutrons/cm^2 per sec.)*
Thermal	970×10^6	670
0.0001	720×10^6	500
0.005	820×10^6	570
0.02	400×10^6	280
0.1	120×10^6	80
0.5	43×10^6	30
1.0	26×10^6	18
2.5	29×10^6	20
5.0	26×10^6	18
7.5	24×10^6	17
10	24×10^6	17
10 to 30	14×10^6	10

(4) For determining exposure to x- or gamma rays with energies up to three Mev, the dose limits specified may be assumed to be equivalent to the ''air dose.'' ''Air dose'' means the dose as measured by a properly calibrated appropriate instrument in air at or near the body surface in the region of highest dosage rate.

(b) **Units of radioactivity.**

(1) Radioactivity is commonly, and for purposes of sections 19-24-1 to 19-24-14, inclusive, shall be measured in terms of disintegrations per unit time or in curies. One curie (c) = 3.7×10^{10} disintegrations per second (dps) = 2.2×10^{12} disintegrations per minute (dpm). A commonly used submultiple of the curie is the microcurie (µc). One µc = 0.000001 c = 3.7×10^4 dps = 2.2×10^6 dpm.

(2) For purposes of said sections it may be assumed that the daughter activity concentrations in the following table are equivalent to an air concentration of 10^{-7} microcuries of Radon 222 per milliliter of air in equilibrium with the daughters RaA, RaB, RaC, and RaC.

Maximum time between collection and measurement (hours)[1]	*Alpha-emitting daughter activity collected per milliliter of air*	
	Microcuries/cc	*Total alpha disintegrations per minute per cc.*
0.5	7.2×10^{-8}	0.16
1	4.5×10^{-8}	0.10
2	1.3×10^{-8}	0.028
3	0.3×10^{-8}	0.0072

[1] The duration of sample collection and the duration of measurement should be sufficiently short compared to the time between collection and measurement, as not to have a statistically significant effect upon the results.

(3) Natural uranium and natural thorium.

(A) The purposes of sections 19-24-1 to 19-24-14, inclusive, the sum of 3.7×10^{10} disintegrations per second from U-238 plus 3.7×10^{10} disintegrations per second from U-234 plus 9×10^{8} dis/sec from U-235. Also, a curie of natural thorium (thorium-natural) means the sum of 3.7×10^{10} dis/sec from Th^{232} plus 3.7×10^{10} dis/sec from Th^{228}.

(B) For the purposes of said sections, one curie of natural Uranium (U-natural) is equivalent to 3,000 kilograms, or 6,615 pounds of natural uranium; and one curie of natural thorium (thorium natural) is equivalent to 9,000 kilograms or 19,850 pounds of natural thorium.

(Effective October 1, 1982)

Sec. 19-24-5. Maximum doses

(a) (1) Except as provided in subdivision (2), no person shall receive, transfer, possess, manufacture, use, operate, store, handle, transport or dispose of radioactive materials, or manufacture, use or operate other sources of ionizing radiation, in such a manner as to cause any employee to receive in any period of one calendar quarter, from radioactive material and other sources of ionizing radiation, an occupational dose in excess of the limits specified in the following table.

	Rem Per Calendar Quarter
1. Whole body; head and trunk; active blood-forming organs; lens of eyes, or gonads	1 1/4
2. Hands and forearms; feet and ankles	18 3/4
3. Skin of whole body	7 1/2

(2) An employee can be permitted to receive an occupational dose to the whole body greater than that permitted under subdivision (1) above, provided:

(A) During any calendar quarter the dose to the whole body from radioactive material and other sources of radiation shall not exceed three rem; and

(B) The dose to the whole body when added to the accumulated occupational dose to the whole body shall not exceed five (N-18) rem where ‘‘N’’ equals the individual’s age in years at his last birthday; and

(C) The individual's accumulated occupational dose to the whole body has been determined on a clear and legible record. In any case where it is not possible to obtain reports of the individual's occupational dose for a previous complete calendar quarter in which the individual received an occupational dose of radiation, it shall be assumed that the individual has received the occupational dose specified in whichever of the following columns apply:

Part of Body	*Column 1 Assumed exposure in rem for calendar quarters prior to January 1, 1961*	*Column 2 Assumed exposure in rem for calendar quarters beginning on or after January 1, 1961*
Whole body, gonads, active blood-forming organs, head and trunk, lens of eye	3 3/4	1 1/4

''Dose to the whole body'' shall be deemed to include any dose to the whole body, gonads, active blood-forming organs, head and trunk or lens of eye.

(b) (1) No person shall receive, transfer, possess, manufacture, use, store, handle, transport or dispose of radioactive material in such a manner as to cause any employee to be exposed to airborne radioactive material in an average concentration in excess of the limits specified in Appendix B, Table 1, Column 1, 10 CFR 20.

(2) The limits given in Appendix B, Table 1, Column 1, 10 CFR 20 are based upon exposure to the concentrations specified for forty hours in any period of seven consecutive days. In any such period when the number of hours of exposure is less than forty, the limits specified in the table may be increased proportionately. In any such period where the number of hours of exposure is more than forty, the limits specified in the table may be decreased proportionately.

(3) ''Expose,'' as used in section 19-24-1 to 19-24-14, inclusive, means that the individual is present in an airborne concentration.

(4) No allowance shall be made for use of protective clothing or equipment or particle size except as specifically approved by the commissioner of environmental protection or his representative.

(c) (1) No person shall receive, transfer, possess, manufacture, store, use, operate, handle, transport or dispose of sources of ionizing radiation in such a manner as to cause any employee who is under eighteen years of age to receive in any period of one calendar quarter from radioactive material or other sources of radiation an occupational dose in excess of ten per cent of the limits specified in the table in subsection (a).

(2) No person shall receive, transfer, possess, manufacture, store, use, operate, handle, transport or dispose of sources of ionizing radiation in such a manner as to cause any employee who is under eighteen years of age to be exposed to airborne radioactive material in an average concentration in excess of the limits specified in Appendix B, Table II, Column 1, 10 CFR 20. For the purpose of this section concentrations may be averaged over periods not greater than one week.

(3) No allowance shall be made for use of protective clothing or equipment or particle size except as specifically approved by the department.

(d) No person shall receive, transfer, possess, manufacture, use, operate, store, handle, transport or dispose of sources of ionizing radiation in such a manner as to cause any individuals other than employees to receive in any period of one calendar

year from radioactive materials or other sources of radiation a dose to the whole body in excess of 0.5 rem (average 10 mrem/week).

(e) Nothing in sections 19-24-1 to 19-24-14, inclusive, shall be interpreted as preventing intentional radiation exposure of individuals for the purpose of diagnosis or therapy by persons licensed to practice one or more of the healing arts within the authority granted to them by the General Statutes.

(Effective October 1, 1982)

Sec. 19-24-6. Personnel monitoring

(a) (1) Each owner of an installation or mobile source shall supply appropriate personnel monitoring equipment to and shall require the use of such equipment by:

(A) Each employee and other individual who receives, or is likely to receive, a dose in any calendar quarter in excess of twenty-five per cent of the applicable value specified in subsection (a) of section 19-24-5;

(B) Each employee and any other individual who is under eighteen years of age who receives or is likely to receive a dose in any calendar quarter in excess of five per cent of the applicable value specified in said subsection (a);

(C) Each individual who enters a high radiation area.

(2) As used in sections 19-24-1 to 19-24-14, inclusive, ''personnel monitoring equipment'' means devices designed to be worn or carried by an individual for the purpose of measuring the dose received (e.g., film badges, pocket chambers, pocket dosimeters, film rings, etc.).

(b) Each owner of an installation or mobile source shall maintain records showing the radiation exposures of all individuals for whom personnel monitoring is required. The doses entered on the records shall be for periods of time not exceeding one calendar quarter. Personnel monitoring records maintained in accordance with provisions of this section shall be available for inspection by the department's representatives upon request.

(Effective October 1, 1982)

Sec. 19-24-7. Surveys

(a) (1) As used in sections 19-24-1 to 19-24-14, inclusive, ''Survey'' means an evaluation of the radiation hazards incident to the receipt, transfer, possession, manufacture, storage, use, operation, handling, transportation or disposal of radioactive materials or other sources of radiation under a specific set of conditions. When appropriate, such evaluation shall include a physical survey of the location of materials and equipment and measurements of levels of radiation or of concentrations of radioactive material present.

(2) Each owner of an installation or mobile source shall make or cause to be made such surveys as may be necessary for him to comply with the provisions of sections 19-24-1 to 19-24-14, inclusive.

(3) The adequacy of surveys shall be subject to review by the department's representatives.

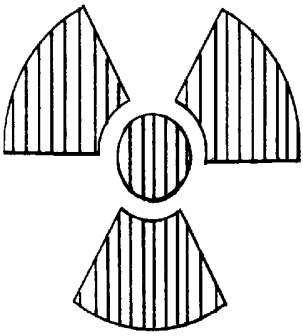
(b) Each owner of an installation or mobile source shall maintain records showing the results of the required surveys. Records of surveys shall be available for inspection by the department's representatives upon request.

(Effective October 1, 1982)

Sec. 19-24-8. Radiation information labeling

(a) (1) **Radiation symbol**

(A) The symbol shall use the conventional radiation caution colors (magenta or purple on yellow background). The symbol is the conventional three bladed design.



RADIATION SYMBOL

Cross hatched area shall be magenta or purple.

Background shall be yellow.

The boundaries of the three blades of the propeller-like symbol shall be confined within a 60° sector of the circle delineated by their outer edges and said blades shall be synmetrically distributed 60° apart. The radius (R) of the central circle of the symbol shall be the standard for its other dimensions as follows: Overall radius of symbol =5 R; shortest distance from circumference of central circle to inner edge of nearest blade =R/2.

(B) In addition to contents of signs and labels, any additional information which may be appropriate in aiding individuals to minimize exposure to radiation or to radioactive materials may be provided on or near such signs and labels.

(2) **Radiation areas**

(A) Each radiation area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words

CAUTION*
RADIATION AREA

This provision shall not apply to areas or rooms where x-ray equipment is used solely for diagnostic purposes by or under the direction of a healing arts practitioner as authorized by law.

(3) **High radiation areas**

(A) Each high radiation area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words

CAUTION*
HIGH RADIATION AREA

This provision shall not apply to areas or rooms where x-ray equipment is used solely for diagnostic purposes by or under the direction of a healing arts practitioner as authorized by law.

(B) The department may require each high radiation area to be equipped with a control device which shall either cause the level of radiation to be reduced below that at which an individual might receive a dose of one hundred millirem in one hour upon entry into the area, or which shall energize a conspicuous, visible or

* The word ''danger'' may be substituted for the word ''caution'' in the signs and labels prescribed by this section.

audible alarm system in such a manner that the individuals entering are made aware of the entry. This provision shall not apply to mobile sources.

(4) **Airborne radioactivity area**

(A) As used in sections 19-24-1 to 19-24-14, inclusive, Airborne Radioactivity Area means any room, enclosure or area in which airborne radioactive materials exist in concentrations in excess of the amounts specified in Appendix B, Table 1, Column 1, 10 CFR 20 or any room, enclosure or area in which airborne radioactive material exists in concentrations which averaged over the number of hours in any week during which individuals are in the area exceed twenty-five per cent of the amounts specified in Appendix B, Table 1, Column 1, 10 CFR 20.

(B) Each airborne radioactivity area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words

CAUTION*
AIRBORNE RADIOACTIVITY AREA

(5) **Additional requirements**

(A) Each area or room in which radioactive material is used or stored and which contains any radioactive material (other than natural uranium or thorium) in any amount exceeding ten times the quantity of such material specified in Appendix C, 10 CFR 20 shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words

CAUTION*
RADIOACTIVE MATERIAL(S)

(B) Each area or room in which natural uranium or thorium is used or stored in an amount exceeding one hundred times the quantity specified in Appendix C, 10 CFR 20 shall be conspicuously posted with a sign or signs bearing the radiation caution symbol, and the words

CAUTION*
RADIOACTIVE MATERIAL(S)

(C) Each area or room in which sources of ionizing radiation other than radioactive materials are used shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and appropriate wording to designate the nature of the source or sources of ionizing radiation (example below)

CAUTION*
X-RAY

(6) **Containers**

(A) Each container in which is transported, stored, or used a quantity of any radioactive material (other than natural uranium or thorium) greater than the quantity of such material specified in Appendix C, 10 CFR 20 shall bear a durable, visible label bearing the radiation symbol and the words

CAUTION*
RADIOACTIVE MATERIAL

* The word ‘‘danger’’ may be substituted for the word ‘‘caution’’ in the signs and labels prescribed by this section.

(B) Each container in which natural uranium or thorium is transported, stored or used in a quantity greater than ten times the quantity specified in Appendix C, 10 CFR 20 shall bear a durable, clearly visible label bearing the radiation caution symbol and the words

CAUTION*
RADIOACTIVE MATERIAL

(C) A label shall not be required if the concentration of the material in the container does not exceed that specified in Appendix B, Table 1, Column 2, 10 CFR 20.

(D) When containers are used for storage, the labels required shall state also the quantities and kinds of radioactive materials in the containers and the date of measurement of the quantities.

(b) (1) A room or area is not required to be posted with a caution sign because of the presence of a sealed source if the radiation level twelve inches from the surface of the source container or housing does not exceed five millirem per hour.

(2) Rooms or other areas in hospitals are not required to be posted with caution signs because of the presence of patients containing radioactive material, if there are personnel in attendance who shall take the precautions necessary to prevent the exposure of any individual to radiation or radioactive material in excess of the limits established in subsections (a), (b), (c) and (d) of section 19-24-5.

(3) Caution signs are not required to be posted at areas or rooms containing radioactive materials for periods of less than eight hours if the materials are constantly attended during such periods by an individual who shall take the precautions necessary to prevent the exposure of any individual to radiation or radioactive materials in excess of the limits established in subsections (a), (b), (c) and (d) of section 19-24-5.

(Effective October 1, 1982)

Sec. 19-24-9. Shipment in compliance with federal regulation

Shipment of radioactive materials shall be deemed in compliance with these regulations if packaged and labeled in compliance with regulations of the U.S. Department of Transportation and the other federal agencies having jurisdiction.

(Effective October 1, 1982)

Sec. 19-24-10. Instruction of employees. Report by former employer of exposure

(a) (1) All employees working in or frequenting any portion of an area where radioactive materials and other sources of ionizing radiation are received, possessed, manufactured, stored, used, operated or handled shall be informed of the occurrence of radioactive materials or other sources of ionizing radiation in such portions of the area; shall be instructed in the precautions and procedures which should be followed to minimize exposure, and shall be advised of reports of radiation exposure which employees may request.

(2) Each owner of an installation or mobile source shall keep a current copy of his ionizing source registration with the department and a current copy of sections 19-24-1 to 19-24-14, inclusive, available for employees' examination upon request.

* The word ''danger'' may be substituted for the word ''caution'' in the signs and labels prescribed by this section.

(b) (1) At the request of a former employee each owner of an installation or mobile source shall furnish to the former employee in writing a report of the former employee's exposure to radiation including those shown in records maintained pursuant to section 19-24-6 (b). Such report shall cover each calendar quarter of the individual's employment involving exposure to radiation or such lesser period as may be requested by the employee. The report shall also include the results of any calculations and analyses of radioactive material deposited in the body of the employee, including those made pursuant to the provisions of section 19-24-12.

(2) The former employee's request should include appropriate identifying data such as social security number and dates and locations of employment.

(c) At the request of any employee each owner of an installation or mobile source shall advise such employee annually of the employee's exposure to radiation as shown in the records maintained pursuant to section 19-24-6 (b).

(Effective October 1, 1982)

Sec. 19-24-11. Reports of incidents or loss of radioactive material

(a) Each owner of an installation or mobile source shall make a report in writing within thirty days to the department of:

(1) Each exposure of an individual to radiation or concentrations of radioactive material in excess of any applicable limit in sections 19-24-1 to 19-24-14, inclusive.

(2) Any incident for which notification is required by subsection (b). At the request of the individual, or individuals, exposed, a copy of such report required shall be given to the individual, or individuals, exposed.

(b) (1) Each owner of an installation or mobile source shall immediately notify the department by telephone, or other prompt means of communication, of any incident involving radioactive materials or other sources of ionizing radiation possessed by such owner which may have caused or threatens to cause:

(A) Exposure of the whole body of any individual to twenty-five rem or more of radiation, exposure of the skin of the whole body of any individual to one hundred fifty rem or more of radiation; or exposure of the feet, ankles, hands and forearms of any individual to three hundred seventy-five rem or more of radiation, or

(B) The release of radioactive materials in concentrations which if averaged over a period of twenty-four hours would exceed five thousand times the limits specified in Appendix B, Table II, 10 CFR 20.

(C) The loss of one working week or more of the operation of any facilities affected, or

(D) Damage to property in excess of one hundred thousand dollars.

(2) Each owner of an installation or mobile source shall within twenty-four hours, notify the department by telephone, or other prompt means of communication, of any incident involving radioactive material or other sources of ionizing radiation possessed by such owner which may have caused or threatens to cause:

(A) Exposure of the whole body of any individual to five rems or more of radiation, exposure of the skin of the whole body of any individual to thirty rems or more of radiation, or exposure of the feet, ankles, hands, and forearms to seventy-five rem or more of radiation, or

(B) The release of radioactive materials in concentrations which, if averaged over a period of twenty-four hours, would exceed five hundred times the limits specified in Appendix B, Table II, 10 CFR 20 or

(C) a loss of one day or more of the operation of any facilities affected, or

(D) Damage to property in excess of one thousand dollars.

(3) In case of loss of control of any radiation source in an installation or any mobile source due to mechanical failure or other accidential cause, the owner of the installation or mobile source shall be responsible for taking immediate steps to prevent or limit any health hazard that may result.

(c) Each owner of an installation or mobile source shall report by telephone, or other prompt means of communication, to the department immediately after its occurrence becomes known, any loss of radioactive materials in such quantities and under such circumstances that it appears that a substantial hazard may result to individuals.

(Effective October 1, 1982)

Sec. 19-24-12. Bio-assay reports

Where necessary or desirable to aid in determining the extent of any employee's exposure to radioactive materials, the department may require the owner of an installation or mobile source to make available to employees appropriate bio-assay services. Bio-assay reports shall be available for inspection by the department's representatives upon request.

(Effective October 1, 1982)

Sec. 19-24-13. Securing of materials against unauthorized removal

Radioactive materials shall be secured against unauthorized removal from the place of storage.

(Effective October 1, 1982)

Sec. 19-24-14. Disposal into ground, water or air

(a) Any person may apply to the department for approval of proposed procedures to dispose radioactive materials into the ground, water and air environment in a manner not otherwise authorized in sections 19-24-1 to 19-24-14, inclusive. Each application should include a description of the radioactive material or materials involved, including the quantities and kinds of such material and the levels of radioactivity involved and the proposed manner and conditions of disposal. The application should also include an analysis and evaluation of pertinent information as to the nature of the environment, including topographical, geological, meteorological and hydrological characteristics; usage of ground and surface waters in the general area, the nature and location of other potentially affected facilities and procedures to be observed to minimize the risk of unexpected or hazardous exposures.

(b) (1) No owner of an installation or mobile source shall possess, use or transfer radioactive material in such a manner as to release into the air or bodies of water outside an installation any concentration of radioactive material in excess of the limits specified in Appendix B, Table II, 10 CFR 20. For the purposes of this subdivision, concentrations may be averaged over periods not greater than one year.

(2) Determinations as to the concentrations of radioactive material shall be made with respect to the point where such material leaves the control of the owner. Where the radioactive material is discharged through a stack, tube, pipe or similar conduit, the determinations may be made with respect to the point where the material leaves such conduit.

(c) No owner of an installation or mobile source shall discharge radioactive materials into a sanitary sewage system unless:

(1) It is readily soluble or dispersible in water;

(2) The quantity of radioactive material released into the system by the owner in any one day does not exceed the larger of the quantities specified in subparagraphs (A) and (B) as follows:

(A) The quantity which if diluted by the average daily quantity of sewage released into the sewer from the installation or mobile source, will result in an average concentration equal to the limits specified in Appendix B, Table 1, Column 2, 10 CFR 20.

(B) Ten times the quantity of such material specified in Appendix C 10 CFR 20.

(3) The quantity of any radioactive material released by the owner of an installation or mobile source in any one month if diluted by the average monthly quantity of water released will not result in an average concentration exceeding the limits specified in Appendix B, Table 1, Column 2, 10 CFR 20.

(4) The gross quantity of radioactive material released into the sewerage system does not exceed one curie per year or other limits as may be specified in 10 CFR 20. Discharge of excreta from individuals undergoing medical diagnosis or therapy with radioactive material shall be exempt from the limitations contained in this subsection.

(d) No owner of an installation or mobile source shall dispose of radioactive material by dumping or by burial unless:

(1) The total quantity of radioactive material or materials buried in any one location does not exceed at the time of burial one thousand times the amounts specified in Appendix C, 10 CFR 20.

(2) Burial is at a minimum depth of four feet.

(3) Successive burials are separated by distances of at least six feet and not more than twelve burials are made in any year, and

(4) The area is approved by the department for burial of radioactive materials.

(e) No owner of any installation or mobile source shall treat or dispose of radioactive material by incineration except in accordance with plans and procedures specifically approved by the department.

(f) Each owner of an installation or mobile source shall maintain records of disposal of waste radioactive material. Such records shall be available for review by the department's representatives upon request.

Appendix A

Quantities of Radioactive Materials Exempted from Registration Requirements

Materials in Sealed Sources

Radioactive materials in sealed sources not exceeding 1 millicurie for a given installation.

Materials Not in Sealed Sources

1. Not more than 1 microcurie total quantity of any one or any combination of the following:

Pb^{210}, Ra^{226}, Ac^{227}, Pu^{239}, Am^{241}, Cm^{242}, Po^{210}, At^{211}, U^{233}

2. Not more than 10 microcuries total quantity of any one or any combination of the following:

Sc^{46}, Co^{60}, Sr^{90}, Ag^{105}, Ru^{106}, Te^{129}, I^{131}, Cs^{137}, Ce^{144}, Eu^{154}, W^{181}, Re^{183}, Ir^{192}

3. Not more than 100 microcuries total quantity of any one or any combination of the following:

P^{32}, $C1^{36}$, Ca^{45}, Sc^{47}, Sc^{48}, V^{48}, Fe^{59}, Zn^{65}, Ga^{72}, As^{76}, Rb^{86}, Sr^{89}, Y^{91}, Nb^{95}, Tc^{96}, Rh^{105}, Cd^{109}, Ag^{111}, Sn^{113}, Te^{127}, Ba^{140}, La^{140}, Pr^{143}, Sm^{151}, Ho^{166}, Tm^{170}, Lu^{177}, Ta^{182}, Pt^{191}, Pt^{193}, Au^{198}, Au^{199}, Tl^{200}, Pb^{203}, Tl^{204}, Th^{234}

4. Not more than 1,000 microcuries total quantity of any one or any combination of the following:

H^{3}, Be^{7}, C^{14}, Na^{24}, S^{35}, K^{42}, Cr^{51}, Fe^{55}, Mn^{56}, Ni^{59}, Gu^{64}, Ge^{71}, Mo^{99}, Pd^{103}, Pm^{147}, Ir^{190}, Au^{196}, Tl^{201}, Tl^{202}; natural uranium; natural thorium.

5. Not more than 10 microcuries of any one or of any combination of any radioactive materials not specified above.

(Effective October 1, 1982)

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X-Ray Devices used for Diagnosis and Therapy

Sec. 19-25a-1. Registration requirements

(a) The owner of a device or devices emitting x-rays which are used for diagnostic or therapeutic purposes by or under the supervision of a person or persons licensed to practice medicine, surgery, osteopathy, chiropractic, natureopathy, dentistry, podiatry, or veterinary medicine and surgery, as authorized by law shall register such device or devices with the state department of environmental protection. Such registration shall be on forms provided for the purpose by the state department of environmental protection and shall contain the information required by the commissioner of environmental protection. Owner shall mean a person or organization owning or having by law the actual control of the x-ray device or devices.

(b) No x-ray device shall be used unless registered with the state department of environmental protection.

(Effective October 1, 1982)

Sec. 19-25a-2. Renewal of registration

The owner of a device or devices emitting x-rays which are used for diagnostic or therapeutic purposes by or under the supervision of a person or persons licensed to practice medicine, surgery, osteopathy, chiropractic, natureopathy, dentistry, podiatry, or veterinary medicine and surgery, as authorized by law shall renew the registration of such device or devices biennially during the month of April in the even-numbered years.

(Effective October 1, 1982)

Sec. 19-25a-3. Registration fee. State owned devices exempted

(a) The registrant shall pay a registration fee at the time of registration. The registration fee shall be thirty dollars for each x-ray device registered. X-ray devices owned by the state shall be registered but shall be exempt from payment of fee.

(Effective October 1, 1982)

Sec. 19-25a-4. Compliance with administrative regulations

Registrants shall comply with applicable portions of sections 19-25d-1 to 19-25d-11, inclusive and sections 19-24-1 to 19-24-14, inclusive of these regulations and regisration may be suspended or revoked for failure to comply. Operation of an unregistered x-ray device or one which does not meet the requirements of these regulations shall constitute a violation of the regulations.

(Effective October 1, 1982)

Sec. 19-25a-5. State-aided hospitals exempted

State-aided hospitals shall be exempt from the provisions of sections 19-25a-1, 19-25a-2, 19-25a-3.

(Effective October 1, 1982)

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X-Ray Devices used for Diagnosis and Therapy

Sec. 19-25d-1. Scope

Sections 19-24-2 to 19-24-11, inclusive, establish special requirements for diagnostic and therapeutic x-ray installations. The provisions of said sections are in addition to and not in substitution for other applicable sections of these regulations.

(Effective October 1, 1982)

Sec. 19-25d-2. Definitions

As used in sections 19-25d-2 to 19-25d-11, inclusive:

''Aluminum equivalent'' means the thickness of aluminum affording the same attenuation, under specified conditions, as the material in question.

''Dead-man switch'' means a switch so constructed that a circuit-closing contact can only be maintained by continuous pressure by the operator.

''Diagnostic-type tube housing'' means an x-ray tube housing so constructed that the leakage radiation at a distance of one meter from the target cannot exceed one hundred milliroentgens in one hour when the tube is operated at any of its specified ratings.

''Filter'' means material placed in the useful beam to absorb preferentially the less penetrating radiations.

''Half-value layer (hvl)'' means the thickness of an absorber required to reduce a beam or radiation to one-half its incident exposure dose rate.

''Inherent filtration'' means the filtration in the useful beam due to the window of the x-ray tube and any permanent tube enclosure.

''Interlock'' means a device for precluding access to an area of radiation hazard either by preventing entry or by automatically removing the hazard.

''Kilovolts peak (kvp)'' means the crest value in kilovolts of the potential of a pulsating potential generator. When only one-half of the wave is used, the value refers to the useful half of the wave.

''Lead equivalent'' means the thickness of lead affording the same attenuation, under specified conditions, as the material in question.

''Leakage radiation'' means all radiation coming from within the tube housing except the useful beam.

''Owner'' means a person or organization owning or having by law the actual control of the x-ray device or devices.

''Primary protective barrier'' means a barrier sufficient to attentuate the useful beam.

''Protective apron'' means an apron made of attenuating materials, used to reduce radiation exposure.

''Protective barrier'' means a barrier of attenuating materials, used to reduce radiation exposure.

''Protective glove'' means a glove made of attenuating materials, used to reduce radiation exposure.

''Scattered radiation'' means radiation that, during passage through matter, has been deviated in direction.

''Secondary protective barrier'' means a barrier sufficient to attenuate stray radiation.

''Shutter'' means a device, generally of lead, fixed to an x-ray tube housing to intercept useful beam.

''Stray radiation'' means radiation not serving any useful purpose. It includes leakage and secondary radiation.

''Therapeutic-type tube housing'' means an x-ray tube housing so constructed that the leakage radiation at a distance of one meter from the target cannot exceed one roentgen in one hour; and at a distance of five centimeters from any point on the surface of the housing accessible to the patient cannot exceed thirty roentgens in one hour when the tube is operated at any of its specified ratings.

''Useful beam'' means that part of the radiation which passes through the window, aperture, cone or other collimating device of the tube housing.

(Effective October 1, 1982)

Sec. 19-25d-3. General safety provisions

(a) **Equipment.** No person shall make, sell, lease, transfer, lend or install x-ray or fluoroscopic equipment or the supplies used in connection with such equipment unless such supplies and equipment, when properly placed in operation and properly used, will meet the requirements of sections 19-25d-3 to 19-25d-11, inclusive. This includes responsibilities for the delivery of cones or collimators, filters, adequate timers and fluoroscopic shutters, where applicable.

(b) **Use**

(1) The owner shall be responsible for assuring that all requirements of sections 19-25d-3 to 19-25d-11, inclusive, are met.

(2) The owner shall assure that all x-ray equipment under his control is operated only by individuals adequately instructed in safe operating procedures and competent in safe use of the equipment.

(c) **Shielding**

(1) Each installation shall be provided with primary barriers and/or secondary barriers of such thickness as are computed in accordance with Appendix C, National Bureau of Standards Handbook 76: ''Medical X-ray Protection Up to Three Million Volts,'' or any official revision of or subsequent replacement for this handbook, a copy of which is on file in the state department of environmental protection, state office building, Hartford.

(2) Lead barriers shall be mounted in such a manner that they will not sag or cold-flow because of their own weight and shall be protected against mechanical damage.

(3) Joints between different kinds of protective materials shall be so designed that the over-all protection of the barrier is not impaired.

(4) Joints at the floor and ceiling shall be so designed that the over-all protection is not impaired.

(5) Windows, window frames, doors and door frames shall have the same lead equivalent as that required of the adjacent wall.

(6) Holes in protective barriers shall be covered so that overall attenuation is not impaired.

(d) The commissioner may grant a variance to requirements in Sections 19-25d-3 to 19-25d-11 inclusive, provided that it can be demonstrated that the use of the equipment under the variance will not result in an increase in radiation exposure to the patient or operator.

(Effective October 1, 1982)

Sec. 19-25d-4. Fluoroscopic installations

(a) **Equipment**

(1) The tube housing shall be of diagnostic type.

(2) The target-to-panel or target-to-table top distance of equipment installed before January 1, 1965, shall not be less than twelve inches, and shall not be less than fifteen inches in equipment installed or reinstalled thereafter.

(3) The total filtration permanently in the useful beam shall not be less than two and one-half millimeters aluminum equivalent. This requirement may be assumed to have been met if the half-value layer is not less than two and one-half millimeters aluminum at normal operating voltages.

(4) The equipment shall be so constructed that the entire cross-section of the useful beam is attenuated by a primary barrier. This barrier is usually the viewing device, either a conventional fluoroscopic screen or an image intensification mechanism.

(A) (i) For equipment installed before January 1, 1965, the required lead equivalent of the barrier shall not be less than one and one-half millimeters for one hundred kvp, shall not be less than one and eight-tenths millimeters for one hundred twenty-five kvp, or shall not be less than two millimeters for one hundred fifty kvp.

(ii) For equipment installed or reinstalled after January 1, 1965, the required lead equivalent of the barrier shall not be less than two millimeters for one hundred kvp, shall not be less than two and four-tenths millimeters for one hundred twenty-five kvp, or shall not be less than two and seven-tenths millimeters for one hundred fifty kvp.

(iii) Insofar as related to the provisions of subparagraphs (A) (i) and (A) (ii) of the subdivision for conventional fluoroscopes these requirements may be assumed to have been met if the exposure dose rate measured at the viewing surface of the fluorescent screen does not exceed fifty milliroent gens per hour with the screen in the primary beam of the fluoroscope without a patient, under normal operating conditions.

(B) Collimators shall be provided to restrict the size of the useful beam to less than the area of the barrier. For conventional fluoroscopes this requirement is met if, when the adjustable diaphragm is opened to its fullest extent, an unilluminated margin is left on the fluorescent screen with the screen centered in the beam at a distance of thirty-five centimeters (fourteen inches) from the panel or table top. The margin requirement does not apply to installations where image intensifiers are used, but a protective shield shall be provided in these installations so that the useful beam does not produce a radiation hazard.

(C) The tube mounting and the barrier shall be so linked together that, under conditions of normal use, the barrier always intercepts the useful beam.

(D) Collimators and adjustable diaphragms or shutters to restrict the size of the useful beam shall provide a minimum of two millimeters lead-equivalent protection for one hundred kvp, two and four-tenths millimeters for one hundred twenty-five kvp or two and seven-tenths millimeters for one hundred fifty kvp.

(5) The exposure switch shall be of the dead-man type.

(6) A manual-reset, cumulative timing device shall be used which will either indicate elapsed time by an audible signal or turn off the apparatus when the total exposure exceeds a predetermined limit in one or a series of exposures.

(7) For routine fluoroscopy, the exposure rate measured at the panel or table top should be as low as practicable and shall not exceed ten roentgens per minute.

(8) Mobile fluoroscopic equipment shall meet the requirements of this section where applicable, except that:

(A) In the absence of a table top, a cone or spacer frame shall limit the target-to-skin distance to not less than twelve inches.

(B) Image intensification shall always be provided. Conventional fluoroscopic screens shall not be used.

(C) It shall be impossible to operate a machine when the collimating cone or diaphragm is not in place.

(D) A maximum permissible dose rate of ten roentgens per minute shall be measured at the minimum target-to-skin distance.

(b) **Structural shielding.** Ordinarily, only secondary barriers are necessary except for combined fluoroscopic-radiographic installations.

(Effective October 1, 1982)

Sec. 19-25d-5. Radiographic installation other than dental and veterinary medicine

(a) **Equipment**

(1) The tube housing shall be of diagnostic type.

(2) Diaphragms or cones capable of restricting the beam to the area of clinical interest shall be provided for collimating the useful beam and shall provide the same degree of protection as is required of the housing.

(3) (A) Except when contraindicated for a particular medical purpose, for equipment operating at seventy kvp and below, the total filtration permanently in the useful beam shall be equivalent to at least one and one-half mm of aluminum. This requirement may be assumed to have been met if the half-value layer is not less than one and one-half mm aluminum at normal operating voltages.

(B) Except when contraindicated for a particular medical purpose, for equipment capable of operating above seventy kvp, the total filtration permanently in the useful beam shall be equivalent to at least two and one-half value layer is not less than two and one-half mm aluminum at normal operating voltages.

(4) A device shall be provided to terminate the exposure after a preset time or exposure.

(5) A dead-man type of exposure switch shall be so arranged that it cannot be conveniently operated outside a shielded area. Exposure switches for ''spot film'' devices used in conjunction with fluoroscopic tables are excepted from this shielding requirement.

(b) **Structural shielding**

(1) All wall, floor and ceiling areas exposed to the useful beam shall have primary barriers. Primary barriers in walls shall extend to a minimum height of eighty-four inches above the floor.

(2) Secondary barriers shall be provided in all wall, floor and ceiling areas not having primary barriers or where the primary barrier requirements are lower than the secondary barrier requirements.

(3) The operator's station at the control shall be behind a protective barrier, either in a separate room, in a protected booth, or behind a shield which will intercept the useful beam and any radiation which has been scattered only once.

(4) A window of lead-equivalent glass equal to that required by the adjacent barrier or a mirror system shall be provided large enough and so placed that the operator can see the patient without having to leave the protected area during exposure.

(c) **Operating procedures**

(1) No individual occupationally exposed to radiation shall be permitted to hold patients during exposures except during emergencies, nor shall any individual be regularly used for this service.

(2) Only individuals required for the radiographic procedure shall be in the radiographic room during exposure; and, except for the patient, no unprotected parts of their bodies shall be in the useful beam.

(3) The useful beam shall be restricted to an area of clinical interest.
(Effective October 1, 1982)

Sec. 19-25d-6. Special requirements for mobile diagnostic radiographic equipment

(a) **Equipment**

(1) All requirements of section 19-25d-5 apply except subdivision (a) (5).

(2) The exposure control switch shall be of the dead-man type and shall be so arranged that the operator can stand at least six feet from the patient and well away from the useful beam.

(b) **Structural shielding** When a mobile unit is used routinely in one location, it shall be considered a fixed installation subject to the shielding requirements specified in sections 19-25d-3 (c) and 19-25d-5 (b).

(c) **Operating procedures**

(1) All provisions of subsection 19-25d-5 (c) apply except subdivision (2).

(2) The target-to-skin distance shall be not less than twelve inches.

(3) Personnel monitoring shall be required for all individuals operating mobile x-ray equipment.
(Effective October 1, 1982)

Sec. 19-25d-7. Special requirements for chest photofluorographic installations

(a) **Equipment**

(1) All provisions of subsection 19-25d-2 (a) apply.

(2) A collimator shall restrict the useful beam to the area of the photofluorographic screen.

(b) **Structural shielding.** All provisions of subsections 19-25d-3 and 19-25d-5 (b) apply.

(c) **Operating procedures**

(1) All provisions of subsection 19-25d-5 (c) apply.

(2) All individuals except the patient being examined shall be in shielded positions during exposures.

(3) Personnel monitoring shall be required for all individuals operating the equipment.
(Effective October 1, 1982)

Sec. 19-25d-8. Dental radiographic installations

(a) **Equipment**

(1) The tube housing shall be of diagnostic type.

(2) Diaphragms or cones shall be used for collimating the useful beam and shall provide the same degree of protection as the housing. The diameter of the useful beam at the cone tip shall not be more than three inches (for intra-oral radiography).

(3) A cone or spacer frame shall provide a target-to-skin distance of not less than seven inches with apparatus operating above fifty kvp or four inches with apparatus operating at fifty kvp or below.

(4) (A) For equipment operating up to seventy kvp, the total filtration permanently in the useful beam shall be equivalent to at least one and one-half mm of aluminum. This requirement may be assumed to have been met if the half value layer is not less than one and one-half mm aluminum at normal operating voltages.

(B) For equipment operating above seventy kvp, the total filtration permanently in the useful beam shall be equivalent to at least two and one-half mm of aluminum.

This requirement may be assumed to have been met if the half-value layer is not less than two and one-half mm aluminum at the normal operating voltages.

(5) A device shall be provided to terminate the exposure after a preset time or exposure.

(6) The exposure control switch shall be of the dead-man type.

(7) Each installation shall be provided with a protective barrier for the operator or shall be so arranged that the operator can stand at least six feet from the patient and well away from the useful beam.

(b) **Structural shielding**

(1) Dental rooms containing x-ray machines shall be provided with primary barriers at all areas struck by the useful beam. Consideration shall be given to the attentuation provided by the patient.

(2) When dental x-ray units are installed in adjacent rooms or areas, protective barriers shall be provided between the rooms or areas. Note: In many cases structural materials of ordinary walls suffice as a protective barrier without addition of special shielding material.

(c) **Operating procedures**

(1) Neither the dentist nor his assistant shall be permitted to hold patients or films during exposure, nor shall any individuals be regularly used for this service.

(2) During each exposure, the operator shall stand at least six feet from the patient or behind a protective barrier.

(3) Only the patient shall be in the useful beam.

(4) Neither the tube housing nor the pointer cone shall be hand-held during exposure.

(5) Hand-held fluoroscopes shall not be used in dental examinations.

(Effective October 1, 1982)

Sec. 19-25d-9. Therapeutic x-ray installations

(a) **Equipment**

(1) The tube housing shall be of therapeutic type.

(2) Permanent diaphragms or cones used for collimating the useful beam shall afford the same degree of protection as the tube housing. Adjustable or removable beam-defining diaphragms or cones shall transmit not more than five percent of the useful beam obtained at the maximum kilovoltage and with maximum treatment filter.

(3) Filters shall be secured in place to prevent them from dropping out during treatment. The filter slot shall be so constructed that the radiation escaping through it does not exceed one roentgen per hour at one meter, or, if the radiation from the slot is accessible to the patient, thirty roentgens per hour at five centimeters from the external opening.

(4) The x-ray tube shall be so mounted that it cannot turn or slide with respect to the aperture.

(5) Means shall be provided to immobilize the tube housing during stationary portal treatment.

(6) A timer shall be provided to terminate the exposure after a preset time regardless of what other exposure limiting devices are present.

(7) Equipment utilizing shutters to control the useful beam shall have a shutter position indicator on the control.

(8) There shall be on the control panel an easily discernible indicator which will give positive information as to whether or not the x-ray tube is energized.

(b) **Structural shielding**

(1) All wall, floor and ceiling areas that can be struck by the useful beam, plus a border of one foot, shall be provided with primary protective barriers.

(2) All wall, floor and ceiling areas that, because of restrictions in the orientation of the useful beam, cannot be struck by the useful beam shall be provided with secondary barriers.

(3) With equipment operating above one hundred twenty-five kvp, the required barriers shall be an integral part of the building.

(4) With equipment operating above one hundred fifty kvp, the control station shall be within a protective booth or outside the treatment room.

(5) Interlocks shall be provided so that when any door of the treatment room is opened either the machine will shut off automatically or the radiation level within the room will be reduced to an average of not more than two milliroentgens per hour and a maximum of ten milliroentgens per hour at a distance of one meter in any direction from the target. After such shut off or reduction in output, it shall be possible to restore the machine to full operation only from the control panel.

(6) Provision shall be made to permit continuous observation of patients during irradiation.

(7) Windows, mirror systems or closed-circuit television viewing screens used for observing the patient shall be so located that the operator may see the patient and the control panel from the same position.

(c) **Operating procedures**

(1) All new installations, and existing installations not previously surveyed, shall have a protection survey made by, or under the direction of, a qualified expert. This shall also be done after any change in the installation which might produce a radiation hazard. The expert shall report his findings in writing to the person in charge of the installation.

(2) The installation shall be operated in compliance with any limitations indicated by the protection survey.

(3) No individual who works with radiation, unless he is the patient, shall be in the treatment room during exposure. No other individual shall be there except when it is clinically necessary. If an individual is required to be in the treatment room with the patient during exposure, he shall be protected as much as possible from scattered radiation and shall not be in the useful beam.

(Effective October 1, 1982)

Sec. 19-25d-10. Special requirements for x-ray therapy equipment operated at potentials of sixty kv and below

(a) **Equipment**

(1) All provisions of section 19-25d-9 (a) apply except, for equipment used for ‘‘contact therapy,’’ subdivision (1) in which instance the leakage radiation at the surface of the tube housing shall not exceed one-tenth roentgen per hour.

(2) There shall be on the control panel some easily discernible device which will give positive information as to whether or not the tube is energized.

(b) **Operating procedures**

(1) Automatic timers shall be provided which will permit accurate presetting and determination of exposures as short as one second.

(2) In the therapeutic application of apparatus constructed with beryllium or other low-filtration windows, the owner shall insure that the unfiltered radiation reaches only the part intended and that the useful beam is blocked at all times except when actually being used.

(3) Machines having an output of more than one thousand roentgens per minute at any accessible place shall not be left unattended without the power being shut off at the primary disconnecting means.

(4) If the tube is hand-held during irradiation, the operator shall wear protective gloves and aprons.

(Effective October 1, 1982)

Sec. 19-25d-11. Veterinary medicine radiographic installations

(a) **Equipment**

(1) The tube housing shall be of diagnostic type.

(2) Diaphragms or cones shall be provided for collimating the useful beam to the area of clinical interest and shall provide the same degree of protection as is required of the housing.

(3) Except when contraindicated for a particular radiographic purpose, the total filtration permanently in the useful beam shall not be less than one and one-half millimeters aluminum-equivalent for equipment operating up to seventy kvp and two millimeters aluminum-equivalent for machines operated in excess of seventy kvp.

(4) A device shall provided to terminate the exposure after a preset time or exposure.

(5) A dead-man type of exposure switch shall be provided, together with an electrical cord of sufficient length so that the operator can stand out of the useful beam and at least six feet from the animal during all x-ray exposures.

(b) **Structural shielding.** All wall, ceiling and floor areas shall be equivalent to or provided with applicable protective barriers as required in section 19-25d-5 (b).

(c) **Operating procedures**

(1) The operator shall stand well away from the tube housing and the animal during radiographic exposures. The operator shall not stand in the useful beam. If film must be held, it shall be held by individuals not occupationally exposed to radiation. Hand-held fluoroscopic screens shall not be used. The tube housing shall not be held by the operator. No individuals other than the operator shall be in the x-ray room while exposures are being made unless such person's assistance is required.

(2) In any application in which the operator is not located being a protective barrier, clothing consisting of a protective apron having a lead equivalent of not less than one-half millimeter shall be worn by the operator and any other individuals in the room during exposures.

(3) No individual shall be regularly employed to hold or support animals during radiation exposures. Operating personnel shall not perform this service except in cases in which no other method is available. Any individual holding or supporting an animal during radiation exposure shall wear protective gloves and apron having a lead-equivalent of not less than one-half millimeter.

(Effective October 1, 1982)

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Sec. 19-30-2.
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Sec. 19-30-3.
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Transportation of Bodies of Deceased Persons

Sec. 19-49-1. Removal and Transit permits

(a) Transit permits, as required by section 7-69 of the general statutes, shall be secured in duplicate, one copy being designated as a transit paster to be attached to the coffin or casket. Information for transit permits, other than what is contained in the death certificate, shall be supplied to the registrar in writing on forms furnished by the state department of health.

(b) Whenever death occurs at a hospital or state institution from actinomycosis, amebiasis, botulism, chickenpox, conjunctivitis (infectious), dysentery (bacillary), favus, German measles, gonorrhea, hookworm infection, influenza (grippe), malaria, measles, mumps, pneumonia (broncho), pneumonia (lobar), syphilis, rabies, tetanus, trachoma, trichinosis, tuberculosis (pulmonary), tuberculosis (other forms), whooping cough or yellow fever, and the body is to be removed to another town for preparation and burial, the body shall be temporarily prepared by being wrapped in two or more thicknesses of cloth. The licensed embalmer having charge of such body shall wrap the body and may sign the last certificate required in section 7-62 of the general statutes, provided in so doing such licensed embalmer shall obligate himself to further prepare the body as required by section 19-13-A43 as soon as practicable after arrival at his regular place of business.

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Compressed Air Used in Self-contained Underwater Breathing Apparatus

Sec. 19-66c-1. Testing procedures for air for scuba diving

The following tests should be done on a sample of air obtained from the compressor after it has been in operation for at least ten minutes thereby permitting observation of the effects of heating the motor.

(a) **Oxygen: 20-21 percent.** Compressed ambient air will be considered to meet the oxygen standard without testing. If such tests are required, a sample blown into a plastic bag, such as polyvinyl chloride (pvc) film or aluminized Scotchpak or flushed through an all-glass evacuated flask, may be analyzed with an oxygen indicator such as the Portable Oxygen Indicator of the Portable Gas Analyzer.

(b) **Carbon dioxide: Less than.03 percent (300 ppm).** Compressed ambient air will be considered to meet the carbon dioxide standard without testing. If such tests are required, a sample blown into a plastic bag, such as pvc or aluminized Scotchpak or flushed through an all-glass evacuated flask, may be analyzed with a gas analysis apparatus or with gas detector tubes such as the Kitagowa Gas Detector.

(c) **Carbon monoxide: Less than .001 percent (10 ppm).** Carbon monoxide may be analyzed by first collecting an air sample directly from the compressed gas tank or compressor into a plastic bag, such as pvc or aluminized Scotchpak, or into an all-glass evacuated flask. The collected sample may be analyzed by means of direct reading indicating tubes or by means of a direct reading CO Indicator, or by means of the laboratory techniques with iodine pentoxide or infrared spectrophotometry.

(d) **Oil mist: Less than 5 mg/M^3.** Oil mist may be analyzed by first collecting an air sample on oil-free silica gel or on a molecular filter sampler. Since oil droplets tend to settle on the walls of any holding container, the air sample should be passed directly from the air compressor or air tank to the silica gel or molecular filter sampler.

When the sample is collected on silica gel, the oil may be analyzed by extraction with a known volume of carbon tetrachloride and compared for fluorescence under a ‘‘dark lamp’’, using known quantities of S.A.E. No. 30 petroleum lubricating oil in carbon tetrachloride for standards.

An alternate method may be used, by collecting a known volume of air on a molecular filter sampler and comparing the ‘‘black light’’ fluorescence with known standard quantities of S.A.E. No. 30 oil. For example, with the ‘‘RV Black Light’’, a 30 microgram quantity of lubricating oil can be detected on a 47 mm molecular filter paper. Thus a 6 liter air sample, through a molecular filter, will detect a concentration of 5 mg/M^3 of oil mist. Repeated samples, at higher or lower total air volume, can be collected to estimate the magnitude of oil mist concentration.

Mineral or silicone oil which occasionally are used for compressor lubrication do not fluoresce under ultraviolet light. Where these oils are used assay should be done by gravimetric analysis at a micro-chemical laboratory.

(e) **Total oxidants: Less than 0.05 ppm.** Total oxidants in compressed air may be analyzed by two methods:

(1) A 20 liter air sample may be collected directly from the tank or compressor into an all-glass midget impinger of fritted glass absorber sampler, containing 10 ml of phenolphthalein reagent.

(2) A 20 liter sample may be collected in a Mylar plastic bag and returned to a microchemical testing laboratory for analysis by the phenolphthalein reagent method. Since total oxidants in air are not chemically stable, their analysis should be undertaken within a few hours of collection.

(f) **Total hydrocarbons: Less than 50 ppm.** Total hydrocarbons may be analyzed by two methods:

(1) A sample of compressor or tank air may be collected into a plastic bag, such as aluminized Scotchpak or Mylar, and returned to the laboratory for analysis by gas chromatography.

(2) The magnitude of the total hydrocarbon concentration may be estimated, semi-quantitatively, by means of combustible gas indicator. Most combustible gas indicators indicate a concentration of approximately 50 ppm with a 5 percent of full-scale deflection for most hydrocarbons.

(g) **Odor: None detectable.** No quantitative tests have been standardized for odor measurement. Therefore, any odor, detectable by olfactory sensation, will be considered unacceptable. Yaglou and Borum have classified odor sensations as: (1) neutral, (2) perceptible, (3) moderate or acceptable, (4) strong, (5) very strong, and (6) over-powering or nauseating. Any classification above (1), will be considered unacceptable for SCUBA use.

(h) **Water vapor: No quantitative test for water vapor is recommended.** Compressed air, at 3,000 psi, saturated with water vapor, contains less than 1 grain of water per pound of bone-dry air. When this air expands to normal atmospheric pressure, or even two or three atmospheres of pressure, the relative humidity is less than one percent.

(Effective April 29, 1974)

Sec. 19-66c-2. Availability of information

It shall be the responsibility of each vendor of compressed air for SCUBA use to obtain annually such analyses and have this information on file at his place of business, available for inspection by a representative of the State Department of Health.

(Effective April 29, 1974)

Sec. 19-66c-3. Inspection and sampling

The work area and compressor shall be opened for inspection and collection of samples by a representative of the State Department of Health, if needed, during usual working hours of the vendor.

(Effective April 29, 1974)

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Description of Organization

(See § 19a-160)

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Transferred, August 23, 1984.

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Transferred, August 23, 1984.

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Transferred, August 23, 1984.

Former Number	*New Number*
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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Transferred, July 27, 1984.

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Repealed, December 29, 1977.

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Sec. 19-300p-14.
Repealed, and adopted under Sec. 22a-65-1, June 23, 1983.

Sec. 19-300p-15.
Repealed, March 17, 1970.

Sec. 19-300p-16.
Repealed, June 6, 1974.

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Sodium Fluoroacetate (Compound 1080)

Sec. 19-300t-1. Use restricted. Permission required

Sodium Fluoroacetate shall be used only in commercial businesses, in military establishments and on ships. It shall not be used in dwellings. Written permission shall be obtained for each application stating the date or dates of intended use, the place of such use and the particular reasons for using the compound.
(Effective December 29, 1977)

Sec. 19-300t-2. Personnel to be trained and supervised

Sodium fluoroacetate shall be applied or used only by trained personnel supervised by a person found competent by the commissioner of the department of environmental protection following written or oral examination or both.
(Effective December 29, 1977)

Sec. 19-300t-3. Labelling of containers

Sodium fluoroacetate shall be stored in containers labeled as to the contents.
(Effective December 29, 1977)

Sec. 19-300t-4. Dyed for rat control

When used for rat control purposes, sodium fluoroacetate shall be colored with a Nigrosine black dye.
(Effective December 29, 1977)

Sec. 19-300t-5. Storage. Inventories

Sodium fluoroacetate prepared solutions, baits and equipment used in handling sodium fluoroacetate shall be stored in a securely locked place when not in use. All keys to such places shall be retained in the possession of a licensed, trained person or persons who shall be made responsible for all sodium fluoroacetate, its storage and all operations connected with its use. Accurate inventory records shall be maintained of all stocks of sodium fluoroacetate and sodium fluoroacetate preparations to safeguard the material from irresponsible, untrained or criminally inclined persons. All weighing, measuring and mixing equipment, stock bottles, bait containers and other accessories involved shall be labeled POISON. Such articles for handling sodium fluoroacetate shall be washed immediately after use and reserved for work with sodium fluoroacetate only.
(Effective December 29, 1977)

Sec. 19-300t-6. Safety measures for handling

A respirator and rubber or plastic gloves shall be worn by persons handling the pure dry chemical. The weighing or measuring of a sodium fluoroacetate powder shall be done in a place reserved for that purpose. Such space shall be protected from drafts and, if ventilators are present, they shall be closed during operations. Under no circumstances shall sodium fluoroacetate powder be weighed or measured out of doors or in open sheds.
(Effective December 29, 1977)

Sec. 19-300t-7. Bait and bait containers

(a) Operators shall not smoke or eat while working with sodium fluoroacetate. They shall thoroughly wash their hands with soap and warm water and rinse them with clear water after handling, mixing or distributing sodium fluoroacetate-poisoned baits. Waste water from such washing shall never be thrown upon vegetation that might be eaten by domestic animals. Bait shall be placed out of the way of human

activity. Uncovered containers for dispensing water solutions of sodium fluoroacetate shall: (A) Have a capacity of not more than three-fourths of a fluid ounce and not be more than half filled; (B) have a flat base or bottom, the diameter of which is not less than three times the height of the container; (C) be of an off-white or other inconspicuous color; (D) be marked in a strong contrasting color both inside and outside, with a distinctive standard legend containing ''Poison'' with skull and crossbones with or without the added designation ''1080''; (E) permit no loss of liquid by penetration or seepage for a period of three days.

(b) A bait box or bait station when used shall be of suitable construction and size and there shall be provided therein a feeding arrangement such as a chicken feeder or watering jar or an anchored food tray. A bait box shall have a slanting top of a type to make impossible the placing of articles upon it. A bait box shall possess a means of access with no dimension greater than two and one-half inches. Such means of access shall never be obstructed. Bait boxes shall be securely fastened in position and provision shall be made for locking the box at all times. The bait box shall bear conspicuously the standard sodium fluoroacetate legend: ''POISON'' with skull and crossbones. The bait box shall be approved by the commissioner of the department of environmental protection.

(c) Twelve to fourteen grams, but not more than one-half ounce of sodium fluoroacetate per gallon of water shall be the concentration of the bait solution. Supplies of sodium fluoroacetate-poisoned water shall be stored and carried only in durable, shatter-resistant receptacles.

(d) Poisoned water shall be dispensed carefully by syringe or gravity-feed tubing or by the use of a pouring attachment on the sodium fluoroacetate container, to avoid spillings. The bait containers shall never be placed above floor level. They shall be placed at intervals along runways, in concealed positions behind boxes and boards, or in specially constructed bait stations at a frequency dictated by the degree of infestation. Sodium fluoroacetate in open containers shall be used only in commercial business establishments while the plants are closed or when no danger to the public is involved. A chart shall be made of the establishment and the location of each bait container marked so that it may be located and checked. Following poisoning operations, all combustible water containers shall be picked up and burned and residues of sodium fluoroacetate solutions shall be excessively diluted and disposed of in an area inaccessible to animals and human beings. Paper cups and bait solutions shall not be reused.

(Effective December 29, 1977)

Sec. 19-300t-8. Solid baits prohibited

No solid baits shall be used.

(Effective December 29, 1977)

Sec. 19-300t-9. Disposal following poisoning

In the course of collecting bait containers or solutions for disposal following poisoning, leftovers shall be handled with the care used in distributing the fresh bait.

(Effective December 29, 1977)

Sec. 19-300t-10. Disposal of poisoned animals

The bodies of all poisoned rats and mice, including all dry carcasses, shall be recovered and destroyed by complete burning or deep burial.

(Effective December 29, 1977)

Sec. 19-300t-11. Records and charts

Operators shall keep detailed written records of all sodium fluoroacetate received and dispensed, including notes on the sites where baits are placed, the time of day and the date or dates, the amount and concentration of poisoned water, the number of individual placements in each room, the type of building or area treated and its sanitary condition, and a record of the person or persons responsible for handling the product. A chart indicating the precise location of each placement shall be prepared and at the close of operations every container of solution shall be accounted for. The efficiency of the operation shall also be recorded. All charts and records shall be kept available for inspection by the commissioner of environmental protection for a period of not less than three calendar years from date of application.

(Effective December 29, 1977)

Sec. 19-300t-12. Use in food-handling establishments

In food-handling establishments, open containers that are sometimes tipped, spilled or otherwise moved shall not be used. Instead, heavy glass caster cups or water founts shall be placed in covered bait boxes. Such bait boxes shall be placed no closer to food subject to contamination than six feet. This procedure may be varied only if another practiced method precludes the possible contamination of food stocks. Sodium fluoroacetate solution shall not be used in rooms where food is mixed, baked or otherwise formulated.

(Effective December 29, 1977)

Sec. 19-300t-13. Loss or theft of stocks

Stocks of sodium fluoroacetate, including bait solutions, while being used outside the home establishment of the operator, shall not be left unattended and subject to loss or theft. In the event of loss or theft of any quantity of sodium fluoroacetate the operator shall immediately notify the commissioner of the department of environmental protection.

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Labeling of Hazardous Substances

Sec. 19-301-1. Test methods for determining labeling of self-pressurized dispensers

The type of warning statement required on self-pressurized dispensers shall be determined by the performance of the contents of such dispensers when tested by Methods I, II and III outlined below. When by Method I a flame projection exceeding 18 inches is obtained with the valve open full, or flashback is obtained at any valve opening, the container shall be labeled: ''Warning (or Caution)- Do not use near fire or flame.'' Materials yielding flash points below 80°F. by Method II shall be labeled ''Warning (or Caution)-Flammable. Do not use near heat or flame.'' When Method III shows any significant propagation of flame through the vapor-air mixture in the open drum test, or any explosion or burning of the vapor-air mixture sufficiently rapid to cause the hinged cover to move in the closed drum test, the container shall be labeled: ''Warning (or Caution)-Do not use near heat or flame.''

(a) **Method I (Flame Projection Test).** (1) **Apparatus.** The apparatus consists of: (i) A base composed of a flat strip of wood or metal, four inches wide and two feet long, cross-ruled at six-inch intervals; (ii) a ruler thirty inches long, marked in inches, supported horizontally to one side of the base and about six inches above it; and (iii) a plumber's candle, of such height that the top third of its flame will be at the same level as the ruler, placed on the zero marking of the base. (2) **Procedure.** (This test requires two operators, one to manipulate the dispenser and the other to take readings. Tests should be conducted in an area that is draft-free and capable of ventilation after each test.) Light the candle. Let one observer hold the dispenser being tested in such a position that it is six inches from the candle flame, with its nozzle so pointed that any spray will pass at right angles through the top third of the flame and extend lengthwise of the base and ruler. This observer shall operate the spray device of the dispenser for fifteen to twenty seconds, while the other observer records the horizontal extension of the candle flame. The test shall be repeated two more times, and the three readings averaged.

(b) **Method II (Modified Tagliabue Open Cup Test).** (1). **Apparatus.** The apparatus consists of a standard Tagliabue open cup tester, a Tag gas flame testing burner, a flash test thermometer, and a heat source.

(2). **Procedure.** Place the container in an upright position and pierce its top with a fine-pointed instrument. In a few moments, when most of the gas has escaped, enlarge the hole. Finally, when there appears to be no further gas evolution, cut open the top of the container and let it stand until the temperature of the contents reaches 60°F. Then pour sufficient of the contents into the tester cup to fill it to the test line, immerse a thermometer in the liquid, and apply heat at the rate of 2°F. per minute. As the heating proceeds, apply the test flame at intervals until either a flame flashes completely across the top of the cup or the height of the liquid has dropped one-fourth inch below the test line. If flashing is obtained before the maximum permissible evaporation has taken place, record as the flash point the temperature of the liquid at which such flashing occurred.

(c). **Method III (Drum Test).** (1). **Apparatus.** The apparatus consists of a fifty-five gallon open-head drum which has been modified as follows: (i) A hinged cover, arranged so that it will open readily under a pressure of five pounds, is fitted over the open head, (ii) three circular openings, one inch in diameter, are bored through the base, about two inches from the edge, in such position that when the drum is on its side one hole will be at the top, one at the bottom, and one halfway down

one side; (iii) a shutter capable of being readily opened and closed is fitted over each of these holes; and (iv) a six-inch square opening is cut through the center of the base and securely covered with a piece of safety glass.

(2). **Procedure.** Lay the modified drum on its side out in the open, at a time when the temperature is between 60° and 80°F. Stand a plumber's candle (or similar flame source) inside the drum half way from each end. For the open drum test, proceed as follows: Fully open the hinged cover, close all three shutters, light the candle, direct a spray from the dispenser (valve fully open) for one minute into the upper half of the open end of the drum and above the candle flame, and watch for propagation of the flame through the vapor-air mixture away from the candle. For the closed drum test, proceed as follows: (i) Light the candle, drop the hinged cover down so that it rests free against the edge of the drum, open the top shutter on the other end, jet a spray from the container being tested (valve fully open) into the drum through this opening for one minute, and observe whether sufficient explosion or rapid burning of the vapor-air mixture takes place to cause the hinged cover to move; (ii) after clearing the atmosphere in the drum each time, repeat this test twice as before, except to spray in turn from the side and bottom openings.

Sec. 19-301-2. Definition of ''person''

The word ''person'' in part II of chapter 348 of the general statutes may extend and be applied to communities, companies, corporations, public or private sources and associations.

Sec. 19-301-3. Labeling of paints and lacquers containing toxic compounds

All paints and lacquers shall be required to be labeled ''Warning (or ''Caution'' or ''Danger''): Do not apply to toys, furniture or interior surfaces which might be chewed by children!'' unless: (a) They do not contain lead compounds in such proportion that the total lead content (calculated as Pb) of the contained solids (including pigments and drier) exceeds one per cent; or (b) no compounds of antimony, arsenic, cadmium, mercury or selenium, or of barium in a form soluble by stirring for ten minutes with five percent hydrochloric acid at room temperature, have been introduced as such in their formulation.

Sec. 19-301-4. Labeling of self-pressurized dispensers

All self-pressurized dispensers shall bear the following statement, or the equivalent thereof: ''Warning (or ''Caution'')! Contents under pressure. Do not puncture. Keep at room temperature, and away from direct sunlight, radiators, stoves, hot water and other heat. Exposure to high temperature may cause this container to burst. Never throw into fire or incinerator.''

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Boxing and Wrestling

(See § 21a-196)

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Repealed, June 21, 1991.

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Health Clubs

(See § 21a-224)

Secs. 19-341i-1—19-341i-8.

Transferred, July 27, 1984.

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19-341i-3	21a-224-3
19-341i-4	21a-224-4
19-341i-5	21a-224-5
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The Use of Christmas Trees and Decorative Material in all Premises Under The Regulatory Authority of The Labor Commissioner

Sec. 19-394a-1. Christmas trees and decorations

(a) A natural Christmas tree, without electrical decorations, may be used if freshly cut within ten days prior to the first day of its use indoors and if it has a high moisture content. In no case, however, shall a tree be installed indoors before December first. The tree shall be held secure in an upright position in a stand or other container having a broad base and a water capacity adequate to replenish daily any lost moisture content.

(b) All trees, including artificial ones, *unless listed as flame-proof or fire resistant by Underwriters Laboratories*, shall be illuminated only by indirect lighting. Where * * * lighting is used, an electrical equipment shall meet the standards of a nationally recognized testing laboratory and shall be installed in accordance with the National Electrical Code. Indirect lighting shall also apply to decorative metal Christmas trees because of the casualty hazard from possible electrical shock.

(c) No tree or other decorative material, such as wreaths or sprays, *unless listed as flame-proof or fire resistant by Underwriters Laboratories*, shall be in direct contact with electrical wiring or electrical equipment, or near an open flame or other sources of heat.

(d) No tree shall be trimmed with any decoration or material that is flammable or combustible.

(e) No tree shall be so located that it will block or obstruct any exit or passageway.

(f) Trees and decorative material shall be removed no later than the following January second.

(g) Good general housekeeping practices shall be maintained at all times by guarding against smoking hazards and making provision for metal-covered containers for flammable waste material disposal that may accumulate during holiday socials.

(h) This section shall not be construed as allowing the installation of a Christmas tree of any kind in a municipality in which the same is prohibited by ordinance or bylaw.

(Effective October 21, 1969)

Fire Exit Drills for Places of Employment

Sec. 19-394a-2. Purpose

The purpose of fire exit drills is to ensure the efficient and safe use of the exit facilities available. Drills shall provide orderly exiting, under control, to prevent panic which has been responsible for much of the loss of life in major fire disasters. Order and control are the primary purposes of the drill. Speed in emptying buildings or clearing areas, while desirable, is not in itself the primary objective and should be made secondary to the maintenance of proper order and discipline.

Sec. 19-394a-3. Frequency of drills. Familiarity with premises

Fire exit drills shall be held to familiarize all occupants with the drill procedure and to have the conduct of the drill a matter of established routine. Drills shall be conducted by each employer covering all work shifts in all buildings, twice a year, except for single story buildings where one drill per year shall be required. Essential

personnel working on such industrial processes which are verified to be continuous or of a hazardous nature, or which may not be safely left unattended, shall be exempt. In order that such employees on these operations may also become familiar with alternate means of egress, provision shall be made, at some time on the day of the drill, for such employees to leave their work areas by exits other than those normally used.

(See 1961 Supp. § 19-387a.)

Sec. 19-394a-4. Preparation for drills

Fire exit drills shall be planned and conducted in such a manner that all occupants will know all available means of exit, particularly emergency exits which are not commonly used. Each employer shall provide and maintain in good working order an audible and distinctive alarm system.

(See 1961 Supp. § 19-387a.)

Sec. 19-394a-5. Organization

Each employer shall be responsible for a fire exit drill organization within his respective firm. A successful organization, in order to be effective, shall have the full cooperation of both employees and management. The employer shall notify the local fire department prior to a fire exit drill. He shall also have prearranged plans made for prompt notification to the fire department in case of an actual fire. This shall include use of guides for direction of the fire department to the fire area. Key positions shall be delegated to responsible individuals who are capable of effectively assuming the required duties of leadership in accordance with the provisions of section 19-394a of the 1961 supplement to the general statutes.

Sec. 19-394a-6. Appointment of fire monitors

Each employer shall, for the purpose of conducting fire exit drills, designate persons to be known as fire monitors, the number to be determined in proportion to the number of persons employed and the structural layout of his premises, which will assure the safe and orderly evacuation of employees from all areas.

Sec. 19-394a-7. Employees needing special assistance

Provision shall be made for employees needing special assistance.

Sec. 19-394a-8. Obligation of employees

Each employee in the establishment shall cooperate fully and promptly in any fire exit drill.

Sec. 19-394a-9. Occupancy by two or more employers

Where two or more employers jointly occupy a building, they shall confer and establish a coordinated plan for fire exit drills, such plan to be approved by the labor commissioner.

Sec. 19-394a-10. Fire exit drill plan and records

Each employer shall maintain a fire exit plan which shall be posted in a conspicuous place. It shall be made available, upon request, to a representative of the labor department. Each employer shall maintain a record of all fire exit drills.

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Repealed 19-395-1

State Building Code

Sec. 19-395-1.

Repealed, April 15, 1987.
See § 29-252-1.

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Making Buildings Accessible to, and Usable by, The Physically Handicapped

Sec. 19-395a-1. Construction standards

The following standards shall apply, as provided by sections 19-395a to 19-395c, inclusive, of the general statutes, to all buildings and facilities constructed, remodeled or repaired by the state or its agents or by any political subdivision of the state or its agents when state funds or state interest is involved. In accomplishing the intent and purpose of these standards, reference is made to the Standard Specifications A117.1-1961 prepared and approved October 81, 1961, by the American Standards Association.

(1) **Grading.** The grading of ground shall be such that it attains a level with a normal entrance or a gradient ramp thereto, and makes the facility accessible to individuals with physical disabilities.

(2) **Ramps with gradients.** Where ramps with gradients are necessary or desired, they shall conform to the following specifications: Ramps shall not have a slope greater than one foot rise in twelve feet, or eight and thirty-three one hundredths per cent, or four degrees fifty minutes.

(3) **Entrances.** At least one primary entrance to each building shall be usable by individuals in wheelchairs, avoiding abrupt changes in levels and with thresholds flush with the floor. At least one entrance usable by individuals in wheelchairs shall be on a level which shall make the elevators accessible.

(4) **Doors and doorways.** Doors shall have a clear opening of not less than thirty-two inches when open and shall be operable by a single effort.

(5) **Toilet rooms.** An appropriate number of toilet rooms, in accordance with the nature and use of a specific building or facility, shall be made accessible to and usable by the physically handicapped. Such toilet rooms shall have space to allow traffic of individuals in wheelchairs. A space of approximately sixty inches by sixty inches is required for turning. Each toilet room shall have at least one toilet stall which is or has: (A) Three feet wide; (B) at least four feet eight inches, preferably five feet deep; (C) a door, where doors are used, which is thirty-two inches wide and swings out, (D) handrails on each side, thirty-three inches high and parallel to the floor, one and one-half inches in outside diameter, with one and one-half inches clearance between rail and wall, and fastened securely at ends and center.

(6) **Elevators.** In a multiple-story building, elevators are essential to the successful functioning of physically disabled individuals. They shall conform to the following requirements: Elevators shall be accessible to, and usable by, the physically disabled on the level which they use to enter the building, and at all levels normally used by the general public.

(7) **Controls.** Switches and controls for light, heat, ventilation, elevators, windows, draperies, fire alarms, and all similar controls of frequent or essential use, shall be placed within the reach of individuals in wheelchairs.

(8) **Parking.** Where parking facilities are provided, suitable parking spaces shall be provided and so identified for the use of the physically handicapped.

(9) **Public telephones.** If public telephones are provided in the building, an appropriate number shall be made accessible to and usable by the physically handicapped.

(10) **Warning signals.** Audible warning signals shall be accompanied by simultaneous visible signals for the benefit of those with hearing disabilities.

(Effective September 13, 1966)

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Connecticut Board of Materials Review

Rules of Practice

General Provisions

Sec. 19-399-1. Procedure governed

The rules govern the board of materials review of the department of public safety for the state of Connecticut under the applicable laws of the state of Connecticut in chapter 354, section 19-399.

(Effective May 21, 1982)

Sec. 19-399-2. Definitions

Unless otherwise expressly stated, the following terms shall have the meaning indicated in this section.

(a) ''Board'' means the board of materials review of the state of Connecticut.

(b) ''Board member'' means the board of materials review member appointed under section 19-399 of the General Statutes.

(c) ''Chairman'' means the board of materials review member elected under section 19-399-13 of these regulations when acting as such.

(d) ''Meeting'' means that portion of the board's procedure in the disposition of matters delegated to its jurisdiction by law wherein presentations for the listing of new materials or new modes of construction may be used in construction by buildings or structures and setting forth conditions under which such materials or modes of construction may be used. Also any other order of business which may come before the meeting.

(e) ''BMR listing'' means each manufacturer whose product is listed with the state building inspector's office for distribution periodically to all local building officials in the state of Connecticut.

(Effective May 21, 1982)

Sec. 19-399-3. Organization

The board consists of nine (9) members, residents of the state, appointed by the commissioner of public safety in accordance with the provisions of section 19-399 of the General Statutes of Connecticut.

(Effective May 21, 1982)

Sec. 19-399-4. Location of the office of the board of materials review

The board is located in the office of the state building inspector, 294 Colony Street, Meriden, Connecticut 06450, telephone - 238-6011.

(Effective May 21, 1982)

Sec. 19-399-5. Purpose

The objectives and purposes of the board are to make or cause to be made investigations, or to accept authenticated reports from recognized authoritative sources, for new materials or modes of construction intended for use in the construction of buildings or structures, and shall promulgate listings setting forth the conditions under which such materials or modes of construction may be used. Such listings and amendments thereto shall have the same force and effect as the provisions of the state building code.

(Effective May 21, 1982)

Sec. 19-399-6. Accomplishment

To accomplish these purposes the board may utilize any consultants it may deem necessary or desirable, provided, however, that the board shall not obligate the state department of public safety for any expenditures for this purpose unless and until such expenditures have been approved by the commissioner of public safety. Consultants shall be interviewed by the board and the selection of the board will be forwarded to the commissioner of public safety for issuance of the required purchase order.

(Effective May 21, 1982)

Sec. 19-399-7. Officers and their duties

The officers of the board shall consist of a chairman, a vice-chairman and a secretary.

(Effective May 21, 1982)

Sec. 19-399-8. Duties of chairman

The chairman shall preside at all meetings of the board and shall have the duties normally conferred by parliamentary usage on such officers. The chairman shall have the authority to appoint sub-committees, call special meetings, and generally perform other duties as may be prescribed in these rules and procedures.

(Effective May 21, 1982)

Sec. 19-399-9. Chairman to be board member

The chairman shall be one of the board members. He shall have the privilege of discussing all matters before the board and of voting thereon.

(Effective May 21, 1982)

Sec. 19-399-10. In the absence of chairman

The vice chairman shall act for the chairman in his absence and have the authority to perform the duties prescribed for that office. He shall be a board member.

(Effective May 21, 1982)

Sec. 19-399-11. Duties of secretary

The secretary shall keep the minutes and records of the board, and with the assistance of such staff as is available, shall prepare the agenda of regular and special meetings under the direction of the chairman, provide notice of all meetings to board members as least one week prior to the meeting, attend to the correspondence of the board, and such other duties as are normally carried out by the secretary. The secretary shall be a member of the board.

(Effective May 21, 1982)

Sec. 19-399-12. In the absence of secretary

In the absence of the secretary, due to illness, personal or disqualification reasons, the chairman shall appoint a secretary pro-tem.

(Effective May 21, 1982)

Sec. 19-399-13. Election of officers

An annual organization meeting shall be held within 30 days following each October 5th, at which time officers will be elected and rules and procedures reviewed. Officers may be elected by a majority vote of the members present.

(Effective May 21, 1982)

Sec. 19-399-14. Nominations

Nominations shall be made from the floor at the annual organizational meeting and elections of the officers specified in section 19-399-7.
(Effective May 21, 1982)

Sec. 19-399-15. Majority vote

A candidate receiving a majority vote of the members present shall be declared elected and shall serve for one year or until his successor shall take office.
(Effective May 21, 1982)

Sec. 19-399-16. Vacancies

Vacancies in office shall be filled by regular election procedure as herein specified with terms to run until the next annual organizational meeting.
(Effective May 21, 1982)

Sec. 19-399-17. Resignations

Resignations from the board shall be in written form and transmitted to the chairman, who will then forward same to the state commissioner of the department of public safety.
(Effective May 21, 1982)

Sec. 19-399-18. Meeting

Meetings of this board will usually be held every three weeks at 2:00 p.m. in accordance with a schedule adopted before each January 1st and filed as required with the secretary of state or upon the call of the chairman or of the state building inspector. Unless otherwise specified, meetings will be held in the office of the state building inspector.
(Effective May 21, 1982)

Sec. 19-399-19. Quorum

Three members of the board shall be present and voting to constitute a quorum, and the number of votes necessary to transact business shall be a majority of those members present and voting. In the event of a tie vote on any proposal, the proposal shall not carry. The chairman shall not permit negatively phrased proposals whose purpose is to evade this rule.
(Effective May 21, 1982)

Sec. 19-399-20. Notice of special meetings

The notice of any special meeting shall specify the purpose of such meeting and no other business may be considered. Unless otherwise specified, ‘‘Robert’s Rules of Order’’ shall govern the proceedings at the meeting of this board.
(Effective May 21, 1982)

Sec. 19-399-21. Failure to attend

If a board member fails to attend four out of six consecutive meetings, the chairman shall contact the member to ascertain the reason for such absences. At the discretion of the chairman, further action may be requested of the commissioner of the department of public safety.
(Effective May 21, 1982)

Sec. 19-399-22. Request for reimbursement

The board shall consider any requests by members for reimbursement of expenses arising from meetings or official duties and may recommend that they be paid through appropriate state channels.
(Effective May 21, 1982)

Sec. 19-399-23. Order of business

Unless otherwise determined by the chairman, the order of business at regular meetings shall be as follows:

a. Call to order
b. Roll call
c. Reading of minutes of previous meeting and action thereon
d. Communications
e. Reports of officers, committees and sub-committees
f. Old business
g. New business
h. Adjournment

(Effective May 21, 1982)

Sec. 19-399-24. Motions to be made

A motion from the floor must be made and passed in order to dispense with any item on the agenda or change the order of business.

(Effective May 21, 1982)

Sec. 19-399-25. Adoption of regulations

The board, subject to the approval of the commissioner, shall on its own motion adopt such listings as it deems proper on new materials and/or modes of construction intended for use in the construction of buildings or structures, and may set such conditions for the use of such materials or modes of construction as it deems proper. Such listings, however, shall be made only after investigation, or the acceptance of authenticated reports from recognized authoritative sources.

(Effective May 21, 1982)

Sec. 19-399-26. Request for approval

(a) Upon receipt of a communication from any individual, corporation, or firm seeking approval of some particular new material or mode of construction, the board shall give consideration to such request. It may consider such authenticated reports from recognized authoritative sources as the party wishes to submit, and may additionally require that the party at his expense procure additional investigation as a condition for listing of the mode or material.

(b) Each board of materials review certificate of compliance shall be reviewed yearly by the board of materials review so as to keep its listing valid.

(Effective May 21, 1982)

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Repealed, March 26, 1991.

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Secs. 19-403b-5—19-403b-11.
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Transport of Radioactive Material

Sec. 19-409d-51. Purpose

To prescribe the Connecticut Department of Transportation regulations relating to the transport of large quantities of radioactive material or any quantity of radioactive waste, produced as a part of the nuclear fuel cycle and being shipped from or through the State of Connecticut to a waste disposal site or facility. These regulations are to assure the degree of control necessary to protect the public health and safety of the travelling public and the citizens of Connecticut and are promulgated in accordance with the provisions of Section 19-409d of the General Statutes of Connecticut as revised (PA 76-321).

(Effective August 25, 1977)

Sec. 19-409d-52. Applicability

The provisions of these regulations pertain to any person transporting or causing the transportation of, by motor vehicle, certain specified radioactive material referred to in Section 19-409d of the General Statutes of Connecticut as revised (PA 76-321).

Persons transporting radioactive material by any other mode of transportation shall be deemed in compliance with these regulations provided they conform to all other applicable Federal and State regulations.

This regulation shall not apply to radioactive materials shipped by or for the United States Government for Military or National security purposes or which are related to National Defense. Nothing herein shall be construed as requiring the disclosure of any defense information or restricted data as defined in the Atomic Energy Act of 1954 and the Energy Reorganization Act of 1974, as amended.

(Effective August 25, 1977)

Sec. 19-409d-53. Definitions

Application — Any written or verbal request to the Commissioner for a permit.

Carrier — See motor carrier.

Commissioner — Means the Commissioner of the Department of Transportation appointed pursuant to title 13b of the Connecticut General Statutes as amended.

Confirmation of Permit — A permit shall be deemed valid when the operator of the vehicle, upon request, can produce the permit, any reproduction of the permit, or an authorized telegram, telex, or twx sent by the Commissioner.

Large Quantity — When used in this section refers to the Nuclear Regulatory Commission definition contained in Title 10 of the Code of Federal Regulations, Part 71, entitled ''Packaging of Radioactive Material for Transport,'' a copy of which is on file with the Commissioner of Transportation.

Motor Carrier — The term ''Motor Carrier'' or ''Carrier'' includes a common carrier by motor vehicle, a contract carrier by motor vehicle and a private carrier of property by motor vehicle.

Nuclear Fuel Cycle — The series of steps involved in supplying fuel for nuclear power reactors. It includes mining, refining, the original fabrication of fuel elements, their use in a reactor, chemical processing to recover the fissionable material remaining in the spent fuel or other disposition of spent fuel, or reenrichment or reuse of the fuel material and refabrication into new fuel elements.

Permit — A written document allowing the use of certain specified Connecticut highways for the transport of radioactive material issued by the Commissioner to a permittee.

Permittee — Any person who has applied for and has been issued a permit to transport radioactive material over certain Connecticut highways.

Person — Any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing.

Radiation — Ionizing radiation which includes any or all of the following: alpha rays, beta rays, gamma rays, X-rays, neutrons and other atomic particles but not sound or radiowaves or visible, infrared or ultraviolet light.

Radioactive Material — ''Any object, material or combination thereof which spontaneously emits ionizing radiation and either (1) is considered a ''Large Quantity,'' as defined in this Section 13(b)-17-53 or (2) consists of radioactive waste which has been produced as part of the nuclear fuel cycle.''

Radioactive Waste — Any radioactive material that has served its primary purpose.

Shipper — Any person, with a federal license, authorized to possess, use or transfer radioactive material.

Waste Disposal Site or Facility — Any site or facility to which radioactive waste is transported for permanent disposal or reprocessing.

(Effective August 25, 1977)

Sec. 19-409d-54. Application for permit to transport radioactive material

No person shall transport radioactive material over Connecticut highways until a permit has been issued by the Commissioner of Transportation.

All applications for a permit to transport radioactive material shall be made to the Connecticut Department of Transportation. Application may be made to the Commissioner of Transportation during normal working hours, Monday thru Friday; Holidays, Saturdays and Sundays excluded.

No applications will be processed without a two hour advance notice nor will an application be accepted more than one working day in advance of the scheduled move except that the Commissioner reserves the right to waive the advance notice requirement when it is in the best interest of public health and safety.

No application will be considered until the applicant has submitted the following certificates to the Commissioner of Transportation:

A written statement from the Shipper certifying that the articles described in the shipping papers are properly classified, described, packaged, marked and labeled, and that the articles are in proper condition for transportation, according to the applicable regulations of the Nuclear Regulatory Commission and the Federal Department of Transportation.

A written statement from the carrier certifying that the packaged radioactive material has been loaded, blocked and properly secured onto the transport vehicle. The certification shall also state that the vehicle and load are in compliance with the applicable motor carrier safety regulations of the Federal Department of Transportation.

In addition to the required certifications from the shipper and the carrier, each applicant shall provide the following information:

1. Name of the shipper.
2. Name and mail address of the carrier.
3. Type of major isotopes, quantity (in curies) and type of label.
4. Date and time of shipment.

5. Origin, scheduled route and destination. (All routing will be via limited access highways and the shortest practicable route to and from them.)

6. Year, make, color, State of registration and plate number of both the tractor and trailer.

7. Driver(s) and name(s).

8. Any additional information as required.

This permit or a confirmation of such permit shall be retained in the possession of the operator of the vehicle while transporting the radioactive material over Connecticut highways.

(Effective August 25, 1977)

Sec. 19-409d-55. Conditions of a permit

In the interest of public health and safety, the following requirements are to be considered a condition of the permit.

1. All routes will be determined by the Connecticut department of transportation.

2. All shipments are to be made during daylight hours between the hours of 9:00 A.M., thru 4:00 P.M.

3. The permit is void on Saturdays, Sundays and Holidays.

4. The permit or a confirmation of it must be in the possession of the operator of the vehicle while transporting the radioactive material over Connecticut state highways.

5. The provisions of Title 49 of the Code of Federal Regulations concerning the transport of hazardous material, a copy of which is on file with the commissioner of transportation, shall be deemed as part of the conditions of this permit.

6. The person, firm, or corporation to whom the permit is granted shall pay a fee of $25.00, payable in advance, for each single trip permit. Refunds will not be made for unused permits.

The commissioner reserves the right to waive or alter any of these conditions when it is considered to be in the best interest of public health and safety.

(Effective August 13, 1980)

Sec. 19-409d-56. Permittee

Any permittee who fails to comply with the provisions of any permit to transport radioactive material shall be deemed to have no permit and is subject to the penalties cited in Section 19-409d of the General Statutes of Connecticut, as revised. (PA 76-321)

(Effective August 25, 1977)

Sec. 19-409d-57. Other regulatory control

Nothing herein shall be construed to be in conflict with any federal regulations concerning the transport of hazardous material.

(Effective August 25, 1977)

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Transferred . . . . . 19-410-B1—19-410-B89

Elevators and Escalators

(See § 29-192)

Secs. 19-410-A1—19-410-A57.

Transferred, February 25, 1988.

Secs. 19-410-B1—19-410-B89.

Transferred, February 25, 1988.

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Vertical Wheelchair Iifts

Sec. 19-411-C1. Definitions

As used in this chapter ''department'' means the department of public safety; ''commissioner'' means the commissioner of public safety; ''vertical wheelchair lifts'' means a low rise special passenger elevator used to raise or lower a person in a wheelchair vertically from one level to another, in occupancies other than one and two family dwellings.

(Effective October 28, 1980)

Sec. 19-411-C2. General requirements

Each vertical wheelchair lift used or intended for use in the State of Connecticut shall be constructed, equipped, maintained and operated with respect to the supporting members; the platform or car, shaftway, guides, doors and gates, safety stops and mechanisms, electrical apparatus and all other appurtenances, so as to sustain safely the load which it is designed and intended to carry according to the provisions and regulations of the commissioner.

(Effective October 28, 1980)

Sec. 19-411-C3. Approval of plans

No vertical wheelchair lifts shall be erected or installed and no vertical wheelchair lift shall be relocated or altered until detailed plans and specifications of the proposed construction or other work have been submitted in triplicate to the department of public safety for approval.

(Effective October 28, 1980)

Sec. 19-411-C4. Registration of vertical wheelchair lifts

The owner or operator of each vertical wheelchair lift shall register with the department each vertical wheelchair lift owned or operated by him, giving the type and capacity, a description, and the name of the manufacturer and insurance carrier.

(Effective October 28, 1980)

Sec. 19-411-C5. Inspection by the department

Each vertical wheelchair lift shall be thoroughly inspected by a department elevator inspector at least once each twelve months.

(Effective October 28, 1980)

Sec. 19-411-C6. Issuance of operating certificate

As soon as the department of public safety approves any existing, new, relocated or altered vertical wheelchair lift as being fit for operation, it shall issue to the owner a certificate of operation. The fee for the certification of vertical wheelchair lifts shall be in accordance with Section 19.415 of the General Statutes. No vertical wheelchair lift may be lawfully operated without such certificate. Owners or operators of existing vertical wheelchair lifts shall comply to the provisions of this chapter within sixty (60) days after adoption of these regulations.

(Effective October 28, 1980)

Sec. 19-411-C7. Discontinuance of operation

If any vertical wheelchair lift is found which, in the judgment of the department is dangerous to life and property or is being operated without the operating certificate the department may require the owner or operator to discontinue its operation forthwith, and the department shall order a notice placed in the car stating that the vertical wheelchair lift is out-of-service. When a vertical wheelchair lift has been

placed out-of-service, the owner or operator of such vertical wheelchair lift shall not again operate the same until repairs have been made and permission given by the commissioner or his authorized agent to resume operation of such vertical wheelchair lift.

(Effective October 28, 1980)

Sec. 19-411-C8. Installers

All vertical wheelchair lifts installed in the State of Connecticut shall be by licensed trades (elevator mechanics) (electricians).

(Effective October 28, 1980)

Sec. 19-411-C9. Alternatives for installation

Vertical wheelchair lifts may be installed according to either Section 19-411-C9.01 or 19-411-C9.02.

(Effective October 28, 1980)

Sec. 19-411-C9.01.

(a) The hoistway shall be guarded by a solid enclosure extended from the lower landing to a height of at least forty-two (42) inches above the upper landing. The lift sides of the enclosure shall present a smooth surface.

(b) The hoistway entrance shall be guarded at the upper level by a self-closing door at least forty-two (42) inches high of unperforated construction and provided with a combination mechanical lock and electrical contact. The door may be opened only if the platform is within two (2) inches of that level, or it may permit the platform to move if the door or gate is in the closed position, but not locked provided the device will stop the platform if the door or gate fails to lock before the platform has moved more than two (2) inches, away from the landing. The hoistway side of the door shall present a smooth surface.

(c) The lower access to the platform or car shall be guarded by an unperforated metal self-closing door not wider than the entrance to the ear or platform and provide a minimum vertical clearance of not less than six (6) feet eight (8) inches. The door shall be equipped with a combination mechanical lock and electrical contact and the door may be opened only if the platform is within two (2) inches of that level. The hoistway side of the door shall present a smooth surface.

(d) The platform side of the landing doors shall not project beyond the vertical line of travel of the platform. No hardware, except that required for door locking or contacts, shall project beyond the vertical line of travel of the platform.

(e) The running clearance between the platform and any enclosure shall be no less than three-eighths (3/8) inch. The clearance between the platform and doors shall not exceed three (3) inches.

(f) The platform side guards on the sides not used for access or exit shall be of smooth construction with no openings other than those necessary for operation to a height of forty-two (42) inches above the platform of car floor. Those openings necessary for operation shall reject a ball one-half (1/2) inch in diameter. A grab rail extending the full length of the side guards shall be provided at a height of thirty-six (36) inches. The running clearance between the side guards and the enclosure shall be not less than two (2) inches or more than three (3) inches.

(Effective October 28, 1980)

Sec. 19-411-C9.02.

(a) The underside of the platform or car shall be guarded by a smooth toeguard on all accessible sides. The toeguard shall be braced to withstand the pressure at

any point of one hundred twenty-five (125) pounds applied on a four by four (4 x 4) inch surface without permanent deformation.

(b) The platform shall be equipped with a self-closing door on the side of access to the lower landing. The door shall be of solid metal construction and provided with a combination mechanical lock and electrical contact and shall only be operable within two (2) inches of the lower landing. It may permit the platform to move if the door or gate is in the closed position, but not locked provided the device will stop the platform if the door or gate fails to lock before the platform has moved more than two (2) inches away from the landing. The door shall be located at a point not greater than two (2) inches away from the landing. The door shall be located at a point not greater than two (2) inches inward from the platform sill, nor shall it extend beyond the platform sill.

(c) The hoistway entrance shall be guarded at the upper level by a self-closing door at least forty-two (42) inches high of unperforated construction and provided with a combination mechanical lock and electrical contact. The door may be opened only if the platform is within two (2) inches of that level. It may permit the platform to move if the door or gate is in the closed position, but not locked provided the device will stop the platform if the door or gate fails to lock before the platform has moved more than two (2) inches away from the landing. The door at the upper access landing shall be located not more than three (3) inches from the platform sill.

(d) The platform side of the landing doors shall not project beyond the vertical line of travel of the platform. No hardware, except that required for door locking or contacts, shall project beyond the vertical line of travel of the platform.

(e) A smooth metal face plate of solid construction not less than sixteen (16) gauge shall be fastened securely from the lower landing to the upper landing sill to protect the full width of the platform

(f) The platform side guards on the sides not used for access or exit shall be of smooth construction with no openings other than those necessary for operation to a height of forty-two (42) inches above the platform or car floor. These openings necessary for operation shall reject a ball one-half (½) inch in diameter. A grab rail extending the full length of the side guards shall be provided at a height of thirty-six (36) inches. The running clearance between the side guards and the enclosure shall be not less than two (2) inches or more than three (3) inches.

(Effective October 28, 1980)

Sec. 19-411-C10. Capacity and rated load

(a) The rated load shall not exceed four hundred fifty pounds (450#). The capacity shall be limited to one person; and one attendant if necessary.

(b) Vertical wheelchair lifts shall not have a speed exceeding thirty feet (30) per minute. In no case shall the vertical lift provide transportation between more than two consecutive floors. Travel shall be limited to seventy-two inches (72″).

(Effective October 28, 1980)

Sec. 19-411-C11. Electrical wiring

(a) **Electrical requirements** shall conform to the requirements of the National Fire Protection Association 70-1978.

(b) **Pipes in platform vicinity**—pipes conveying steam, gas or liquids which if discharged into the vicinity of the platform would endanger life or health shall not be permitted.

(c) **Maximum voltage** of motor, control and operating circuits shall conform to the requirements of the American National Standards Institute-C1-1978, National Fire Protection Association 70-1978.

(d) **Enclosing of electrical apparatus in hoistway.** All live parts of electrical apparatus in the hoistway shall be suitably enclosed to protect against accidental contact.

(e) **Grounding of electrical equipment.** All metal coverings or enclosures of electrical equipment and all motors shall be permanently grounded.

(f) **Gas or sewer lines below platform.** There shall be no unprotected gas or sewer lines immediately below the platform.

(g) **Emergency stop switch.** A stop switch conforming to Rule 210.2e American National Standard Institute A-17-1-1978 shall be provided on every platform.

(h) **Emergency signal device.** If a vertical wheelchair lift is installed in an area not visible to personnel at all times an emergency signal shall be installed. The emergency signal shall consist of a telephone connected to a central telephone exchange and an audible signal operated from the platform shall be provided.

(Effective October 28, 1980)

Sec. 19-411-C12. Electrical wiring in the machinery space and hoistways

(a) **Method of installation of wiring in hoistways.** Stationary electrical conductors located in hoistways shall be encased in rigid metal conduits or electrical metallic tubing or metal conduits or metal wireways.

Exception: Flexible conduit or armored cables may be used between hoistway risers and limit switches, hoistway door interlocks or contacts and signal or stop buttons and similar devices. All conduits, armored cable, electrical metallic tubing, metal wireways and flexible conduits carrying electrical conductors located within hoistways shall be securely fastened to the hoistway construction or to the guide rails or to the guide rail supports.

(b) **Wiring methods in hoistways and machinery spaces.** The installation of all electrical wiring in hoistways and machinery spaces except as may be provided elsewhere in these rules shall conform to the requirements of the National Electrical Code, National Fire Protection Association 7-1978.

The flexible traveling cable, connecting the platform to the stationary hoistway wiring, shall be provided in a flame retardant and moisture resistant outer cover.

(c) **Enclosure of live parts on platform and hoistway.** All live parts of electrical apparatus, located in or on a platform or in their hoistways, shall be suitably enclosed to protect against accidental contact.

(Effective October 28, 1980)

Sec. 19-411-C13. Weatherproofing

(a) All exterior electrical wiring shall be in rigid metal conduit or electrical metallic tubing and all electrical outlets, switches, and junction boxes and fittings shall be weatherproof.

(b) Traveling cables where used between the platform and the hoistway wiring shall be of the type specified in the National Electrical Code 1978.

(c) Any electrical devices shall be kept as far above grade level as is practical.

(Effective October 28, 1980)

Sec. 19-411-C14. Machine framework and base

(a) All machine frames shall be of metal construction and have a safety factor of not less than five (5) based on the rated load. Cast iron shall not be used.

(b) The machine framework and base shall be secured in place with adequate support provided to maintain the device in level position.

(Effective October 28, 1980)

Sec. 19-411-C15. Machinery beams and support

(a) **Securing of machine beams and type of supports.** All machinery and sheaves shall be so supported and secured as to effectively prevent any part from becoming loose or displaced. Beams directly supporting machinery shall be of steel or reinforced concrete.

(Effective October 28, 1980)

Sec. 19-411-C16. Pits

(a) A pit is not required at the lower terminal. The platform may stop on or at the bottom landing floor or a pit may be provided to permit the platform to stop flush with the landing floor.

(Effective October 28, 1980)

Sec. 19-411-C17. Guide rail and guide rail fastening

(a) **Material.** Platform guide rails shall be of metal construction. Steel construction shall conform to the requirements of Rule 200.2a (American National Standard Institute A-17-1-78). Metal other than steel shall conform to the requirements of Rule 200.2b (American National Standard Institute A-17-1-1978).

(b) **Extension of guide rails.** The top and bottom of each run of guide rails shall be so located in relation to the extreme positions of travel of the car that the car guiding members cannot travel beyond the ends of the guide rails.

(c) **Guiding mechanism enclosures.** The guiding mechanism shall be enclosed with a solid enclosure to prevent accidental contact. If openings are necessary in this enclosure for operation, they must reject a ban three-fourths (¾) inch in diameter.

(d) **Fastening, deflection and joints.** Fastening, deflections, and joints shall conform to the requirement set forth in Rule 705.4 (American National Standard Institute A-17-1-1978).

(Effective October 28, 1980)

Sec. 19-411-C18. Car construction

(a) **Car frame and platform.** The car frame shall be metal construction and have a safety factor of not less than five (5) based on a rated load. The platform shall be of metal or wood construction with a non-skid surface.

(b) **Use of cast iron.** Cast iron shall not be used in the construction of any member of the car frame or platform.

(c) **Platform size.** The net platform area shall not exceed 12 square feet.

(d) The minimum illumination at the landing edge of the platform with the landing door open shall be not less than five (5) foot candles.

(e) **Use of glass.** Glass shall not be used for platform enclosures, but may be used for the car light and appliances necessary for the operation of the car.

(Effective October 28, 1980)

Sec. 19-411-C19. Platform safeties and governors

(a) All devices shall be provided with a platform safety. The safety may be of the inertia type or operated by a speed governor, the safety may be of the type ''A'' design. If the platform is driven by a screw drive, a follower nut may be used in lieu of the inertia or governor operated safety.

(b) **Data plates.** A data plate shall be provided by the manufacturer (installer) and fastened in a conspicuous place stating the speed, suspension means, manufacturer's name and date of manufacture. The letters and numerals used shall not be less than one-fourth inch (¼″) in height.

(c) A capacity shall be furnished by the manufacturer and placed at a conspicuous place on the device stating the rated load in pounds. Letters and numbers used shall be not less than one-fourth (¼) inch in height.
(Effective October 28, 1980)

Sec. 19-411-C20. Driving means

The driving means may be a winding drum, chain drive, screw drive, rack and pinion drive, direct plunger, rope or lever action hydraulic.
(Effective October 28, 1980)

Sec. 19-411-C21. Driving machines and sheaves

(a) **Materials and minimum drum diameters.** Winding drums and overhead deflecting sheaves shall be of cast iron or steel, of a diameter not less than thirty (30) times the diameter of the hoisting ropes. The rope groves shall be machined.

Exception: Where eight by nineteen (8 x 19) steel ropes and seven by nineteen (7 x 19) aircraft cable are used, the diameter of drum and sheaves may be reduced to twenty-one (21) times the diameter of the rope or cable.

(b) **Factor of safety.** The factor of safety, based on the static load (the rated load plus the weight of the car, ropes, counter-weights, etc.) to be used in the design of driving machines and sheaves shall be not less than:

(1) Eight (8) for wrought iron and steel:

(2) Ten (10) for cast iron, cast steel and other material.

(c) **Set-screw fastenings.** Set-screw fastenings shall not be used in lieu of keys or pins if the connection is subject to torque or tension.

(d) **Friction-gearing, clutch mechanism, or coupling.** Friction-gearing, clutch mechanisms, or couplings shall not be used in connecting the drum or sheaves to the main drying gear.

(e) **Use of cast iron in gears.** Worm gearing having cast iron teeth shall not be used.

(f) **Driving machine brake.** Driving machines shall be equipped with electrically released spring-applied brakes.

(g) **Operation of brake.** A single ground or short circuit, a counter-voltage or a motor field discharge shall not prevent the brake magnet from allowing the brake to set when the operating device is placed in the stop position.
(Effective October 28, 1980)

Sec. 19-411-C22. Terminal stopping devices

(a) **Stopping devices.** Upper and lower terminal stopping devices operating by the car shall be provided and shall be set to stop the car at or near the upper and lower terminal landings. Upper and lower final terminal stopping devices operated by the car shall also be provided which will remove power from the motor brake.

(b) **Operation of stopping devices.** The final terminal stopping device shall act to prevent movement of the platform in both directions of travel. The normal and final terminal stopping devices shall not control the same switches on the controller unless two or more separate and independent switches are provided, two of which shall be closed to complete the motor and brake circuit in each direction of travel.

(c) **Assurance of motor reversal.** A protective circuit or device shall be provided where a non-instantly reversible motor is used that will prevent the motor from continuing in the same direction if the reversing control is activated.
(Effective October 28, 1980)

Sec. 19-411-C23. Hydraulic driving machines

Hydraulic driving machines shall conform to the requirements of Section 302. (American National Standard Institute A-17-1-1978).

Exception: Roped hydraulic machines may be used and the design need not conform to the requirements of rules 302.1, 302.2, 302.3c, and 302.3g (American National Standard Institute A-17-1-1978).

(Effective October 28, 1980)

Sec. 19-411 C24. Operating devices

(a) **Types of operation.** Operation of the platform from the upper or lower landings and on the platform shall be controlled by a key. The key operated control shall be operated by a lock having five (5) pins with the key removable only from the ''off'' position. A key switch shall be provided at each station which will allow a control switch at that station to become effective only when the key is in the ''on'' position. ''Up'' and ''down'' control switches at all stations shall be by means of a constant pressure device.

(b) **Control and operating circuit requirements.** The design and installation of the control and operating circuits shall conform to the following:

(1) Control systems which depend on the completion or maintenance of an electric circuit shall not be used for:

A. Interruption of the power and application of the machine brake at terminals.

B. Stopping the machine when the safety applies.

(2) If springs are used to actuate switches, contractors, or relays to break the circuit to stop an elevator at the terminal, they shall be of the restrained compression type.

(3) The failure of any single magnetically operated switch, relay or contractor, to release in the intended manner or the occurrence of a single accidental ground shall not permit the car to start if the hoistway door or platform door or gate is not in the closed position. It shall not permit the platform to move more than two inches away from a floor with the entrance door unlocked.

(Effective October 28, 1980)

Sec. 19-411-C25. Suspension means

(a) **Types permitted.** Suspension means shall be any one of the following:

1. Steel or iron elevator wire rope
2. Steel aircraft cable
3. Roller chain
4. Direct plunger hydraulic
5. Roped hydraulic
6. Rack and pinion
7. Screw drive

(b) **Types prohibited.** Steel tapes or welded link chains shall not be used as suspension means.

(c) **Factors of safety of suspension means.** The suspension means shall have a safety factor of not less than seven (7) based on the tension in the rope, cable, chain or forces exerted on the hydraulic cylinder, screw drive or a rack and pinion when raising the rated load. When the car and counterweight are suspended by steel ropes and the driving means between the machine and the counterweight is an endless roller type chain, the factor of safety of such chain with rated load on the platform shall not be less than eight (8).

(d) **Arc of contact of suspension means on sheaves and sprockets.** The arc of contact of a wire rope on a traction sheave shall be sufficient to produce adequate

traction under all load conditions. The arc of contact of a chain with a driving sprocket shall be not less than 140 degrees.

(e) **Idle turns of ropes on winding drums.** All wire ropes anchored to a winding drum shall have not less than one (1) full turn of rope on the drum when the car or counterweight has reached its limit of possible overtravel.

(f) **Lengthening, splicing, repairing, or replacing suspension means.** No suspension wire rope shall be lengthened or repaired by splicing. Broken or worn suspension chains shall not be repaired. If one wire rope or a chain set is worn or damaged and requires replacement, the entire set of ropes or chains shall be replaced. If a chain is replaced due to wear, all sprockets must be replaced.

(g) **Securing ends of suspension ropes in winding drums.** The winding drum ends of platform and/or counterweight wire ropes shall be secured by clamps on the inside of the drum or by one of the methods specified in rule 501.12i for fastening wire ropes to car platform. (American National Standard Institute A-17-1-1978).

(h) **Fastening or rope suspension means to platform.** The platform ends of wire ropes shall be fastened by return loop, by properly made individual tapered babbitted sockets or by properly attached fittings as recommended by wire rope manufacturers. Clamps of the u-bolt type shall not be used. Tapered babbitted rope sockets and the method of babbitting shall conform to the requirements of rules 212.9d and 212.9f. (American National Standard Institute A-17-1-1978). The diameter of the hold in the small end of the socket shall not exceed the nominal diameter of the rope by more than 3/32 of an inch.

(i) **All suspension means shall be guarded against accidental contact.**

Exception: Suspension means which operate within a guide or track and travel at the same speed and in the same direction as the car or platform shall be considered suitably guarded.

(Effective October 28, 1980)

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Repealed 19-418c-1

Passenger Tramway Safety

(See § 29-203)

Sec. 19-418c-1.

Repealed, December 14, 1984.

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Bedding and Upholstered Furniture

(See § 21a-235)

Secs. 19-423-1—19-423-32.

Transferred, July 27, 1984.

Former Section	*New Section*
19-423-1	21a-235-1
19-423-2	21a-235-2
19-423-3	21a-235-3
19-423-4	21a-235-4
19-423-5	21a-235-5
19-423-6	21a-235-6
19-423-7	21a-235-7
19-423-8	21a-235-8
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19-423-12	21a-235-12
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19-423-23	21a-235-23
19-423-24	21a-235-24
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Existing Installations — Power Boilers

Repealed . . . . . 19-428-54—19-428-68

New Boiler Installation — Miniature Boilers

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Existing Installations — Miniature Boilers

Repealed . . . . . 19-428-71—19-428-80

New Installations — Low Pressure Heating Boilers

Repealed . . . . . 19-428-81—19-428-83

Existing Installations — Low Pressure Heating Boilers

Repealed . . . . . 19-428-84—19-428-99

Boiler Design, Construction, Installation, Repair, Use and Operation

(See § 29-232)

Sec. 19-428-1.
Repealed, August 25, 1987.

General Requirements

Secs. 19-428-2—19-428-49.
Repealed, August 25, 1987.

New Power Boiler Installation

Secs. 19-428-50—19-428-53.
Repealed, August 25, 1987.

Existing Installations—Power Boilers

Secs. 19-428-54—19-428-68.
Repealed, August 25, 1987.

New Boiler Installations—Miniature Boilers

Secs. 19-428-69—19-428-70.
Repealed, August 25, 1987.

Existing Installations—Miniature Boilers

Secs. 19-428-71—19-428-80.
Repealed, August 25, 1987.

New Installations—Low Pressure Heating Boilers

Secs. 19-428-81—19-428-83.
Repealed, August 25, 1987.

Existing Installation—Low Pressure Heating Boilers

Secs. 19-428-84—19-428-99.
Repealed, August 25, 1987.

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Designation of Controlled Drugs

(See § 21a-243)

Secs. 19-451-1—19-451-6.

Transferred, July 27, 1984.

Former Section	*New Section*
19-451-1	21a-243-1
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19-451-3	21a-243-3
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(See § 21a-244)

Secs. 19-451a-1—19-451a-11.

Transferred, July 27, 1984.

Former Section	*New Section*
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19-451a-4	21a-244-4
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Transferred. 19-461-1

Record Keeping for Controlled Drugs

(See § 21a-254)

Sec. 19-461-1.

Transferred, July 27, 1984.

Former Section	*New Section*
19-461-1	21a-254-1

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(See § 21a-262)

Secs. 19-469-1—19-469-10.

Transferred, July 27, 1984.

Secs. 19-469-11—19-469-15.

Repealed, October 17, 1974.

Former Section	*New Section*
19-469-1	21a-262-1
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Standards for Certification of the Community Treatment Programs which may Administer Controlled Drugs

Sec. 19-488-1. Eligible institutions

Certification of treatment facilities for the administration of controlled drugs fin community treatment programs shall be limited to licensed general or psychiatric hospitals, hospitals operated by the state, and municipal health departments with full-time public health officers who are physicians, provided such hospitals and departments shall be able to provide in combination the necessary services and personnel.

(Effective December 9, 1969)

Sec. 19-488-2. Staff and procedural requirements

When a facility provides drug substitution therapy it shall be directed by a chief of the service and an assistant chief of the service, both of whom shall be doctors of medicine who are members of the staff of the applying agency or institution.

(1) All persons employed full-time or in a part-time capacity in drug substitution therapy shall attend and complete a training course as provided by the commissioner of mental health or submit evidence of previous training which meets the training requirements.

(2) Persons may be enrolled and continued as patients in a certified facility only in accordance with standards set by said commissioner.

(3) Admission to and discharge from certified facilities by persons who are under court commitment shall conform to the applicable sections of the general statutes.

(4) Chromatographic test for determination of drugs in registered patients shall be performed.

(5) A licensed pharmacist shall prepare all medication and licensed pharmacies shall be used to the fullest extent feasible.

(6) Administration of medication and the utilization of the laboratory for chromatographic tests shall be provided so far as possible in the certified facility.

(7) Registration of patients shall be with the department of mental health central registry for drug dependent persons.

(8) Maintenance of case records for treatment in sufficient detail for an independent physician to understand the basis for diagnosis, methods of treatment and progress of the patient, and for research purposes.

(9) Psychiatric evaluation of the candidates for drug substitution treatment and psychiatric supervision of the progress of all patients receiving drug substitution or drug maintenance therapy.

(Effective December 9, 1969)

Sec. 19-488-3. Required services

The following services shall either be provided or arranged for:

(1) Social services, including case work, counselling and arrangements for psychiatric treatment and evaluation.

(2) Hospitalization, when needed for medical and psychiatric diagnosis; psychiatric evaluation and initiation of drug therapy and acute medical or psychiatric treatment.

(Effective December 9, 1969)

Sec. 19-488-4. Federal and state regulations and statutes to be observed

The facility shall comply with all federal and state regulations and statutes governing controlled drugs.

(Effective December 9, 1969)

Sec. 19-488-5. Representation on coordination committee

Each facility shall designate a person from its professional staff to be its representative on a statewide committee for the coordination and integration of community treatment programs.

(Effective December 9, 1969)

Sec. 19-488-6. Applications for certification

Applications for certification shall be made on forms provided by the department and shall set forth clearly essential information concerning the facility as follows: Its name, location, the name of the person, firm, corporation or agency owning or operating it; a definition of the geographic area to be served; a table of organization; a budget; a desciption of the services; plans for coordination with other related or similar services; methods to be employed to balance the use of state and local resources which will foster local initiative, responsibility and participation; and a description of means for the evaluation of the services and their results.

(Effective December 9, 1969)

Sec. 19-488-7. Renewal of certification

Renewal of certification shall be made after review by the commissioner of mental health and the state mental health board.

(Effective December 9, 1989)

Certified Community Service Facilities or Services for Drug-dependent Persons

Sec. 19-488-8. Application for certification

Application for certification of a facility or service to provide counseling, rehabilitational and other related services to drug-dependent persons shall be made on forms provided by the department of mental health and shall set forth clearly essential information concerning the facility or service as follows: the name of the facility or service and its location; the name of the person or organization owning or operating the facility or service; when applicable, a legal document of incorporation or ownership; a list of advisory board members; the name and qualifications of the operating director and of the substitute director who will be in charge in the absence of the director; the geographic area to be served; a line-item budget which clearly shows all sources of income and evidence of continuing local support, defines expected expenditures with reasonable detail, excluding renovations and equipment, and includes all services to be performed by the individual or organization; a description of all programs, with a policy and procedures manual which will cover all aspects of services to be provided. Each facility or service shall designate a suitable community person, who will be acceptable and responsible to the commissioner of mental health, for the operation of the facility or service for a period of at least one year.

(Effective July 18, 1972)

Sec. 19-48B-9. Submission of application; renewal of certificate

Such application shall be submitted to the commissioner of mental health, reviewed by the certification committee of the department of mental health and forwarded to the commissioner of mental health for final decision. A certificate is not transferable and shall be renewed every twelve months. Renewal application shall be submitted ninety days prior to the expiration date of the certificate.

(Effective July 18, 1972)

Sec. 19-488-10. Compliance with federal, state and local regulations required

A facility or service shall comply with applicable federal and state regulations and statutes covering the care and treatment of drug-dependent persons. The facility or service must meet all state and local regulations concerning fire, safety, health and sanitary conditions and residential facilities shall specify the maximum number of residents allowable. Suitable documents showing compliance with the foregoing regulations shall be submitted as part of the application for certification.

(Effective July 18, 1972)

Sec. 19-488-11. Training program

Each facility or service shall have a training program for all staff and volunteer workers, or have an acceptable formal plan for such training.

(Effective July 18, 1972)

Sec. 19-488-12. Cooperative arrangements

Each facility or service shall specify cooperative arrangements and coordination of services with other programs and other appropriate agencies in the community.

(Effective July 18, 1972)

Sec. 19-488-13. Admissions and discharges

Admissions to and discharge from certified facilities and services by persons who are under court commitment shall conform to the applicable sections of the general statutes.

(Effective July 18, 1972)

Sec. 19-488-14. Medical care program

Each facilily or service shall have a plan for adequate medical care, developed in consultation with appropriate medical personnel. Medication shall be administered only by a licensed physician or nurse. In the absence of the aforementioned personnel, prescribed medicine may be taken by a resident if he maintains it and administers to himself his prescribed dosage.

(Effective July 18, 1972)

Sec. 19-488-15. Patient records

A record of each patient shall be kept in a manner approved by the commissioner of mental health. Each facility and service shall furnish data as may be required by the commissioner of mental health, including information regarding all individuals for statistical case reporting for research, coordination, treatment and rehabilitation purposes.

(Effective July 18, 1972)

Sec. 19-488-16. Reports of accidents and injuries

Serious accidents and injuries shall be reported within twenty-four hours (or the next working day), of discovery to the office of the commissioner of mental health. The facility or service shall make its own investigation, retaining in its files a report of its findings and actions and forwarding a copy of the report to the commissioner of mental health. A serious injury or accident is one which may result in permanent defect, scar or handicap.

(Effective July 18, 1972)

Sec. 19-488-17. Visits by department representatives

A facility or service shall accept official visiting teams as designated by the commissioner of mental health and the report of each team shall be made in writing to the facility or service and the commissioner within thirty days of the visit. The

person responsible, as designated in section 19-488-8, shall respond in writing within thirty days, stipulating any corrective action being instituted, if such was the recommendation of the report.
(Effective July 18, 1972)

Sec. 19-488-18. Right of persons in facilities to communicate with attorney and commissioner

Any person in a certified facility or service has a right to communicate with his or her attorney and the commissioner of mental health.
(Effective July 18, 1972)

Sec. 19-488-19. Annual reports

An annual report shall be submitted to the commissioner of mental health by each certified facility and service which shall clearly summarize the past years' activities, evaluate results, and describe briefly the plans for the ensuing year.
(Effective July 18, 1972)

Sec. 19-488-20. Application for state grant

Any nonprofit certified organization or municipality may apply to the commissioner of mental health for funds to establish, expand, or maintain treatment, rehabilitation, or other related services for drug-dependent persons in the state. Such nonprofit organizations or municipalities shall meet the certification standards herein described and such other requirements as the commissioner may establish, in order to be eligible for funds.
(Effective July 18, 1972)

Sec. 19-488-21. Revocation of certification

Revocation of certification for violation of its conditions, as prescribed by the mental health department, can be made after a written notice of thirty days. Due cause shall be specified and a hearing may be requested, at which hearing the aggrieved may be represented by legal counsel or other representative. The aggrieved party shall indicate the respects in which he is aggrieved by the revocation.
(Effective July 18, 1972)

Sec. 19-488-22. Discrimination prohibited

No facility or service shall discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religion, sex or national origin in any manner prohibited by the law of the United States or the state of Connecticut. Each such facility or service shall provide the commission on human rights and opportunities with such information as the commission may request concerning the employment practices and procedures of the facility as related to the provisions of this section. This certification is subject to the provisions of Executive Order Number Three of Governor Thomas J. Meskill, promulgated June 16, 1971, and as such the certification may be cancelled, terminated or suspended by the labor commissioner for violation of or noncompliance with said Executive Order Number Three or any state or federal law concerning nondiscrimination, notwithstanding that the labor commissioner is not a party to this certification. As a prerequisite of certifieation, agreement of the parties that said Executive Order Number Three is incorporated therein by reference and made a part hereof is presumed and it is further presumed that the parties agreed to abide by said Executive Order and agree that the labor commissioner shall have continuing jurisdiction in respect to nondiscrimination until the noted certification is terminated.
(Effective July 18, 1972)

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Registration of Practitioners for Controlled Substances

(See § 21a-326)

Secs. 19-504u-1—19-504u-5.

Transferred, July 27, 1984.

Former Section	*New Section*
19-504u-1	21a-326-1
19-504u-2	21a-326-2
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(Effective July 27, 1984)

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Secs. 19-508-1—19-508-27.

Transferred, August 1, 1983.

Indirect Sources of Air Pollution

Sec. 19-508-100.

Transferred, August 1, 1983.

Sec. 19-508-200.

Transferred, August 1, 1983.

Former Section	*New Section*
19-508-1	22a-174-1
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19-508-5	22a-174-5
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Solid Waste Management

(See § 22a-209)

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Secs. 19-525-1—19-525-9.

Repealed, June 23, 1986

Former Section	*New Section*
19-525-10	19a-401-12
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19-525-12	19a-401-14
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(Effective June 23, 1986)

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Transferred. 19-559-1

Banned Hazardous Substances

Sec. 19-559-1.

Transferred, July 27, 1984.
(See Sec. 21a-336-1)

Former Section	*New Section*
19-559-1	21a-336-1

(Effective July 27, 1984)

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Transferred. 19-565-1

Repurchase of Banned Hazardous Substances

(See § 21a-342)

Sec. 19-565-1.

Transferred, July 27, 1984.

Former Section	*New Section*
19-565-1	21a-342-1

(Effective July 27, 1984)

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Repealed, April 23, 1984.

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Rules of Practice

Part I

General Provisions

Sec. 19-570-1. Description of organization

The Department of Mental Retardation, which derives its duties and authority from Title 19 of the General Statutes, administers a statewide program of services to the mentally retarded through a network of twelve regional centers, two training schools, a special school district and a central office support staff.

Each regional center serves as a central point of referral for residential and day services. Residential services include group homes, supervised apartments and community training homes as well as on-campus facilities. Day services include case management, recreation, vocational counselling, training, diagnostic and evaluation services to both residents and non-residents as well as coordination of activities with many local community agencies and professional services.

Information concerning access to any services offered by the Department of Mental Retardation is available from the regional center that serves the retarded person's residential area (see map attached hereto), or from the Department's Central Office located at 342 North Main Street, West Hartford, Connecticut 06117.

(Effective August 12, 1982)

Sec. 19-570-2. Commissioner

The commissioner of mental retardation has the general responsibility for the operations of the department set forth in section 19-570 of the General Statutes.

(Effective August 12, 1982)

Sec. 19-570-3. Official address

All communications should be addressed to the Commissioner of Mental Retardation, 342 North Main Street, West Hartford, Connecticut 06117. Business relating to regional centers, training schools or other facilities under the department's supervision may be addressed to the Superintendent of that facility. (See address list attached hereto).

(Effective August 12, 1982)

Sec. 19-570-4. Maintenance of administrative records: public inspection

Department of Mental Retardation official administrative records are maintained by the Commissioner and are available for inspection at his office, 342 North Main Street, West Hartford, during regular business hours.

(Effective August 12, 1982)

Sec. 19-570-5. Confidential client records

Individual client records are maintained by the superintendents of the respective regional centers and training schools. These records are confidential and will only be released to the individual client or his/her representative in accordance with the following:

(a) The record of a client who is less than 18 years of age will be released upon the written authorization of his/her parent or guardian. The portion of the record maintained by the Special School District will be released according to the special regulations governing Special School District records.

(b) The record of a client who is 18 years of age or more and has a legally appointed guardian or conservator, will be released upon the written authorization of that guardian or conservator.

(c) The record of a client who is 18 years of age or more, who has not been adjudicated incompetent and who executes a release of information form, shall be released to his attorney.

(d) The record of a client who is 18 years of age or more, who has not been adjudicated incompetent, who has no guardian, and who in the opinion of a Qualified Mental Retardation Professional is incapable of giving informed consent, will be released on the written authorization of his/her parent(s). In cases where the parent(s) is unavailable or refuses to give consent, the record may be released on the written authorization of a guardian, to be obtained by petition to the appropriate Probate Court by the person requesting the release of the record.

(e) The record of a client who is 18 years of age or more, who has not been adjudicated incompetent, has no parents or guardian, and who in the opinion of a Qualified Mental Retardation Professional is incapable of giving informed consent will be released on the written authorization of a guardian, or be obtained by petition to the appropriate Probate Court by the person requesting the release of the record.

(f) When release of a client's record is required to obtain services from another government agency, only those portions of the record which contain essential information will be released and a record will be kept of all such releases.

(g) Individual client records containing references to third parties will have those references censored before release in accordance with the provisions of Section 4-193 (g) of the General Statutes, unless the release is to the client's attorney in which case the uncensored record will be released in accordance with P.A. 80-311.

(h) Pursuant to the provisions of Section 4-194 of the General Statutes portions of individual client records containing personal data that would, in the opinion of an interdisciplinary team, which includes a physician, be medically detrimental to the client if known by him, will not be released unless the release is to the client's attorney in which case the entire record will be released in accordance with P.A. 80-311. When a record containing medically detrimental information is released to a client's attorney, a statement to that effect will be attached explaining why the information is considered detrimental.

(i) The superintendent of each facility will cause a record to be kept of all access to any confidential records and will assure that all staff who have access to such records are trained in the proper use of such information and in its protection.

(Effective August 12, 1982)

Part II

Informal Procedures

Sec. 19-570-6. Concerns and questions

Concerns and questions arising from the activities of the agency may be resolved within the various subdivisions of the department by directing a written request to the appropriate superintendent of the training school or regional center involved, or to the appropriate division head within the central office who will conduct such meetings as reasonably necessary to respond.

(Effective August 12, 1982)

Part III

Formal Procedures: General Provisions

Sec. 19-570-7. Procedure governed

These rules govern practice and procedure before the State Department of Mental Retardation under Chapter 365a and other related and applicable laws of the State of Connecticut except where by statute otherwise provided.

(Effective August 12, 1982)

Sec. 19-570-8. Definition

As used in these rules, except as otherwise required by the context:

(a) ''Department'' means the state department of mental retardation as defined in Sec. 19-570 of the General Statutes;

(b) ''commissioner'' means the commissioner of mental retardation as defined in Sec. 19-570 of the General Statutes;

(c) ''presiding officer'' means any person duly designated by the commissioner to preside at a hearing;

(d) ''hearing'' means a procedure in the disposition of matters delegated to the department wherein a presentation of evidence and argument occurs, which is preceded by due notice and which includes both an opportunity to present such written and oral testimony and argument as a presiding officer deems appropriate and an opportunity to examine and cross examine any witness giving testimony therein;

(e) ''license'' includes all forms of licenses, permits or certification required of the department under the General Statutes, and any other form of permits, certificate, approval, or registration whose administration has been delegated to the department by law;

(f) ''person'' means any individual, partnership, corporation, association, governmental subdivision municipality, or public or private organization of any character which appears before the department or commissioner, for any purpose:

(g) ''complainant'' means any person claiming to be aggrieved by any alleged illegal action coming under the jurisdiction of the state department of mental retardation or any person claiming a right to a hearing under a specific statute. A complainant may by himself or his attorney make, sign and file with the department a complaint. The commissioner may make, sign or file a complaint whenever he has just cause to believe that any person has been engaged or is engaging in any practice construed as being a violation of a statute or regulation coming under the jurisdiction of the department;

(h) ''respondent'' means any person alleged in a complaint to be a violator of a statute or regulation properly coming under the jurisdiction of the department.

(Effective August 12, 1982)

Sec. 19-570-9. Waiver of rules

Where good cause appears the commissioner or presiding officer may permit deviation from these rules, except where precluded by statute.

(Effective August 12, 1982)

Sec. 19-570-10. Construction and amendment

These rules shall be so construed by the commissioner or presiding officer as to secure a just, speedy and inexpensive determination of the issues presented. These rules shall be liberally construed and shall not be deemed to limit the powers

conferred by law upon the commissioner or the department. Amendment and additions to these rules may be adopted by the department by being duly promulgated as orders in accordance with the authority delegated to the department and the commissioner by law.
(Effective August 12, 1982)

Sec. 19-570-11. Date of filing

All orders, decisions, findings of fact, correspondence, motions, petitions, applications, and any other documents governed by these rules shall be deemed to have been filed or received on the date on which they were issued or stamped received by the department at its principal office. The principal office of the department is 342 North Main Street, West Hartford, Connecticut 06117. This office is open from 8:30 a.m. to 4:30 p.m. each weekday except Saturdays, Sundays and legal holidays.
(Effective August 12, 1982)

Sec. 19-570-12. Identification of communications

Communications should embrace only one matter, should contain the name and address of the communicators and the appropriate identification of the subject matter.
(Effective August 12, 1982)

Sec. 19-570-13. Signatures

Each application, notice, motion, petition, complaint, brief and memorandum shall be signed by the filing person or by one or more attorneys in their individual names on behalf of the filing person.
(Effective August 12, 1982)

Part IV

Formal Procedures: Contested Cases

Complaint Procedure

Sec. 19-570-14. Form and filing

The complaint shall be in writing with the original signed by the complainant, his attorney, or as otherwise required by statute. The original of the complaint shall be filed with the department.
(Effective August 12, 1982)

Sec. 19-570-15. Contents

A complaint shall contain the information requested on the appropriate form supplied by the department or if no form is available shall contain the following:

(a) The full name and address of the complainant.

(b) The full name and address of the respondent if known or identifiable: an alleged respondent may be named if expedient.

(c) A reference to the section of the General Statutes of the State of Connecticut or to the rules and regulations alleged to have been violated by the respondent or reference to the section of the General Statutes which confers a right to hearing on the complainant.

(d) A plain and simple statement of the facts, events or actions on which the claim is based.

(e) The dates, date or time of the alleged violation.

(f) The location or place of violation if pertinent to the complaint.
(Effective August 12, 1982)

Sec. 19-570-16. Manner of filing

The complaint may be filed by personal delivery or by regular, certified or registered mail addressed to the department or the commissioner.
(Effective August 12, 1982)

Sec. 19-570-17. Modification or withdrawal of a complaint

A complaint or any part thereof may be withdrawn only with the consent of the commissioner and upon such conditions as he may deem proper. When specific forms are available from the department the complainant may be requested to complete the form and if necessary to have the complaint notarized before further steps are taken. A complaint or any part thereof may be fairly and reasonably amended as a matter of right at any time before hearing thereon and thereafter at the descretion of the commissioner or the presiding officer at the hearing.
(Effective August 12, 1982)

Investigations

Sec. 19-570-18. Reference

After the filing of a complaint the commissioner shall refer the same to an employee as investigator to make prompt preliminary investigation.
(Effective August 12, 1982)

Sec. 19-570-19. Dismissal of complaint

If after investigation of the complaint the commissioner is of the opinion that there was no substantial and competent evidence of violation or of entitlement to hearing, the complaint shall be dismissed. In the event of such dismissal the complainant shall be notified including the reasons for dismissal of the complaint by the same method by which the complaint was filed, or by certified or registered mail.
(Effective August 12, 1982)

Sec. 19-570-20. When hearings ordered

In the cases where an investigation reveals a probable cause to believe a violation exists, or that an entitlement exists, the investigator shall report the facts ascertained concerning the complaint and the results of his investigation to the commissioner for whatever action he deems appropriate within his statutory authority. Except as otherwise provided by statute, the commissioner may in his discretion appoint a sole presiding officer or a hearing panel of not less than three persons who in either case shall be members of the Mental Retardation Council or of the department including himself to hear such complaints and shall cause to be delivered by certified or registered mail notification of such complaint to the respondent. In the instance where the department is the complaintant the preliminary investigation of the alleged violation by the department preceding the issuance of the complaint shall be construed to comply with the investigation unless otherwise required by statute.
(Effective August 12, 1982)

Sec. 19-570-21. Notice of hearing

The notice of hearing shall state the time and place of hearing which shall be not less than 14 days from the date of the notice, and shall inform the respondent that he may file an answer to the complaint. Notice of the hearing shall be given to the complainant and to other interested persons as may be deemed appropriate.
(Effective August 12, 1982)

Sec. 19-570-22. Place of hearing

Unless by statute or by direction of the commissioner a different place is designated, all hearings of the department shall be held at the principle office of the department at 342 North Main Street, West Hartford, Connecticut 06117.
(Effective August 12, 1982)

Filing of Answer

Sec. 19-570-23. Contents

The respondent may by himself or his attorney answer the complaint. The answer shall be in writing, signed by the respondent or his attorney and filed with two copies at the office of the department within seven days from the date of the notice of the hearing. The answer shall contain a general or specific denial or admission of each and every allegation of the complaint controverted by the respondent or a denial of any knowledge or information thereof sufficient to form a belief and a statement of any matter constituting a defense. The answer shall contain the post office address of the respondent.
(Effective August 12, 1982)

Sec. 19-570-24. Manner of filing

The answer may be filed by personal delivery or by certified or registered mail addressed to the commissioner.
(Effective August 12, 1982)

Sec. 19-570-25. Failure to deny or admit

Any allegation in the complaint which is not denied or admitted in the answer unless the respondent shall state in the answer that he is without knowledge or information sufficient to form a belief shall be deemed admitted.
(Effective August 12, 1982)

Sec. 19-570-26. Defense in new matter

Any allegation of new matter contained in the answer shall be deemed denied without the necessity of a reply.
(Effective August 12, 1982)

Sec. 19-570-27. Extension of time for filing

Upon application the commissioner may for good cause shown extend the time within which the answer may be filed.
(Effective August 12, 1982)

Sec. 19-570-28. Amendments

The answer or any part thereof may be amended as a matter of right at any time before the first hearing and thereafter at the discretion of the presiding officer on application duly made therefore. An original with a copy of the amended answer shall be filed with the department.
(Effective August 12, 1982)

Sec. 19-570-29. Amendment of answer upon amendment of complaint

In any case where a complaint has been amended the respondent shall have an opportunity to amend his answer within such period as may be fixed by the presiding officer.
(Effective August 12, 1982)

Sec. 19-570-30. Failure to file answer

The presiding officer may proceed with the hearing, notwithstanding any failure of the respondent to file an answer within the time provided, holding the hearing at the time and place specified in the notice of hearing and may make findings of fact and enter orders in the testimony taken at the hearing.

(Effective August 12, 1982)

Service of All Documents and Other Papers

Sec. 19-570-31. Procedure

(a) Service of all documents and other papers filed in all proceedings, including but not limited to motions, petitions, applications, notices, briefs, and exhibits shall be by delivery in person or by first class mail, except as otherwise provided by statute.

(b) All such documents and other papers shall be served by the person filing the same on all parties to the proceeding and all such additional persons as the commissioner may require.

(c) A copy of any document or other papers served by the department, showing the address where such document or other paper was mailed shall be placed in the commissioner's files and shall be prima facie evidence of such service and the date thereof.

(Effective August 12, 1982)

Pre-Hearing Conferences

Sec. 19-570-32. Informal dispositions

The presiding officer may call and hold conferences to consider simplifying, clarifying or joining issues, and disposing of any action by consent order or license, unless prohibited by statute. Within a reasonable time prior to any such conference, the presiding officer shall notify the parties of it. If the parties who attend the conference agree to a disposition of the actions, the presiding officer shall so inform the commissioner who may then issue a consent order or license which shall embody the terms of such disposition, and which shall be a final decision of the department.

(Effective August 12, 1982)

Sec. 19-570-33. Pre-hearing conferences

The presiding officer may direct the parties to appear at specified times and places for conferences to consider (a) simplification and clarification of issues for hearings; (b) consolidation or joinder of parties; (c) stipulations and admissions of act and of document; (d) limitation of expert witness, exchange of lists of witnesses and summaries of testimony, and other steps to expedite the presentation of evidence; and (e) such other matters as may aid in the orderly disposition of the hearing. The presiding officer shall notify the parties of the date, time and place of the conference. Following any conference, the presiding officer may enter an order which (a) recites the action taken at the conference, and any agreements made by the parties as to any of the matters considered; (b) states the issues for the hearing; (c) consolidates parties at hearing; or (d) otherwise aids in the orderly disposition of the hearing. Any such order shall control the subsequent course of the action unless modified by the presiding officer for good cause.

(Effective August 12, 1982)

Hearings

Sec. 19-570-34. Acceleration of hearings

The parties to the proceedings may consent by written stipulation to a hearing within less than the time required in the notice of the hearing after said notice has been received.

(Effective August 12, 1982)

Sec. 19-570-35. Powers and duties of presiding officer

A presiding officer shall have full authority to control the procedure of a hearing; to admit or exclude testimony or other evidence; and to rule upon all motions and objections. The presiding officer shall make full inquiry into all facts at issue and shall obtain a full and complete record of all facts necessary for a fair determination of the issues. The presiding officer may call and examine witnesses, direct the production of papers and introduce the same into the record of the proceedings.

(Effective August 12, 1982)

Sec. 19-570-36. Improper conduct

The presiding officer may exclude from the hearing room or from further participation in the proceedings any person who engages in improper conduct during the hearing.

(Effective August 12, 1982)

Sec. 19-570-37. Motions and objections at hearings

Motions made during a hearing and objections with respect to the conduct of a hearing including objections to the introduction of evidence shall be stated orally and shall with the ruling of the presiding officer be included in the stenographic report of the hearing.

(Effective August 12, 1982)

Sec. 19-570-38. Motions before or after hearing

All motions other than those made during the hearing shall be in writing stating briefly the order or relief applied for and the grounds for such motion. The original with two copies shall be filed with the presiding officer within three days after date of notice of the hearing. Answering statements if any together with two copies shall be filed with the presiding officer. All motions shall be decided by the presiding officer without oral argument thereon unless the presiding officer shall determine to hear oral argument or to take testimony in which event the presiding officer shall notify the parties of the fact and of the time and place for such argument or for the taking of such testimony.

(Effective August 12, 1982)

Sec. 19-570-39. Waiver of objections

Any objection not duly urged before the presiding officer shall be deemed waived unless the failure or neglect to use such objection shall be excused for cause by the presiding officer.

(Effective August 12, 1982)

Sec. 19-570-40. Joinder of proceedings

Two or more proceedings may be heard together by the presiding officer in his discretion.

(Effective August 12, 1982)

Sec. 19-570-41. Stipulations

Stipulations with regard to matters and issues made with the consent of the presiding officer may be introduced in evidence.
(Effective August 12, 1982)

Sec. 19-570-42. Rights of parties at hearings

All parties to a hearing may call, examine and cross examine witnesses and introduce papers, documents or other evidence into the record of the proceedings subject to the ruling of the presiding officer.
(Effective August 12, 1982)

Sec. 19-570-43. Examination of witnesses

Witnesses at all hearings shall be examined orally under oath or affirmation and a record of the proceedings shall be made by the presiding officer.
(Effective August 12, 1982)

Sec. 19-570-44. Depositions

The presiding officer on his own motion or on the written application of a party shall whenever necessary or required and on such terms and conditions as he may determine take or cause to be taken depositions of witnesses residing within or without the state.
(Effective August 12, 1982)

Sec. 19-570-45. Rules of evidence

The following rules of evidence shall be followed in the admission of testimony and exhibits in all hearings:

(a) **General.** Any oral or documentary evidence may be received; but the presiding officer shall, as a matter of policy, exclude irrelevant, immaterial or unduly repetitious evidence. The presiding officer shall give effect to the rules of privilege recognized by law in Connecticut where appropriate to the conduct of the hearing. Subject to these requirements and subject to right of any party and to cross examine, any testimony may be received in written form as herein provided.

(b) **Documentary evidence, copies.** Documentary evidence may be received at the discretion of the presiding officer in the form of copies or excerpts, if the original is not found readily available. Upon request by any party an opportunity shall be granted to compare the copy with the original, which shall be subject to production by the person offering such copies, within the provisions of Section 52-180 of the General Statutes.

(c) **Cross examination.** Such cross examination may be conducted as the presiding officer shall find to be required for a full and true disclosure of the facts.

(d) **Facts noticed.** The presiding officer may take administrative notice of judicially cognizable facts, including the records and the prior decisions and orders of the department. Any exhibit admitted as evidence by the presiding officer in a prior hearing may be offered as evidence in a subsequent hearing and admitted as an exhibit therein; but the presiding officer shall not deem such exhibit to be cognizable in whole **or in part for this purpose** and shall not consider any facts set forth therein unless such exhibit is duly admitted as evidence in the matter then being heard.

(e) **Facts, notices, scope and procedure.** The presiding officer may take administrative notice of generally recognized technical or scientific facts within his/her specialized knowledge. Parties shall be offered an opportunity to contest the material so noticed by being notified before or during the hearing, or by an appropriate reference in preliminary reports or otherwise of the material noticed. The presiding

officer shall nevertheless employ the experience, technical competence, and specialized knowledge in evaluating the evidence presented at the hearing for the purpose of making a finding of facts and arriving at a final decision.
(Effective August 12, 1982)

Sec. 10-570-46. Oral arguments or briefs

The presiding officer shall permit the parties to submit oral arguments before him and the members of the panel and to file briefs within such time limits as the presiding officer may determine.
(Effective August 12, 1982)

Sec. 19-570-47. Continuation of hearings

The presiding officer may continue a hearing from day to day or adjourn it to a later date or to a different place by announcement thereof at the hearing or by appropriate notice.
(Effective August 12, 1982)

Sec. 19-570-48. Waiver of hearing

With the consent in writing of the respondent and notice to all others concerned, an order may be entered without holding of any hearing or the making of any findings of fact or conclusion of law.
(Effective August 12, 1982)

Sec. 19-570-49. Application to reopen a hearing

A complainant or respondent may for good cause shown apply for the reopening of the previously closed proceedings. Upon such application the commissioner may whenever justice so requires reopen any matter previously closed and vacate any order made thereon, upon notice of such reopening being given to all parties at a hearing held.
(Effective August 12, 1982)

Sec. 19-570-50. Record

The record of the proceedings before the presiding officer shall consist of the complaint and amended complaint, if any, the answer and the amended answer, if any, notices of hearing, written applications, motions, orders, verbatim stenographic transcript of the record on the hearing, exhibits, briefs if filed and the final report.
(Effective August 12, 1982)

Sec. 19-570-51. Report of hearing; action on report

A report shall be prepared by the presiding officer after the hearing setting forth the findings of fact, the decision, and in his discretion an opinion containing reasons for said decision. This report shall be presented to the commissioner. If upon all of the evidence the presiding officer shall find that the respondent has violated any law, rule or regulations, the commissioner on being so informed and considering the record, shall state the findings of fact in which he concurs, and his decision. If upon all the evidence, the presiding officer shall find that a respondent has not been guilty of an infraction the law, the rules or regulations, the commissioner on being so informed and considering the record shall state the findings of fact and his decision.
(Effective August 12, 1982)

Sec. 19-570-52. Uncontested disposition

Unless preluded by law, any complaint, application or petition may be resolved by stipulation, agreed settlement, consent order or default, subject to the order of the commissioner.
(Effective August 12, 1982)

Sec. 19-570-53. Final decisions

All decisions and orders of the commissioner concluding a contested case shall be in writing. The commissioner will serve a copy of his decision on each party.
(Effective August 12, 1982)

Sec. 19-570-54. Filing of final dispositions

All dispositions rendered after a hearing shall be filed at the office of the department and shall be opened to public inspection during regular office hours.
(Effective August 12, 1982)

Sec. 19-570-55. Certification

The commissioner or his authorized deputy is further authorized and empowered to certify all documents or records which are a part of the files and records of any hearing.
(Effective August 12, 1982)

Sec. 19-570-56. Ex parte communications

Unless required for the disposition of matters authorized by statute, neither the commissioner nor any presiding officer shall communicate directly or indirectly with any party concerning any issue of fact or law involved in any contested case that has been commenced under these rules, except upon notice and opportunity for all parties to participate. Any presiding officer and the commissioner may communicate with each other ex parte and may have the aid and advice of such members of the department staff as are assigned to assist them in such contested case.
(Effective August 12, 1982)

Sec. 19-570-57. Appeal to superior court

A person who has exhausted all administrative remedies available within the agency and who is aggrieved by a final decision in a contested case is entitled to judicial review by way of appeal. Such appeals shall be conducted in accordance with the requirements of Section 4-183 through 4-184 of the Connecticut General Statutes.
(Effective August 12, 1982)

Formal Procedures: Matters Involving Licenses

Sec. 19-570-58. General

When the grant, denial or renewal of a license is required to be preceded by notice and opportunity for hearing, the provisions of this chapter concerning contested cases apply, as do those of Section 4-182.
(Effective August 12, 1982)

Sec. 19-570-59. General rules

These rules set forth the procedure to be followed by the commissioner in the disposition of requests for declaratory rulings as to the applicability of any statutory provision or of any regulation or order of the commissioner. Such a ruling of the commissioner disposing of a petition for a declaratory ruling shall have the same status as any decision or order of the commissioner in a contested case.
(Effective August 12, 1982)

Sec. 19-570-60. Petitions for declaratory rulings

Any interested person may at any time request a declaratory ruling from the commissioner with respect to the applicability to such person of any statute, regulation or order enforced, administered, or promulgated by the commissioner. Such

request shall be addressed to the commissioner and filed at the principal office of the commissioner. It shall give the address of the person inquiring and the name and address of such person's attorney, if any. The request shall state clearly and concisely the substance and nature of the request; it shall identify the statute, regulation or order concerning which the inquiry is made and shall identify the particular aspect thereof to which the inquiry is directed. The request for a declaratory ruling shall be accompanied by a statement of any supporting data, facts and arguments that support the position of the person making the inquiry.

(Effective August 12, 1982)

Sec. 19-570-61. Procedure after filing

(a) **Notice to other persons.** The commissioner may give notice to any person that such a declaratory ruling has been requested and may receive and consider data, facts, arguments and opinions from persons other than the person requesting the ruling.

(b) **Provisions for hearing.** If the commissioner deems a hearing necessary or helpful in determining any issue concerning the request for a declaratory ruling, the commissioner shall schedule such hearing and give such notice thereof as shall be appropriate.

(c) **Decision on petition, ruling denied.** If the commissioner determines that a declaratory ruling will not be rendered, the commissioner shall within ten days thereafter notify the person so inquiring that the request has been denied and furnish a statement of the reasons on which the commissioner relied in so deciding.

(d) **Decision on petition, ruling granted.** If the commissioner renders a declaratory ruling, a copy of the ruling shall be sent to the person requesting it and to that person's attorney, if any, and to any other person who has filed a written request for a copy with the commissioner.

(Effective August 12, 1982)

Formal Procedures: Investigative Hearings

Sec. 19-570-62. General

The commissioner may hold investigative hearings for the purpose of (a) ascertaining compliance with any statute or regulation within the department's jurisdiction to administer or enforce; or (b) receiving information concerning any matter which reasonably may be the subject of regulation by the department. The commissioner shall provide reasonable notice of any such hearing to all interested persons and the general public.

(Effective August 12, 1982)

Formal Procedures: Adoption, Amendment or Repeal of Departmental Regulations

Sec. 19-570-63. General

These rules set forth the procedure to be followed by the department in the adoption, amendment or repeal of departmental regulations.

(Effective August 12, 1982)

Sec. 19-570-64. Petitions

Any interested person may at any time petition the department to adopt, amend or repeal any regulations. The petition shall clearly and concisely set forth the text

of the proposed regulations, amendment or repeal. Such petition shall also state the facts and arguments that favor the action it proposes by including such data, facts and arguments either in the petition or in a brief accompanying such petition. The petition shall be addressed to the commissioner and sent to him by mail or delivered during normal business hours. The petition shall be signed by the petitioner and shall include his or her address and the name and address of any agent or counsel, if applicable.

(Effective August 12, 1982)

Sec. 19-570-65. Reserved

Sec. 19-570-66. Notice of intent to adopt regulations

(a) **General.** Notice of the intended action to adopt, amend or repeal regulations shall be given by the commissioner at least thirty days prior to its proposed action, unless some other time is specified by any applicable law. The commissioner shall cause the notice to be published in the Connecticut Law Journal and in such other publications as the commissioner may determine. The commissioner shall likewise notify in writing any person specified by any law and any person who has filed a request for notice pursuant to Section 19-570-68 of these regulations.

(b) **Form.** The notice shall contain the following: (1) the commissioner's statutory authority to adopt the proposed regulations; (2) the procedure for submitted data, views or arguments including the time and place of a public hearing, if any; (3) the terms of the proposed regulations or the substance of the subjects and issues involved and the intended action; and (4) any additional matter required by any law.

The above notwithstanding, the commissioner shall also comply with any applicable statute which contains provisions for notice which differs from those contained herein.

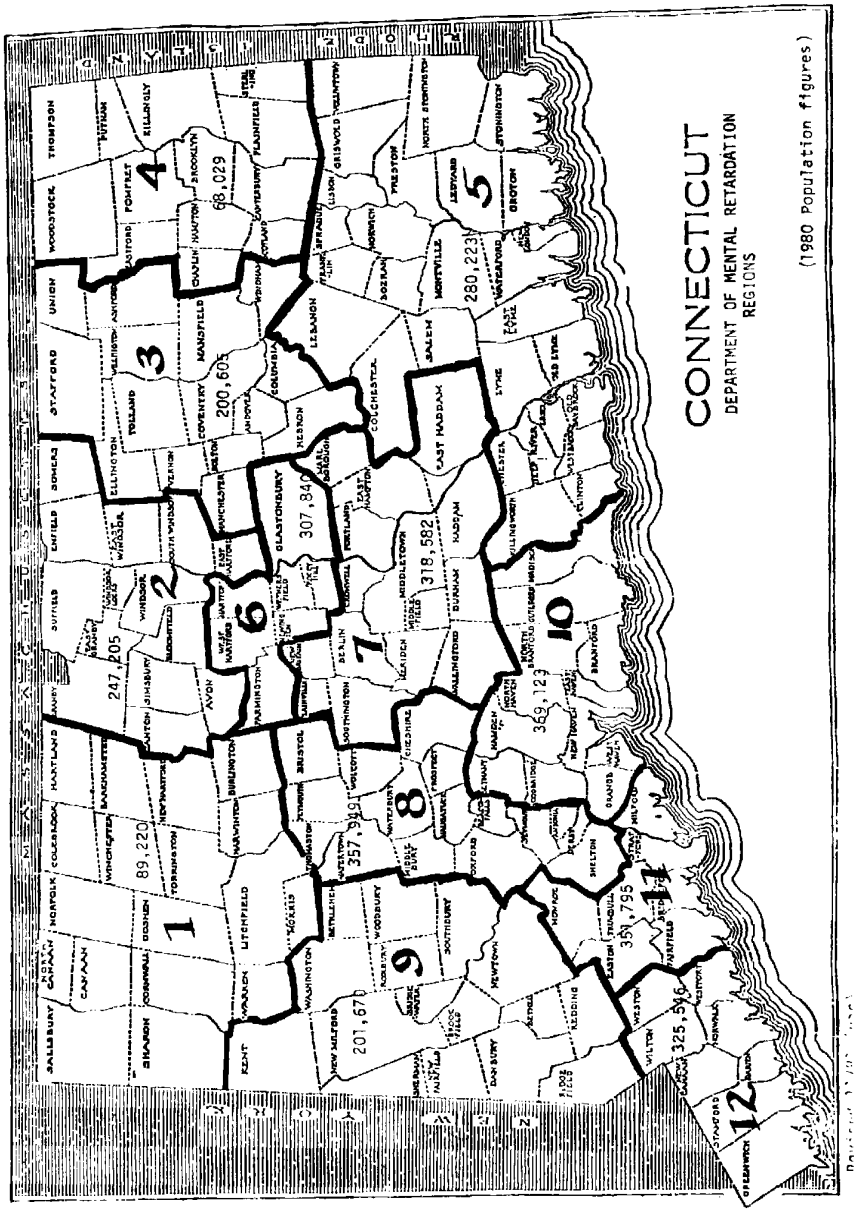
(c) **Procedure.** Within such period as may be stated in the notice, but not less than fifteen days, any interested person may submit a signed letter, brief or other memorandum stating his views or arguments concerning the proposed action. The letter, brief or memorandum shall be addressed to the commissioner and sent to the department or delivered in person during normal business hours. The commissioner may hold a hearing for the purpose of receiving oral submissions, and shall hold a hearing, in the case of a proposal to adopt, amend, or repeal substantive regulations if requested by fifteen or more persons or by an association having not less than fifteen members. The hearing shall be public. Upon completion of the hearing, the commissioner may permit additional written material to be filed during such period as he may determine.

(d) **Withdrawal of proposed regulations.** The commissioner may withdraw any proposed regulations or rulemaking action by notice as provided in Subsection (a) hereof, and upon such notice such proposed regulation or action shall be of no further force or effect.

(Effective August 12, 1982)

Sec. 19-570-67. Request for notice of hearings

Any person may file with the commissioner a request in writing to receive notice of proposed regulation making actions. Any such request shall contain the name and address of the person, and shall be effective until the end of the calendar year in which it is filed.



(Effective August 12, 1982)

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Transferred, August 24, 1994.

Former Section	*New Section*
19-575a-1	17a-238-1
19-575a-2	17a-238-2
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Secs. 19-610-1—19-610-2.

Repealed, March 1, 1988.