

N.J. STATE OF NEW JERSEY  
DEPARTMENT OF INSTITUTIONS AND AGENCIES  
Bureau of Community Institutions  
Trenton

STANDARDS FOR  
PUBLIC MEDICAL INSTITUTIONS\*

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N. 6648

I. INTRODUCTION

The public institutions for which the following standards have been drawn, in most instances, accommodate both persons in need of custodial care and those in need of medical care. These standards are applicable only to infirmary units to which patients in need of medical care are assigned.

A "patient" is defined as a person admitted to the infirmary because of illness and for whom there is a planned, continuing medical treatment, including nursing care, directed toward improvement in health or for whom palliative medical measures are required, though improvement in health or recovery cannot be expected.

A Medical Institution is an institution which provides medical care, including nursing and convalescent care, and has the necessary professional personnel, equipment and facilities to provide for the medical needs of patients on a continuing basis in accordance with accepted standards.

It is staffed by professional medical and professional nursing personnel who have clear and definite responsibility to the institution in the provision of medical services to patients. The term "staffed by" does not necessarily mean that the institution has resident medical, etc., staff but staff must be assigned and available to give necessary care.

II. OBJECTIVES OF MEDICAL INSTITUTION

1. To provide good medical and nursing care on a continuing basis for persons suffering from long term illnesses and afflictions.
2. To preserve the dignity of individuals suffering from debilitating, progressive and terminal illnesses.
3. To recreate feelings of security by the use of recreational and occupational therapies.

\*Drawn in conformity with Chapter 139, P.L. 1951 and approved by the State Board of Control of the Department of Institutions and Agencies January 22, 1952.

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4. To stimulate as far as possible the rehabilitation of each patient.
5. To add to the information concerning treatment of chronic disease.

### III. ADMISSION AND DISCHARGE POLICY

Patients shall be admitted and discharged from the infirmary section solely upon the decision of the medical staff.

### IV. ORGANIZATION AND ADMINISTRATION

An Administrator shall be employed to perform the functions of the office. He should be familiar with budgetary controls, methods of effective and economical purchase and other functions normally assigned to such an officer. He shall be familiar with the broad policies affecting modern patient care, capable of overall planning and supervision, and competent to interpret to the governing body the needs, progress and goals of the institution.

It is desirable that the administrator have a background of institutional administration and experience.

### V. PERSONNEL PRACTICES

1. The Administrator shall set up adequate personnel procedures and keep appropriate records for all employees.
2. Rules and regulations, personnel policies and procedures with which each employee shall be familiar shall be established and promulgated for the guidance of the personnel.
3. All regular, paid personnel should be given pre-employment examinations consisting of a general physical examination including a chest x-ray and stool cultures if a history of typhoid fever is elicited. A physical examination including chest x-ray should be repeated annually on all such personnel. Other personnel who show signs of either respiratory infections, skin lesions, diarrhea or other communicable diseases should be excluded from work to return only after a check-up by a physician.
4. Personnel absent from duty, because of any reportable communicable disease, infection or exposure thereto, shall be excluded from the infirmary until examined by a physician designated for such purpose and shall be certified by him to the Administrator as not suffering any condition that may endanger the health of the patients or employees.

5. In order to attract and retain competent employees, personnel practices should be in accord with those of medical institutions in the area.

#### VI. MEDICAL CARE\*

To insure the best possible care and treatment program for patients, governing boards are urged to secure the advice and guidance of county medical societies in formulation of medical policies and in organization of medical services. Attending physicians shall interpret medical policies for approval by the Department of Institutions and Agencies which may consult any professional advisory group. These policies shall include those which set forth:

1. Qualifications for membership on the medical staff based on education, experience and competence.
2. The medical services to be provided which shall in turn limit admissions to those for whom service is available.
3. The requirement that written orders for medical care and prescriptions be signed by the attending physicians.
4. Provision for a complete routine physical examination upon admission which shall include a serological test for syphilis, urinalysis and blood count.
5. Provision for specialists' services, laboratory and x-ray work as needed.
6. Provision that a physician shall be called when patients are in extremis and shall pronounce death.
7. Death certificate stubs or copies of death certificates shall be kept on file.

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\*While these standards are intended only for infirmary units which may qualify as "medical", it is advisable to develop a total health program for custodial and domiciliary residents maintained outside the infirmary area.

Such a health program should include (1) processing of all new admissions through the infirmary unit so that complete diagnostic findings will be available (except direct admissions from general hospitals for whom recorded medical data is available), (2) daily sick call, (3) annual physical examinations, (4) medical care as needed, and (5) routine dental care.

## VII. MEDICAL RECORDS

Basic medical records shall include:

1. History and physical on admission and subsequent physical examinations.
2. Progress notes made by a physician at least every two months.
3. Written orders signed by a physician for all medications and treatments.
4. Signed record of x-ray and laboratory findings.
5. Nursing notes and graphic charts where indicated.

## VIII. DIAGNOSTIC FACILITIES

X-ray--Provision shall be made for diagnostic service either in the institution or by formal arrangement with a community hospital.

- . Clinical Laboratory--Same as x-ray.

## IX. DENTAL CARE

Dental service shall be provided by a regularly appointed dentist or dentists, or through dental clinics.

## X. NURSING CARE

Nursing care shall be under the direction of a registered professional nurse.

Adequate nursing personnel should be employed to provide at least two and one-half hours of nursing care per patient in each 24 hours. The ratio of professional to non-professional nurses should be not less than 1 to 5.

Institutional policies and nursing care procedures shall be established and made available to nursing personnel in writing.

## XI. NURSING CARE FACILITIES GUIDE

To insure efficient nursing care the patient areas should be set up in nursing units.

The optimum capacity for a nursing unit is approximately 30 beds and 50 beds should be considered as an absolute maximum.

A nursing unit should contain the following:

1. Utility room for each nursing unit equipped with a hopper (deep sink), a hand sink, work table, storage cabinets and a non-pressure sanitizer.

2. Nurses' station (Desk, chart rack, available running water, locked metal cabinets for medications((unless provided in treatment room)), signal system).
3. Linen storage room.
4. Treatment room.
5. Nursing equipment--treatment trays, clinical thermometers, ice caps, hot water bags, etc.
6. Built-in cubicles, adjustable curtains or movable screens in rooms with two or more beds.
7. Hospital beds with Gatch frames (for bed patients) and a bedside chair for each bed. Beds spaced at least three feet apart and 65 sq. ft. per bed to be used as a guide.
8. Individual bedside cabinet tables containing standard individual toilet equipment.
9. Signal system and adequate electric outlets for lighting, heating pads, etc.
10. Wheel chairs and stretchers.

The ratio suggested for adjunct facilities to beds is as follows:

- |                           |          |
|---------------------------|----------|
| 1. Baths (shower or tub): | 1 - 20   |
| 2. Toilets                | : 1 - 12 |
| 3. Lavatories             | : 1 - 12 |

Isolation Rooms--Isolation rooms with separate toilet facilities as needed to care for patients with infectious conditions, mental disturbances or terminal illnesses.

## XII. PRINCIPLES OBSERVED IN THE CARE OF THE SICK

1. Formal arrangements shall be made for the transfer to a general hospital of patients with any condition requiring hospital care unless acceptable facilities are available within the institution.
2. Transfer to a hospital or sanitarium of patients suffering with mental illness, active tuberculosis or other communicable disease.
3. Immediate examination and appropriate treatment by a physician of patients who have had accidents and a recording in the physician's progress notes of such injuries and treatments.
4. The use of restraint only on physician's order and recording by physician and nurse of the restraint used.

5. The return to the physician who supplies them of unused portions of individual narcotic prescriptions.

### XIII. ACCIDENT PREVENTION

1. Every reasonable and essential means of avoiding accidents shall be provided.
2. Adequate protective devices and practices shall be assured.
3. Immediate investigation of the cause of accidents shall be instituted and corrective measures adopted.
4. Periodic inspection shall be made of all physical facilities, equipment and machinery to determine whether hazards exist and if maintenance is safe.

### XIV. SANITATION

1. Sewage.

Sewage shall be discharged into a municipal sewerage system where such system is available. Sewage shall be disposed of in accordance with the requirements of the local ordinances and the standards of the local health department. Methods of sewage disposal must conform to the policies of the State Department of Health.

2. Garbage Disposal.

Suitable facilities shall be provided for collection and disposal of garbage.

3. Water Supply.

Water supply shall be of safe and sanitary quality suitable for drinking purposes and shall be obtained from a water supply system location, construction and operation to conform with the policies of the State Department of Health.

4. Screens.

The building must be adequately supplied with screens, to be fly free at all times.

5. Incineration Facilities.

Incineration facilities shall be provided for disposal of infected dressings, surgical and other wastes. Other refuse shall be stored and removed from the premises in a manner which does not create a nuisance and is consistent with approved hygienic practice.

6. Adequate vermin and insect control must be maintained at all times.

XV. FOOD AND FOOD SERVICE

The preparation of food, planning of menus, supervision of food service and other related activities shall be under the direction of a dietitian or other qualified person. The American Dietetic Association has established qualifications which may be used as a guide in selecting such personnel.

1. Preparation.

The equipment shall include such facilities as are needed to prepare hot, well balanced meals in sufficient quantity to serve as many patients as the institution accommodates.

2. Provision shall be made for preparation and serving of special diets as required.

3. Storage, Handling and Serving.

Food and foodstuffs at hospitals shall be stored, handled and served in compliance with the provisions of Section 24:15 - 1 to 12, New Jersey Revised Statutes and the regulations adopted thereunder and shall be in compliance with sanitary requirements of the local Board of Health pertaining to restaurants.

## BUILDING STANDARDS

### GENERAL STATEMENT:

Provision should be made for satisfactory plant maintenance, introduction of essential fire protection measures, necessary repairs, and replacement of furnishings and equipment, as well as good standard housekeeping, pest control, and proper heat, light, and ventilation. These services shall be organized to provide for the safety and comfort of patients and for maintenance of equipment, furnishings, and surroundings in neat and sanitary condition.

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If existing institutions seeking to qualify as "medical institutions" require alterations or renovations to meet the following building standards or fire protection regulations, scale plans drawn by an architect (or other competent persons) should be submitted in duplicate for approval by the Department. Following approval, renovation plans should not deviate from recommendations of the Department unless approval for such changes is secured in writing.

Plans for new construction shall likewise be submitted to the Department for pre-approval.

### Patient Rooms:

- A. All patient rooms shall be located in areas providing direct natural light and ventilation.
- B. All rooms occupied by patients shall have direct access to corridors and toilet facilities without the necessity of passage through rooms of other patients, kitchen or dining areas, recreation rooms, reception rooms, etc.
- C. A minimum of 65 square feet may be used as a guide in determining the approximate capacity of patient rooms. However, only the spaces unobstructed by doors, windows, radiators, etc., are suitable for placement of beds. There must be a minimum of 3 feet on each side of beds for proper attendance by personnel and for placement of necessary bedside tables and chairs.
- D. Single rooms should be provided to house patients in critical condition.

### Elevators:

In any institution where the infirmary is located above the first floor there should be adequate elevator facilities to avoid the necessity of carrying helpless patients up stairways and to facilitate evacuation of the building in emergency.

### Recreation Space:

Suitable recreation space should be provided so that patients may have the advantage of recreation outside their sleeping areas.

### Plumbing:

There shall be adequate hand-washing, bathing, and toilet facilities on each floor used for patient occupancy. In addition, provision shall be made for such additional plumbing as is necessary to provide good care for patients of each sex. Proper facilities shall be provided for personnel.

### Nurses' Station:

Adequate and well-located space shall be allowed for the nursing station.

### Storage Space:

Sufficient enclosed space, adequately lighted, shall be available for proper storage of linens, drugs, supplies, and patients' clothing.

### Lighting:

Artificial lighting shall be by electricity only.

### Heating:

The heating plant shall be adequate to maintain a temperature of 72 degrees Fahrenheit during the coldest weather.

### Screens:

The institution shall be equipped with screening for all windows adequate to keep the quarters free of insects at all times.

### Kitchen:

The kitchen shall be acceptably located and shall be of sufficient size to sustain proper food service.

### Laundry:

The laundry shall be separate from the kitchen and other working areas of the institution.

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### FIRE PROTECTION\*

The administrator should make every effort to secure the interest and cooperation of the local fire department in planning for protection of the institution; in the instruction of employees in the use of fire-fighting equipment and means of evacuation of the building; in checking fire extinguishers and insuring their proper placement. The advice of local officials often proves of great value.

Buildings of fireproof construction are to be preferred, and all new construction shall be fireproof. Buildings of ordinary construction and wood frame buildings may not be occupied by patients above the second floor. In buildings of ordinary construction, bedridden and helpless patients should preferably be housed in first-floor quarters only.

In any building proposed for use, the following protective measures must be met.

### EXIT STAIRWAYS:

Two satisfactory and easily available means of egress, remote from each other and preferably at opposite ends of the building, must be provided from each floor occupied by patients and these should lead directly to the exterior of the building. Such stairways and hallways leading to the exterior shall be kept free and clear of obstructions at all times. No stairway referred to as a "winder" will be accepted as satisfactory.

All exit doors to such stairways shall be clearly marked.

In any institution approved for occupancy by 30 or more patients, main exits on the first floor shall open outward.

In the event that a fire escape is necessary to provide acceptable egress, it shall be constructed in conformity with standards of the Department. (See pages 15 and 16 for such specifications.)

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\*These fire protection standards for infirmary units, drawn up by the Department in cooperation with the Fire Insurance Rating Organization of New Jersey, are considered as a minimum. They closely parallel standards in effect for proposed private nursing homes and institutions of similar character.

## STAIR ENCLOSURES:

All stairways leading from the first to the second floor shall be properly enclosed to prevent upward spread of smoke, flame and fumes.\* Such enclosures may be erected at either the first or second floor, but first-floor enclosures are usually preferred.

In instances where personnel are housed above the second floor of the patient building, their quarters shall also be protected by stair enclosures or shut-offs, and a second means of egress shall be provided from such quarters.

Enclosures shall have a 1-hour fire resistance rating. They may be constructed of 3/4 inch gypsum plaster on metal lath on each side of 2 x 4 wood studs, or equivalent, or of wired glass in metal framework. All construction proposed as "equivalent" shall be approved by the Department. In enclosures there shall be no movable transoms or movable interior windows and all transoms and interior windows shall be of wired glass in metal frame.

Doors in enclosures shall be (a) metal doors or (b) metal covered doors\*\* or (c) solid wooden doors of the flush type not less than 1-3/4 inches thick. Such doors should be at least 36 inches wide. Any glass in such doors shall be transparent wired glass. All such doors shall be self-closing, shall be tight-fitting, shall open in the direction of egress and shall be equipped with positive latches. Double doors are undesirable since in such installations fire regulations call for one such door to be kept latched in a closed position and compliance with this regulation frequently interferes with normal traffic.

Landings adjacent to all doors in stair enclosures should be at least the width of the door.

DUMBWAITERS AND LAUNDRY CHUTES which are not fireproof shall be enclosed with 3/4 inch gypsum plaster on metal lath on each side of the studs, or equivalent. The top of the opening should be sealed with material having a fire resistance rating of not less than one hour. All doors in such shafts shall be metal, or metal covered\*\* or solid wood doors of the flush type not less than 1-3/4 inch nominal thickness and all such doors shall be

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\*In fireproof buildings occupied above the second floor, upper floors must be similarly protected.

\*\*Where doors are to be protected by metal covering, sheet steel not less than #28 U. S. gauge shall be used and such sheet steel must be securely fastened by bolts or screws.

tight-fitting and equipped with self-closing devices. If the foregoing protective measures are not feasible, dumbwaiter shafts and laundry chutes should be properly sealed at each floor (with material equivalent in fire resistance to the floor construction) and abandoned, or the space converted to other purposes.

ELEVATOR SHAFTS shall be fireproof, or shall be protected in accord with regulations listed for stairway enclosures and enclosure for dumbwaiters and laundry chutes.

BASEMENTS:

Doors at the head of basement stairways shall be (a) metal doors, or (b) metal covered doors, or (c) solid wood doors of the flush type not less than 1-3/4 inch nominal thickness. Metal coverings for doors shall be of sheet steel, not thinner than No. 28 U. S. gauge, securely attached on the basement side with bolts or screws. Such doors shall be tight-fitting, of the self-closing type and equipped with positive latch.

Basement ceilings shall be protected with metal lath and plaster, or equivalent construction approved by the Department, except in cases where such ceilings are already covered with plaster (on wood lath) in good condition. In all cases, hollow partitions shall be effectively fire-stopped with material of at least one hour resistance rating. Side walls and ceilings enclosing basement stairways shall be protected in the same manner as basement ceilings.\*

Paint and other highly inflammable material should preferably be stored outside the building but minimum supplies may be kept in basements if stored in closed metal cabinets or containers.

Basements shall be kept in good order and reasonably clear of excess furniture and equipment, and shall never be used for indiscriminate storage. However, neat stocks in basement storerooms can be permitted.

All basement electrical wiring shall be in BX cable or equivalent and all outlets shall be of approved type.

All ashes shall be kept in metal containers.

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\*Provisions of this paragraph may be waived if all heating units, motors and similar hazardous devices are isolated in ventilated rooms of non-combustible construction having a fire resistance rating of not less than one hour, and providing that doors to such rooms have a similar rating.

Smoke pipes from heaters to chimneys shall not pass within 18 inches of ceilings even though the ceiling may have been protected with metal lath and plaster. (If it is not possible to remove the smoke pipe 18 inches from such ceiling, other adequate protective measures will be recommended by the Department.)

In all new installation of oil furnaces and equipment, tanks should be located outside the building. In cases where oil burning equipment has already been installed in properties, the vent pipe and fill pipe should be located outside the building.

All unnecessary combustible partitions within basement should be removed.

#### ELECTRICAL WIRING:

There shall be no temporary wiring in the institution excepting approved appliances equipped with heavy duty cord in good condition.

The institution should annually secure a written statement by a qualified electrician that the electrical circuits and wiring are satisfactory. His report should include the date of the inspection and should give assurance that circuits are not overloaded, that all wiring and permanent fixtures are in good condition, and that all portable electrical appliances, including lamps, are equipped with heavy duty cord in good condition.

The administrator shall be responsible for the maintenance of satisfactory standards in the above respects at all times.

#### KITCHENS:

Since kitchens constitute hazardous areas, they shall be isolated insofar as possible, from other quarters. Doors leading to adjacent areas shall swing in one direction only, shall be self-closing, tight-fitting, and equipped with positive latch.

Such doors shall be (a) metal doors or (b) metal covered doors\* or (c) solid wood doors of the flush type not less than 1-3/4 inches thick.

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\*Where existing doors are to be protected by metal covering, sheet steel not less than No. 28 U. S. gauge shall be used and such sheet steel must be securely fastened in place with bolts or screws.

Kitchen exhaust fans and metal ducts shall be kept free of grease and dirt at all times, and metal ducts from such fans shall extend at least 2 feet beyond the building. Areas around kitchen ranges shall be kept free of grease at all times.

In the event that metal hoods and exhaust ducts are installed directly over kitchen ranges, construction standards of the National Board of Fire Underwriters shall be complied with. (Pamphlet 91).

#### LAUNDRY:

Because of the type equipment involved, the laundry constitutes a hazardous area which should be segregated and protected with materials of one-hour fire resistance rating.

#### FIRE EXTINGUISHERS:

There shall be an adequate number of fire extinguishers in the basement and on each floor of the building, all of which should bear the seal of the Underwriters' Laboratories.

Extinguishers should be conspicuously hung and kept easily accessible and all shall be re-charged and inspected in accord with the Manufacturer's specifications. Each shall be labeled to show the date of such inspection and re-filling.

The following types of extinguishers should be provided:

1. In kitchen areas (because of the danger of grease fires) extinguisher should be of the carbon tetrachloride, foam or carbon dioxide type.
2. In the basement area, extinguisher should be of the foam type if oil is used as a fuel. If coal is used, soda-and-acid extinguishers are recommended.
3. In other areas soda-and-acid extinguishers should be provided.

#### INSTRUCTION OF PERSONNEL:

The administrator shall be responsible for instruction of all personnel in fire prevention, in use of fire protection equipment and devices, and for development of procedures to be followed in event of emergency. Such instruction should be given all employees prior to their assignment to duty and should be repeated at necessary intervals.

## FIRE ESCAPE SPECIFICATIONS

### OUTSIDE WOODEN STAIRWAYS:

Wooden fire escapes are permitted, providing the following specifications are met:

Stringers must be of the closed type, 3 inches by 12 inches, and there must not be less than 3 string pieces. Treads must be 2 inches by 10 inches, not less than 48 inches in the clear and properly supported on pieces 2 inches by 4 inches well spliced to stringers.

All platforms must be supported by uprights not less than 4 inches by 4 inches, properly braced.

The fire escape should be directly accessible from the interior and so arranged as to make clear the direction of egress. All exit doors to fire escapes shall be clearly marked.

Fire escape stairways should lead away from the building and not run alongside.

All doors leading to fire escape shall swing outward, shall be equipped with panic bars and should lead to a platform level with the door and the width of the platform shall not be less than 48 inches square.

Runways, stairs, and all landings shall not be less than 48 inches in the clear to permit the carrying of helpless patients, and all shall be equipped with a suitable hand rail braced at every third tread and with an intermediate guard rail.

The rise of steps must not exceed 7-1/2 inches. The treads of steps must not be less than 9-1/2 inches exclusive of nosing.

No run of steps shall have more than 17 risers unless an intermediate platform is provided.

No counter-balanced fire escape is acceptable, but all shall be permanently fixed in place.

All fire escapes shall have concrete footings extending at least 3 feet below grade.

### SPECIAL NOTE:

Plans for all fire escapes must be approved by the Department of Institutions and Agencies prior to any actual construction and must show in detail all buildings adjacent to fire escapes.

STEEL FIRE ESCAPES:

Steel fire escapes shall provide the same characteristics of the wooden fire escapes.

Such escapes shall have no member less than 1/4 inch thick. Where such escapes are fastened to building, bolts must run clear through wall, and any member passing through wall must be protected against corrosion. All stairs, platforms, landings, balconies to sustain a live load of at least 100 pounds per square foot with a factor of safety of 6, also a concentrated load of 200 pounds at the center of each tread.

SPECIAL NOTE:

Plans for all fire escapes must be approved by the Department of Institutions and Agencies prior to any actual construction and must show in detail all buildings adjacent to fire escapes.

EXISTING FIRE ESCAPES:

Existing fire escapes will be acceptable if:

1. The pitch does not exceed 45 degrees.
2. The width is not less than 30 inches.
3. If access is provided by proper doors.
4. Fire escapes are not of the counter-balanced type.