

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
STATE OFFICE BUILDING
135 WEST HANOVER STREET
TRENTON 7, N. J.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

INTER-OFFICE COMMUNICATION

To Dr. Pleasants

Date May 23, 1955

From Mrs. Trainor

Subject Standards Used by the Bureau of Inspection

Mr. Smith is not in the office today but called me at home last night and I discussed the matter of these standards with him.

Attached are two sets of the following standards used by this Bureau and also a copy of the memorandum of February 21 which I sent in submitting copies of standards to Mrs. Feehan.

Manual of Standards for Private Hospitals

Minimum Standards for Nursing Homes

Manual of Building Standards for Institutions Licensed under Chapter 10 and Chapter 11

Standards for Infirmaries of Residential Schools and Colleges

Standards for Maternity Homes

Manual of Standards for Private Mental Hospitals

Standards for Public Medical Institutions

Standards for Boarding Homes

(ONLY ONE COPY) → { Proposed Standards for Homes for the Aged
ATTACHED including a section on Infirmary Standards

Recommended Regulations to Govern Operation of Police Lockups

Principles for the Administration of County Jails

We are submitting the existing nursing home standards which have been recently revised. The new standards have been approved and we are now in the process of stenciling them. Copies will be submitted to you when they are available.

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The standards for homes for the aged have not had final approval, but it is my understanding that you requested the rough draft which is included. These standards, of course, are not ready for filing with the Secretary of State, but we hope they will be finally approved in the near future.

We cannot reconcile the legal citations which you gave us but possibly Mr. Urbaniak could clear this.

M.L.J.
Martha Lough Trainor, R. N.
Assistant Chief
Bureau of Inspection

MLT/rt
Att.

C
O
P
Y

Mrs. Feehan

February 21, 1955

Mrs. Trainor

In compliance with your telephone request of today, enclosed are two sets of the following standards which were forwarded to Mr. Mooney in July 1954 to be filed with the Secretary of State.

Manual of Standards for Private
Hospitals

Minimum Standards for Nursing Homes

Manual of Building Standards for In-
stitutions Licensed under Chapter 10
and Chapter 11

Standards for Infirmaries of Resi-
dential Schools and Colleges

Standards for Maternity Homes

Manual of Standards for Private
Mental Hospitals

Standards for Public Medical Insti-
tutions

Standards for Boarding Homes

Recommended Regulations to Govern Op-
eration of Police Lockups

Principles for the Administration of
County Jails

Martha Lough Trainor, R.N.
Assistant Chief
Bureau of Inspection

MLT/rt/rb

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Inspection
Trenton

STANDARDS FOR
PUBLIC MEDICAL INSTITUTIONS*

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.

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.

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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 admission 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.

*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 monthly.
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 (Hopper, hand sink, utensil sterilizer, work table, cabinets, bedpan flusher and sterilizer).

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.

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.

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, bed-ridden 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.)

*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

*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. guage, 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, heat 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.

*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.

*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.

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
BUREAU OF INSPECTION
TRENTON

STANDARDS
FOR
BOARDING HOMES

IB-SB2

APPROVED
SEPTEMBER 28, 1953

I. INTRODUCTION

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- A. The Department of Institutions and Agencies has responsibility for inspection and approval of homes and institutions providing sheltered care to persons not residing in their own homes and under Chapter 212, Public Laws 1953, is empowered to establish standards for the construction, maintenance and operation of such residences.

The purpose of these standards is to establish basic principles and minimum requirements to assure safe living for persons requiring personal services beyond room, board and laundry.

The Department is well aware of the need for such establishment and its policy is to be as helpful as possible. Representatives will visit and confer with operators of homes and institutions and due consideration will be given to the special problems in individual situations.

The major objective of the program is to assist operators in providing reasonable substitutes for family homes.

The Department (with the assent of the Approval Committee) reserves the right to change or modify these standards as may be necessary from time to time in order to protect the public interest.

B. Legal Definition

An Act requiring the approval, inspection and regulation of certain types of boarding homes and other homes for the sheltered care of four or more adult persons, which provide personal care or service beyond food, shelter and laundry; providing for standards and regulations and penalties for violation thereof, and supplementing Title 30 of the Revised Statutes.

- C. A boarding home shall be construed to be any establishment in which, for compensation, four or more adult persons unrelated to the proprietor are given room and board, including heat, light, toilet and bath facilities and in which there is an agreement by the proprietor to give a minimum amount of personal care or supervision to any one or more such boarders.

II. PHYSICAL PLANT

The building shall be a well-maintained residence-type structure. It shall be kept in good repair and free from serious fire hazards and other hazards to health and safety at all times.

A. Heat

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1. Central heating shall be provided unless some alternate heating system is specifically approved.
2. The heating plant shall be adequate to maintain a temperature of 75°F during the coldest weather, so that the temperature shall always be kept at 72°F or above, between the hours of 6 A. M. and 10 P. M.
3. Portable heaters burning solid, liquid or gaseous fuels shall not be used except by express permission of the Department.
4. Open fireplaces shall be protected with metal screens when in use.

B. Lighting

Artificial lighting shall be by electricity only.

The individual rooms used for sleeping purposes by boarders shall have sufficient natural light and suitable artificial lighting.

All quarters used by boarders including hallways and stairways shall be well lighted by natural light or by electricity at all times.

Night lights shall be provided in bathrooms, hallways, stairways and other passageways.

Battery-type emergency lights shall be available at all times.

C. Ventilation

All sleeping rooms used by boarders shall be ventilated by windows sufficient to prevent objectionable odors and in such a manner as to avoid direct drafts on the occupants.

All inside toilets and bathrooms without direct outside ventilation shall be properly ventilated by other means.

D. Sanitary Condition

All rooms occupied or used by boarders shall be kept in a sanitary condition at all times.

E. Living Room

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A suitable living room, comfortably furnished, well heated and lighted, shall be provided.

F. Dining Room

A dining area, large enough to meet the needs of the boarders shall be provided.

G. Passageways, Stairways, etc.

Stairways and open platforms shall be provided with suitable handrails or banisters if practicable. Such handrails and banisters shall be securely attached and of sufficient height to guard against accidents.

If tread coverings are used on stairs, they shall be of the non-skid type.

Passageways and stairways in existing boarding homes will be acceptable if they are 30 inches wide. However, passageways and stairs in newly established boarding homes shall be at least 36 inches wide. Passageways and stairs shall be provided with natural or artificial lighting at all times. All passageways and stairways shall be kept free from refuse and shall not be used for storage space.

H. Occupancy Limitations

Except in buildings of fireproof construction, no occupancy by boarders above the third floor will be permitted.

A first floor is defined as a story where the floor level is above the curb level.

Third floor quarters will be reviewed on an individual basis to determine whether they are suitable for occupancy by boarders and approval of such third floor quarters will be granted or denied after review of the individual situation.

Under certain conditions, basement occupancy may be permitted. However, no such occupancy will be allowed if more than one-half the height of the room or rooms in question is below curb level and if there are other conditions which might militate against the health, safety or welfare of the boarder.

I. Multiple Room Limitations

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No sleeping room accommodation shall exceed four persons.

In no instance shall persons of opposite sexes be permitted to be housed in the same room unless they are husband and wife. In the case of husband and wife, double beds may be used but in no other instance.

J. Local Approvals

The following approvals must be secured and filed with the Department.

1. Zoning Authority (if such local authority exists). A written statement attesting that the use of the present structure is not in conflict with zoning regulations.
2. Building Inspector. A written statement attesting to the structural safety of the building or a written statement to the effect that this is not the responsibility of the building inspector.
3. Fire Department*. A written statement from local fire authorities to the effect that, in their opinion, the building is satisfactory for the purpose and occupancy.
4. Local or District Health Department. A written statement attesting that the building and its facilities meet local or district health requirements.
5. State Department of Health. If the home or institution is not serviced by a public water supply, written approval for this service must be secured from the State Department of Health, Division of Environmental Sanitation. After original approval, further approvals may be required annually, or as often as the need is indicated.

III. FIRE PROTECTION

Prevention is the keynote of fire protection. The operator should make every effort to safeguard against the existence of serious fire hazards.

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*The Department of Institutions and Agencies reserves the right to recommend additional fire protection measures beyond requirements of local communities.

Representatives of the Department will cooperate in every way to assist the boarding home operator in establishing a fire prevention program.

A. Stairways and Exits **

If boarders are housed above the second floor*, in non-fireproof buildings, all occupied floors above the second floor shall have two satisfactory and easily available means of egress remote from each other unless local fire departments will accept responsibility for approval of some alternate arrangement.

If it is necessary to construct a fire escape to conform with the provision listed above, such fire escape shall be so constructed as to provide a second means of egress from the second floor also.

These exits should lead directly to the exterior of the building and shall be kept free and clear at all times. Exit doors to such stairways shall be clearly marked. Direction signs and markings for Air Raid Shelters shall be in conformity with the local plan.

B. Heating Unit Protection

The ceiling over the heating unit shall be protected by metal lath and plaster or other material at least of one-hour resistance rating. This covering shall extend at least three feet beyond the heating unit on all sides.

C. Kitchen

Since kitchens constitute hazardous areas they shall be protected by doors.

D. Fire Extinguishers

Fire extinguishers of suitable types shall be hung in conspicuous places on all floors and in the basement. They shall be inspected annually.

E. Fire Evacuation Plans

The operator shall be responsible for instruction of all boarders and personnel in fire prevention. Employees shall be instructed in the use of fire protection equipment and devices and procedures to be followed in emergency. Such instruction should be reviewed once a month.

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*See page 3 for other limitations upon occupancy by boarders above the second floor.** Section A, Paragraphs 1 and 2 revised April 21, 1954.

It is advisable for boarding home operators to seek the advice and help of the local fire department in this regard.

F. Wiring

In any instance where electrical wiring is replaced or where new installations are made, the wiring shall be in BX cable or equivalent.

IV. GENERAL SANITATION

A. Water Supply

Water supply shall be of safe and sanitary quality suitable for drinking purposes. (If water is obtained from a public water system, this will be conclusive proof that the water supply is satisfactory.)

B. Plumbing

Plumbing should be maintained in good repair and should warrant approval by local health departments. If there are no local authorities available to approve plumbing, and if it appears to be in bad condition, approval of State authorities should be sought.

C. Sewage Disposal

Sewage shall be disposed of in accordance with the requirements of local ordinances and standards of the local health department. Methods of sewage disposal, other than a public disposal system, must conform to the standards of local health departments. If there are no local authorities available to approve sewage disposal, approval of State authorities should be sought.

D. Garbage Disposal

Garbage shall be stored in covered, water-tight metal containers and shall be collected and disposed of at least weekly.

E. Screens

Outside doors, windows and other openings shall be protected against flies and other insects by seasonal use of screens. Vermin, rodent and insect control must be maintained at all times.

V. BOARDER ACCOMMODATIONS

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A. Bed Space

Sleeping rooms in which there is one boarder must have a minimum of 70 square feet of floor area. Sleeping rooms in which there is more than one boarder must have a minimum of 50 square feet of floor area per person with at least 3 feet between beds to insure general comfort and safety of boarders.

B. Furnishings

Each boarder shall be provided with the following items:

1. A standard household bed, studio couch or daybed not less than 30 inches wide. Folding beds, cots and davenports shall not be used for sleeping purposes.
2. A mattress not less than 4 inches thick, clean and in good repair.
3. A bed spring in good repair.
4. At least one pillow made of hair, feathers or foam rubber.
5. Provision shall be made in the boarder's room for lockers, assigned drawers, dressers or closets for the storage of personal possessions of each boarder. Bedside tables or cabinets are desirable.
6. A separate drinking glass, cup or mug.
7. A comfortable chair.

C. Linen

Each bed shall be equipped at all times with the following linen:

1. At least one sheet or sheet blanket.
2. A pillowcase for each pillow.
3. One blanket. Additional blankets shall be available to meet the individual boarder's needs.
4. A mattress cover which can be removed for cleaning or laundering is desirable.

Each boarder shall at all times have the following personal linen: make viewing an archived copy from the New Jersey State Library.

1. One bath towel.
2. One washcloth.

There shall be enough household linen to provide at least one change every week and more often as is necessary.

D. Toilet and Bath Facilities

Toilet and bath facilities shall be located so as to be reasonably accessible from a common hall or passageway to all persons. Such facilities should be available in the following ratios:

1. Toilets, one to eight boarders.
2. Wash basins, one to eight boarders.
3. Tubs or showers, one to fifteen boarders.

NOTE: Toilets and wash basins, as well as showers and tubs, should be provided within the building and in adequately heated areas. Plumbing of other types cannot be used except with special approval.

VI. BOARDER SERVICES

- A. The operator of the Boarding Home shall not regulate or control the personal life of a boarder beyond reasonable requirements for adherence to meal schedules and other elements of orderly group living.
- B. Boarders must be allowed individual freedom to attend the church of their choice, movies, go for walks and engage in other outside activities.

It is recommended that radios, television, reading material, etc., be available to boarders.

- C. Telephone service should be available in the boarding home.
- D. Boarders shall be permitted to receive visitors.
- E. Some arrangement shall be made to provide personal laundry service for boarders.

VII. FOOD SERVICE

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The food provided must meet the basic nutritional requirements as recommended by the Department.

Food should be well prepared and three well balanced meals per day served on a regular schedule. There shall be a lapse of at least 10 hours between breakfast and supper. At least one hot dish shall be served at two of the three meals. Coffee, tea or other beverages shall not be construed to be a hot dish.

Food served shall be adjusted to meet the physical needs of the boarders and provision should be made for special diets when prescribed by a physician.

The kitchens shall be adequately equipped to serve properly prepared food. Kitchens, pantries and all storage space shall be free from vermin and maintained in sanitary condition at all times.

There shall be adequate provision for proper refrigeration of food.

Dishes shall be washed by an approved sanitary method.

Daily menus shall be planned ahead and a record kept of the food served daily. The record of food served shall be kept current and shall be held available at all times for the month preceding.

VIII. PERSONNEL

There shall be one person in charge who is of good moral character, physically and temperamentally suited for the supervision of boarders. Such person shall be on the premises at all times unless a satisfactory arrangement is made for coverage during his or her absence.

Additional personnel shall be employed as necessary.

Persons employed in the boarding home shall be in reasonably good health. All persons other than members of the operator's family shall be at least 16 years of age.

IX. HEALTH PROGRAM

A written statement signed by a licensed physician stating that the boarder is free from communicable disease, and is not in need of nursing, shall be kept on file by the operator.

At the time of admission, arrangements should be made between the operator and the boarder or sponsor regarding the physician and dentist to be called in case of illness or the person to be called for a boarder who because of his religious affiliation is opposed to medical treatment and the transfer to a hospital or similar institution in the event of major illness, or other appropriate arrangements for care elsewhere if because of the boarder's religious affiliation, he is opposed to hospital or similar care.

A physician shall be called at the onset of illness of any boarder, or other person designated as appropriate for a boarder opposed to medical treatment because of his religious affiliation.

When the boarder no longer meets the eligibility requirements determined by the Department, supported by the attending physician's statement, the operator, person or interested agency shall be notified immediately so that arrangements can be made to transfer the boarder to a hospital or nursing home until such time as the boarder is again in relatively good health.

Bed care shall be provided in the event of emergency and as necessary in case of temporary illness not to exceed one week.

X. RECORDS

The following records shall be kept and readily available to representatives of the Department of Institutions and Agencies.

A. Admission Record

This shall include the name of the boarder, last address, date of birth, name and address of sponsor or interested agency, date of admission, date of discharge or death, the name, address and telephone number of physician to be called and the name and address of nearest relative or friend together with any other information the boarder wishes to have recorded.

B. Health Record

The health record shall include the written statement of the physician's examination on admission and subsequent examinations and visits, date of discharge or death.

C. Record of Deaths

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For his own protection, whenever a boarder dies while residing in a boarding home, the operator shall obtain a certificate from the physician giving date, time and cause of death, and such information should be recorded in a ledger or in some other manner so as to be readily available at all times.

State of New Jersey
Department of Institutions and Agencies
Trenton

The following suggestions which include practices now followed by several municipal Police Departments are passed on to all New Jersey Chiefs of Police as a guide in promoting adequate standards for city jails and other municipal lock-ups.

RECOMMENDED REGULATIONS TO GOVERN OPERATION OF POLICE LOCK-UPS

A. RECORDS

1. The lock-up should maintain adequate records and these should include (in addition to the name and other identifying information) the time and date that the prisoner was received, the number of the cell to which assigned, the time and date of release, the arresting officer, the offense, the disposition and special remarks describing any unusual situation or condition.

B. RECEIVING NEW PRISONERS *

1. All new prisoners should be thoroughly searched, with money, valuables, penknives, nail files and all such personal belongings taken from them and placed in a property envelope, on which the contents should be listed. The envelope should be signed by the officer on duty, countersigned by the prisoner, sealed and locked in a safe place.

In the event that the prisoner is incapable of signing his name, a notation to that effect should be made and witnessed by the arresting officer.

2. If, in the opinion of the officers on duty, it is believed that the prisoner might attempt suicide, his belt, necktie, shoelaces and any other article of clothing that might be easily used in such an act, should be taken from him.

*A special reminder that after July 1, 1948 it will be illegal to receive in any lock-up (or police station) juveniles under 16 years of age and such persons should be taken directly to the juvenile detention quarters established by the county.

Attention is also called to the present law which requires the segregation of juveniles, aged 16 and 17, from all other prisoners. In other words, it is now necessary to place prisoners of this age in quarters where they will be entirely out of contact with older prisoners.

- 2 -

3. In receiving a prisoner who possibly may be suffering from injury, he should be thoroughly examined by the receiving officer and notation made of bruises, cuts or other injuries. In the event that need for medical attention is indicated, a physician should be summoned at once.

(Within the last year or two there have been several instances where persons suffering from fractured skulls have been received in lock-ups and jails in a dazed condition. Such cases are sometimes mistaken for persons who are merely drunk but if any doubt exists in the mind of the receiving officer, a physician should be summoned immediately so that proper medical care can be supplied.)

4. In addition to searching the prisoner, the cell to which he is assigned should be inspected to insure the absence of any material which might possibly be used for attack upon an officer or for self-injury.

C. CUSTODY

1. Ordinarily, prisoners should be locked singly in cells. No doubling up in cells should be permitted if other cells are empty.
2. If necessary, because of overcrowding, to double prisoners, extreme care should be taken in assigning such individuals so that homosexuality, or threats, injuries, etc. to prisoners, may be avoided.
3. Women should never be assigned to the men's section of a lock-up but to a separate division where there can be no possible contact or conversation with male prisoners.
4. At any time that a female prisoner is in custody, 24-hour matron service should be available and under no circumstances should male officers enter the female section of the lock-up unless accompanied by the matron. (Such a measure will safeguard against unwarranted criticism of officers on duty.)
5. There should be a regular patrol of cell areas at least each one-half hour and the frequency of these patrols should be checked by use of a watchclock system, the records of which should be filed for possible future reference. This recommendation is made in an effort to thwart suicides, attacks of one prisoner upon another, etc.
6. If it is customary, because of other duties, for officers to leave the lock-up unattended for longer than half-hourly periods, it is advised that arrangements be made with some other jurisdiction to receive and hold prisoners.

D. FIRE PROTECTION

1. To safeguard against loss of life and property, every lock-up should be equipped with necessary fire protection equipment and regular inspections by the local Fire Department constitute a good safeguard in this respect.
2. Extinguishers should be re-filled at least annually.
3. The Chief should be certain that officers patrolling the lock-up are familiar with the use of fire extinguishers and other protective equipment.

E. SANITATION AND FACILITIES

1. Every lock-up should be clean at all times and there should be janitorial service to keep windows, bunks, cells, walls, etc. in sanitary condition at all times. Cells should be free of litter such as paper drinking cups, newspapers, uneaten food, etc.
2. There should be adequate natural light in the lock-up but if the quarters are not lighted sufficiently by windows, good artificial lighting should be supplied at all times. (Painting the cell areas with a light-colored paint will do much to improve their appearance and reflect whatever natural or artificial light is available.)
3. Adequate light should be maintained throughout the night so that supervision of prisoners will be facilitated.
4. The lock-up should be adequately heated at all times and throughout the winter the heat should be maintained at a temperature of approximately 68-70 degrees.
5. There should be adequate natural ventilation but if the structure does not permit this, exhaust fans or other mechanical ventilation should be installed.
6. Plumbing should always be kept in good repair.
7. Soap, paper towels, toilet paper and washing facilities should be available to prisoners. If shaving is permitted, (it is sometimes the practice to permit prisoners to shave before appearance in court) only a safety razor should be provided and then only while the officer is present.
8. The lock-up should be free of vermin at all times.
9. Cell areas should be kept in clean condition and prisoners should be prohibited from writing on cell walls, scribbling, drawing pictures, etc., for this practice greatly detracts from the appearance of the lock-up and often requires frequent painting of cell areas. (Removal of pencils from new prisoners will do much to break up this common practice.)
10. Steel cells should be inspected frequently to determine whether they are corroding. Leaking plumbing fixtures and lack of paint will often result in such serious deterioration of steel cells that they may have to be repaired extensively or entirely replaced. Frequent painting of corroded areas will eliminate the need for such major repairs.
11. While it is not customary to supply mattresses, blankets or other bedding to prisoners who are either destructive or those who are in such condition that the equipment may be ruined, mattresses should be supplied to all sober and cooperative prisoners. (Use of mattress covers of canvas or other durable material will prolong the life of such items.)
12. If the temperature of the lock-up is such that blankets are necessarily provided at night, these should be laundered before being issued to a new prisoner.

F. FOOD

1. While it is realized that prisoners frequently spend no more than a few hours in a local lock-up and while they are usually disposed of within at least 24 hours, many exceptions have been found and in some cases prisoners have remained in lock-ups for several days. For this reason it is advisable and necessary to institute certain regulations to insure the adequacy of food supplied.
2. Prisoners should be served three meals per day and it is believed adequate to supply two sandwiches and coffee for each meal if a prisoner's detention is purely temporary. However, if the prisoner remains for more than 24 hours, he or she should be given at least two sandwiches and coffee each morning and evening and at least one full meal in addition.
3. To improve custody, it is recommended that liquids be supplied in paper containers rather than in tin cups or chinaware and that sandwiches and meals be provided on paper plates with paper forks.
4. Drinking water should be available at all times, or provided upon request of prisoners.

G. PUNISHMENT

1. Under no circumstance should a prisoner be denied the regular lock-up fare as a punishment measure, for this can easily be construed as an unwarranted measure. It is suggested, rather, that cigarettes or other privileges be withheld if the prisoner is unruly.
2. There should be no corporal punishment of a prisoner under any circumstance.
3. There should be no use of force except in an emergency and then only to prevent attacks upon an officer or upon another prisoner, or to bring an assaultive prisoner under control.

H. SPECIAL NOTES

1. The use of padded cells should be avoided except under extreme conditions, for the use of these cells has frequently led to serious results.
2. In the event that use of a padded cell is considered necessary, the prisoner should be stripped of clothing and matches and all other material should be taken from him. It is also advisable, under such circumstances, to call the police physician who could probably give the prisoner a sedative or arrange for his transfer to a hospital-type institution.
3. Any communications of a prisoner to Judges, Prosecutors, the Department of Institutions and Agencies or to any other recognized official or agency, should be mailed and a stamp provided, if necessary, by the Police Department.

4. Attention is invited to the provisions of Title 30:4-38 R.S. (Class "C" Commitment). This statute provides for the immediate emergency commitment of an insane person to a mental hospital upon the certification of two physicians and without an order of the court. The court order must be obtained subsequently.

No insane person should be held in a city jail or lock-up any longer than necessary to obtain the certifications.

State of New Jersey
Department of Institutions and Agencies
Division of Inspection
Trenton

PRINCIPLES
for the

ADMINISTRATION OF COUNTY JAILS

F O R E W O R D

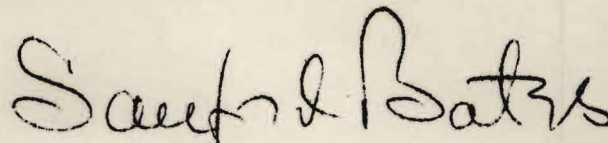
County jails are highly important institutions, not only from the point of view of State and Federal prison systems, but more particularly from that of the local community itself.

Such institutions receive offenders of many and varied types. Among them are persons held for grave offenses and who often have long and serious criminal records. In addition, jails must hold many prisoners under sentence as well as witnesses and persons of many other types. Among those received are found, at times, alcoholics, drug addicts, the insane, and persons suffering from contagious and venereal disease, tuberculosis, and chronic illness. There is hardly a community problem which the jail warden does not, at some time or other, face in the administration of his institution.

Because of the complexity of the problems encountered in the proper operation of a county jail, the Department of Institutions and Agencies has drawn the following statement of principles which should apply in such institutions.

These should not be considered specific rules. No two institutions are identical and it is essential that each should devise, for the guidance of its officers and inmates, specific regulations under which to operate.

However, the general principles outlined here should be utilized as a guide, and no specific rule should be drawn unless it is in conformity with the following principles.



Sanford Bates, Commissioner
Department of Institutions & Agencies

August 12, 1952

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PRINCIPLES
for the
ADMINISTRATION OF COUNTY JAILS.

PERSONNEL

The problems encountered in the operation of a progressive county jail are highly complex. To meet these effectively requires personnel with intelligence, ingenuity, a familiarity with county agencies and resources, and the ability to work harmoniously with others in public life.

The chief executive should be well qualified by experience and training and should be selected from the ranks of those persons interested in problems of public safety and welfare. Qualities of leadership are vital, for the chief executive must build the confidence of both his subordinates and the persons committed to his care. It is preferable that such executives be selected by competitive examination and that their appointment be divorced from partisan political considerations. Subordinate officers should likewise be selected on the basis of merit and their salary scales should be adequate to attract persons of intelligence, education and training.

Because of the peculiar problems arising in the relationship of the executive and his subordinates on the one hand and prisoners on the other, special attention should be given to the good moral character of all persons employed, since one dishonest employee cannot only undermine the good name of his institution, but his employment in a penal institution is a constant danger to the public welfare.

Promotions should, when possible, be made by competitive examination, and there should be progressive employee practices to insure loyalty and continued interest in the job to be performed. Forward looking personnel policies should include an adequate retirement system, vacation allowances and reasonable sick leave.

There shall be an adequate number of officers to maintain effective supervision at all times and a sufficient number of matrons who shall have complete supervision over women prisoners.

In-service training programs are a highly important

phase of good jail management since they educate the new employee and refresh older ones on subjects vital to the operation of the institution itself.

Personnel should be scrupulous in their contacts with their superiors, fellow-officers, prisoners and visitors.

Officers should not assume an unduly familiar attitude toward prisoners or visitors but should at all times, maintain a dignified and impersonal demeanor.

No gratuity shall be accepted and any offer of any gratuity should be reported to superior authority at once by the officer.

Officers shall never engage in business dealings with prisoners or visitors, or presume to suggest employment of specific counsel, etc.

Officers shall avoid discussion of the affairs of the institution with employees, prisoners or outsiders.

Officers shall not engage in distracting activities while on duty.

Under no circumstances shall an officer carry any personal message to or from a prisoner.

Officers shall keep themselves physically and mentally alert and shall always maintain a neat personal appearance.

Officers shall always be alert to prevent contraband (such as liquor, weapons, drugs and all other banned items) from entering the jail by any means and any knowledge of such contraband within the jail or any knowledge of any plan to bring contraband within the jail should be immediately reported to superior authorities.

Under no circumstances shall any employee of a jail engage in any type of political activity while on duty and discussion of political and other controversial questions should be avoided.

JAIL BUILDING

Since the Department of Institutions and Agencies has the responsibility for inspection of all county jails and for determining the adequacy of the jail building, plans for any new jail or for any major reconstruction should be submitted to the Department for approval prior to the beginning of any construction or reconstruction.

The jail building should, in view of its special function, be of the most secure type. This does not necessarily mean that the construction should be expensive, but the jail should be planned for security, for proper segregation of prisoners, for ease of maintenance, and for the highest sanitary standards.

In most jails, prisoner accommodation should be of varying types with a separate maximum security section for prisoners who require such custody, with limited security for prisoners who are not deemed in need of maximum custody.

Such an institution will be geared to the needs of particular prisoner groups and provide needed accommodations at reasonable cost.

Modern correction practice suggests the separation of numerous types of jail prisoners and the building should be constructed to provide for such segregation. Use of small segregated units is recommended since construction permits a more effective degree of supervision by breaking up the population into small groups that can easily be controlled and supervised. Because of the special purpose of the building and necessity of confining prisoners to segregated areas within the jail, the building should be free from fire hazards and should be of fireproof construction.

Preferably, the entire jail area should be protected by a suitable barrier to safeguard against unauthorized contact with outside persons.

SECURITY

No weapon should ever be taken into the jail except in extreme emergency and under instruction of competent authority.

No officer should ever carry into the inner jail such key or sets of keys which, in the hands of a prisoner, could be used to effect release from the jail.

No prisoner should ever be permitted to handle any jail keys.

Duplicate sets of keys shall be stored in a place accessible only to proper authorities.

Arsenals should be so located as to be readily accessible to proper authorities but well out of reach of other persons.

Frequent, and irregularly-scheduled searches should be made of cells and other quarters and prisoners' possessions. In addition, examinations should be made frequently of bars, locks and other protective devices and records should be kept of all such searches and inspections.

No packages or supplies of any kind intended for prisoners' use shall be accepted at the jail except by specific permission of the chief executive (essential items should be carried in the jail "store").

Visiting by attorneys, relatives and other authorized persons should be so arranged that no physical contact is possible. Visits should be supervised.

"Trusties" should be selected only from the prisoners under sentence and preferably should be limited to local residents, to persons who have family ties and are serving short sentences.

Physical counts of prisoners should be made frequently, and at least with each change of shift. Such counts should be verified by officers coming on duty and those being relieved and an adequate record maintained.

Extreme care shall be exercised in the opening and closing of doors which are important to the security of the institution.

ADMISSION OF PRISONERS

Police officers should be required to remain until all committing papers have been scrutinized and found to be in order. In the case of smaller jails he should be required to remain until the prisoner is processed and safely confined. At no time during this procedure, shall he carry a weapon or side arms.

All monies, valuables and contraband possessions should be taken from the prisoner, safely stored, and a receipt given for same. A duplicate of the receipt should be given the prisoner. (In case the prisoner should be intoxicated and unable to sign his name, both the receiving officer and the escorting officer should attest to the correctness of the record, valuables and monies.)

After all pertinent information has been secured, the prisoner should be strip-searched, bathed in hot water and soap, under the supervision of a guard. This guard should be alert in examining for unusual body and/or mental conditions which are apparent and report any suspicions to the jail physician.

After bathing, the prisoner should be issued necessary clothing (preferably underclothing, socks, slippers and coveralls of county supply). His own clothing should be thoroughly searched, deloused if necessary, and stored pending his release.

If jail uniforms are not supplied by the county, only those garments absolutely necessary for the prisoner's comfort should be returned to him. Excess articles, such as overcoats, suit coats, hats, overshoes, etc. should be cleaned and stored away.

The prisoner should next be photographed and fingerprinted and prints should be cleared promptly.

A physical examination should be given each prisoner by a physician as soon as possible after his admission. If space is available, prisoners should be quarantined until the results of such examinations are known. If and when an individual is found free of contagious or communicable disease he should be classified on the basis of all information available and assigned to suitable housing quarters.

New prisoners should receive copies of jail rules promptly to avoid misunderstandings and accidental infractions.

CLASSIFICATION OF PRISONERS

Proper classification of prisoners is vital to the well-run jail since it reduces problems of custody and discipline, permits assignment of individual prisoners to suitable quarters and prevents the association of groups who should be kept apart. Good classification practices are therefore an absolute necessity, both for the jail and for the protection of the community.

Minimum classification calls for the segregation of the following groups:

1. Women should be housed in a section remote from male prisoners so that there can be no contact nor communication.
2. The admission of any juveniles (under 16) to a jail is illegal, and officers must refuse admission to any such person.
3. Prisoners (of both sexes) aged 16 and 17 must by law be completely segregated from adult prisoners.
4. Witnesses must be segregated.
5. The sick prisoners should be segregated if the jail physician so recommends.
6. Trial and sentenced prisoners should be segregated from each other since contact between these groups endangers the security of the institution and is often inimical to the interests of prisoners themselves.
7. Habitual offenders should be isolated from the general population since they invariably exert a destructive influence.
8. "Trusties" and other prisoners who are assigned to work (and who thus have more extensive liberty) should be housed separately.

MEDICAL SERVICE

Many prisoners admitted to jails are suffering from sicknesses and afflictions which should be recognized and treated. Adequate medical service is a necessity to the jail and to the prisoner, and is actually a worth-while community service.

Every prisoner should receive a medical examination as soon after admission as is practical and record of findings and recommendations maintained.

Under no circumstances should a prisoner be assigned to kitchen or other work until approved by the physician as free of communicable or infectious disease.

The physician should visit daily, examine any prisoner complaining of illness and maintain an adequate record. He should also be available on call.

All drugs shall be kept safely out of the reach of the prisoners and all narcotics and barbiturates shall be kept in a safe and under double lock.

In all cases of serious illness or injury which cannot be adequately treated, the prisoner should be transferred to a community hospital.

Instances where a prisoner about to be discharged is in need of further treatment, real effort should be made with appropriate agencies to insure adequate attention.

In the event of the death of any prisoner while under the supervision of the jail, the circumstances shall be reported immediately to the county physician or coroner and if there is any suspicion of death by unnatural causes the circumstances should be reported to the county prosecutor.

DISCIPLINE

Discipline is the mark of a well-regulated institution. However, discipline must never be based upon an abusive, harsh or vindictive attitude but should be built to insure respect for authority, good order and high morale.

All prisoners should be advised of rules and regulations, and required to adhere to them.

All infractions should be dealt with calmly, promptly and with equal application.

Prisoners should be required to maintain a respectful attitude toward guards, officials and visitors.

Prisoners should be required to keep themselves and their clothing clean and neat.

Loud talking, profanity and other objectionable actions should be prohibited.

Under no circumstances should prisoners be permitted to retain money or valuables.

The jail should request written consent of individual prisoners to censor all mail. If such consent is refused, the jail should hold all correspondence addressed to a prisoner unopened and deliver all such mail to him at the time of his release.

Prisoners shall never be permitted to exercise authority over each other.

Punishment, when necessary, should take the form of loss of privilege, loss of good time, lock-up, or temporary and reasonable restriction of menu. However, cruel and out-moded methods of punishment such as corporal punishment and confinement in dark cells should not be tolerated.

Adequate punishment records shall be maintained.

Physical force shall never be used by officers except in self-defense, to protect another prisoner or officer, or to protect public property.

No prisoner shall be permitted privileges except those normal privileges which are made available to his fellow prisoners or which can be earned by any prisoner.

Under no circumstances should any prisoner be permitted unauthorized absences from the jail.

Any act or offense committed within a jail which, if committed in the community, would result in police or court action should be reported to proper authority for appropriate disposition.

FOOD SERVICE

Every jail should serve adequate, varied food, plain less expensive types. Provision of such adequate fare will eliminate the need for supplementing the menu through sale of food. No such extra food should be permitted except upon certification of need by the jail physician.

Menus (preferably of 10-day duration) should be prepared in cooperation with the jail physician and with a local dietician or other competent person.

Prisoners should be fed outside the cells except in those cases where outside feeding might endanger security.

The practice of retaining food in cells, tends to not only attract vermin but to detract from the prisoners' quarters. For this reason, it is an undesirable practice and should not be permitted.

Three meals daily should be served at reasonable times. Particular care should be taken to avoid serving the evening meal early, a common practice which results in an extremely long period between the evening meal and subsequent breakfast.

Obviously, the food service facilities, equipment and quarters should be operated and maintained at high sanitary standards.

PRISONER WELFARE

The well-operated jail has a responsibility to the community, to the prisoner and to itself to provide constructive influences such as productive work projects, constructive recreation and opportunity for religious guidance...all of which are basic to high morale, and all of which tend to overcome the damaging effects of mass idleness.

Every effort should be made to provide work opportunity, no matter how unimportant such work may appear. There are many projects which can be developed by an alert warden, such as repair of toys, manufacture of county and municipal road signs, as well as, services for community organizations such as the Red Cross. To develop such products, the warden should secure the cooperation of governmental and community organizations.

Recreation should be developed to include handicraft and other projects designed to develop individual skills and interest. Such recreation should be supplemented by the usual media of library, radio, television, etc.

The jail should provide, in limited quantity, such essentials as writing paper, stamps and necessary toilet articles to prisoners unable to pay. If this is not possible the jail "store" should be maintained for such supplies and any profit should constitute a "welfare fund" utilized to supply needs of impecunious prisoners and for the general prisoner welfare. Under no circumstances shall any officer benefit financially by the operation of such "store".

There shall be reasonable rules regarding privileges of letter-writing, visits, etc.

A prisoner shall not be denied the right to confer with his attorney. While such visits should be under visual supervision, such supervision should not invade the privacy of the conference.

SANITATION AND MAINTENANCE

Any penal institution constitutes a tremendous reservoir of man-power and there is no conceivable excuse for either sub-standard maintenance or operation on any but the highest sanitary standard.

All cells, toilets, corridors and other quarters should be kept in neat order and immaculately clean.

There shall be an adequate supply of cleaning materials and equipment and adequate storage space provided for them.

Bed linen should be changed at least weekly and blankets cleaned as necessary.

Each new prisoner should receive clean linen and blankets.

Prisoners should be supplied with toilet paper, soap, individual towel and such other necessities to insure an adequate standard of hygiene.

Bathing regulations should be set up and provision made for hair-cutting as necessary.

DISCHARGE

At time of discharge, the prisoner's clothing and personal effects shall be promptly available and upon its return, a receipt filed.

Clothing should be cleaned and pressed if possible to insure his satisfactory appearance. The prisoner's hair should be trimmed if needed.

Prisoners should be discharged early in the day.

If the prisoner is without funds, money for transportation to his home should be provided from the welfare fund.

RECORDS

In addition to those jail records, such as the filing of committal and discharge papers which are required by law, the jail should maintain such other records as are necessary to its efficient management.

Included in this category would be records of personnel, regulations for security procedures (including inspections and prisoner counts), medical data, disciplinary actions invoked, menus served and such other records as the need is indicated.

MINIMUM STANDARDS FOR NURSING HOMES

Prescribed by the

NEW JERSEY STATE DEPARTMENT OF
INSTITUTIONS AND AGENCIES

LAW REGULATING NURSING HOMES*

A nursing home is defined by law as a "home for the care, treatment and nursing of persons who are ill with disease or who are crippled, infirm, or in any way afflicted."

All nursing homes which provide for the care of more than one patient at a given time must be licensed by the Department of Institutions and Agencies. The operation of such a home without a license incurs penalties specified by law.

The Department is empowered to set up minimum standards of personnel, equipment, and service that are required of each nursing home before it is granted a license.

These standards are given in this bulletin in order that each person who contemplates the establishment of a nursing home may consider carefully all the factors involved before he or she spends time and money for a home that may not be licensable.

PURPOSE OF THE LAW

During the past few years, there have grown up many nursing homes, run for profit, which aim to give nursing care for the chronically ill in an environment similar to that of a family home. They fill the need for care of the aged and the chronically ill outside the home, resulting from the increasing proportion of aged in the general population and the substitution by many families of the small apartment for the large house.

Because experience proved that some of those who operate nursing homes were more interested in profits than in rendering good service, it became necessary for the State by Act of Legislature to set up certain safeguards about the operation of such homes to protect the public and to ensure them at least of minimum standards of nursing care.

*Revised Statutes of 1937, Title 30, Chapter 11, and interpretation of Attorney General.

Applicants for licenses for nursing homes are urged to study the requirements herein described for personnel and equipment and the Manual of Building Standards, and to secure the necessary approval of local authorities before applying for a license. A large percentage of nursing homes contemplated never become licensable because they fail in some of the requirements.

PATIENTS ACCEPTABLE FOR ADMISSION

General Types Accepted:

In applying for a license the applicant must state which of the following will be cared for:

1. Aged
2. Chronically ill
3. Convalescent
4. Senile
5. Tuberculous
6. Children in need of special care

After a license is granted for a specified type of patient, no other type of patient must be accepted without the approval of the Department.

Special Limitation of Patients:

Although the above types are all acceptable for admission to a nursing home, certain limitations are put on admissions which include:

1. Children and adults cannot be admitted to the same home.
2. Persons with communicable disease cannot be cared for in a home at the same time as patients with non-infectious diseases.
3. Mental patients cannot be admitted to a nursing home unless the home is licensed under a different Act (Revised Statutes of 1937, Title 30, Chapter 10) with different minimum requirements.

Other Required Admission Regulations:

A physician's diagnosis is required for every patient before admission or within twenty-four hours after admission.

No person may be admitted on a life fee basis.

HOW TO APPLY FOR LICENSE

Any person who desires to secure a license to operate a nursing home must make application to the Commissioner of the State Department of Institutions and Agencies in writing on a form supplied by the Department. This must be accompanied by:

- a. Written approval of the:
 1. Local zoning authority (if any) for the proposed location of the home.
 2. Local building authorities for the structure of the home.
 3. Local health department for sanitation.
 4. Local fire department or department of safety for fire protection.
- b. Evidence of the professional fitness of the owner or someone in his or her employ to carry out the nursing program.
- c. Evidence of the financial responsibility of the owner of the proposed nursing home.
- d. Character reference from at least two reputable persons.

LOCATION OF NURSING HOME

License becomes void upon change
of location or ownership

The selection of the site and building must conform with the local zoning ordinances.

The most successful homes are those which have easy access to centers of population.

SANITATION

Approval by the proper local authorities of both water supply and sewage disposal must be filed with the State Department of Institutions and Agencies. If the nursing home is not in a locality served by a municipal water supply and sewage disposal system:

1. An adequate water supply must be provided. The water must have been tested and pronounced pure within one year prior to application and annually thereafter, and the reports must be filed with the Department.
2. An adequate sewage disposal system must be provided, which must be checked periodically for capacity.

Adequate provision for the collection and disposal of garbage, ashes and waste material must be made. Covered containers must be used for garbage and metal containers for ashes.

The entire building must be supplied with screens from May to November and must be fly free at all times.

The Department must be satisfied that all precautions are being taken to guard against the presence of vermin.

MEDICAL CARE

Patients under care must be seen periodically by a regularly licensed physician.

Each patient shall designate a regularly licensed physician to be called upon for medical care. This physician's name and telephone number shall be a matter of record in the nursing home.

The owner of each home shall designate the name and address of a regularly licensed physician who may be called in an emergency.

NURSING CARE AND SUPERVISION OF PATIENTS

The nursing home must be covered at all times by a graduate registered nurse. Provision must be made for this coverage during vacation and other relief periods. Adequate nursing service must be provided for night care of patients.

No treatment or medication shall be given without a written order signed by a regularly licensed physician.

Each bed patient shall have a bath at least every other day. Ambulant patients shall be bathed at least twice weekly. It is desirable that all patients have a daily rest period.

RECORDS

All professional and statistical records shall be available at any time to representatives of the State Department of Institutions and Agencies. Each home is required to keep the following records:

1. Patients' Register:
This is furnished by the State Department of Institutions and Agencies.
2. Physicians' Register:
A bound book listing the name of the patient visited, the name of the physician, and the date of the visit.
3. Physicians' Order Book:
A bound book giving the name of the patient, the medication, diet or treatment ordered, the date, and physician's signature.
4. Narcotic Book:
This records the patient's name, date, name and dosage of medication administered, time given, and initials of nurse.
5. Nursing records:
These include for all acutely ill cases, temperature chart, bedside notes, and doctor's orders.

PATIENTS' ACCOMMODATIONS AND EQUIPMENT

All beds shall be of metal. (Beds of household height are preferred for aged and ambulatory patients.) A few adjustable beds are desirable.

There shall be at least an allowance of 65 square feet per bed with adequate ventilation. At least 3 feet shall be allowed between beds and there must be adequate space between beds and side walls to insure proper walking space for the nurses.

Each bed shall be supplied with at least two pillows of standard size. Mattresses shall be at least five inches in thickness and made of cotton, felt, fibre or better material.

Each patient shall have in addition to the bed a bedside table, a bureau or equivalent, and adequately enclosed provision for clothes. A comfortable chair shall be provided for each ambulatory patient.

A floor covering that can be easily washed is desirable, but this is dependent upon the type of patient who occupies the room. Paint for walls is to be preferred to paper.

Each home shall have available a room that can be used for seriously ill or terminal cases.

A sitting room shall be provided for all ambulatory patients. It should be equipped with radio, reading material, a daily paper and comfortable chairs.

It is in line with present-day care and treatment that the surroundings of the sick and invalid be colorful and attractive. This does not necessitate extra expenditure of money, but thought should be given to making the surroundings of those cared for as cheerful and as homelike as possible.

MINIMUM EQUIPMENT

Adequate linen must be available so that the beds are clean at all times and emergencies can be met.

The following linen must be provided:

Sheets	Bed spreads (washable)	Bed pads
Draw sheets	Bath towels	Hot water bottle covers
Pillow slips	Face towels	Bed pan covers
Single wool blankets	Wash cloths	

The following articles per bed patient are necessary for nursing care:

Bed pan	Two medicine glasses
Urinal per male bed patient	Glass for drinking
Enamel wash basin	Bed bell
Enamel kidney basin	Rubber sheet

Every home should be supplied with:

Hot water bags	Back rests
Enema outfits	Rubber ring
Douche outfits	Side boards for bed
Mouth thermometers	Wheel chair
Rectal thermometers	Scales
Rectal tubes	Tongue depressors
Catheters	Paper cups
Ice caps	Paper Handkerchiefs
Hypodermic tray	Sputum cups
Supply of new hypodermic needles	Bath mat
First aid dressings	Rubber mat
	Locked medicine cabinet

If diabetics are received, an insulin syringe must be available.

BATHING AND TOILET FACILITIES

There shall be an ample supply of hot and cold water available at all times.

Sanitary toilet, bath and lavatory shall be provided on each floor where patients are cared for.

It is desirable to have a hopper sink on each floor.

GENERAL CARE OF PATIENT'S ROOM

The walls and ceiling shall be kept clean. The patient's room shall be thoroughly cleaned when patient leaves and as often during patient's occupancy as is necessary to maintain an accepted standard of cleanliness.

FOOD SERVICE

There shall be a sufficient supply of good food, properly prepared, with green vegetables and fruit emphasized in the dietary unless otherwise prescribed by the physician. The foods served should be simple and easily digestible and should contain all the constituents required for good nutrition.

It is best to begin a meal with something hot to stimulate gastric secretion and thus aid digestion, and to serve the heartiest meal in the middle of the day, supplemented by early supper and nourishment at bed time. Quantities served at meals should be moderate in amount.

Attention should be paid to a dietary for aged persons which will not tax their digestive powers. Consideration should be given to the texture of food served because of their difficulties of mastication.

For tray service a light weight, easily cleaned smooth surface tray of ample size is recommended. Tray covers of paper, linen or cotton are recommended and add to the appearance. Adequate dishes and silver shall be provided in order to serve the food suitably and attractively. Napkins shall be provided.

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LAUNDRY

If a commercial linen supply service is not used, adequate provision must be made for sufficient hot water for scalding clothes. A washer, wringer and equipment for ironing must be available.

HEATING

A central system of heating shall be provided so that a minimum temperature of 70 degrees may be maintained at all times

~~THE DEPARTMENT RESERVES THE RIGHT AT ANY
TIME TO MODIFY THESE STANDARDS~~

LICENSE
MUST BE POSTED IN
A CONSPICUOUS PLACE

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES

Division of Inspection
Trenton

PROFESSIONAL REGISTERED NURSE SUPERVISION
IN NURSING HOMES

All nursing homes should provide supervision throughout the 24 hours of each day by registered professional nurses. However, due to the present critical shortage of such professional nursing personnel and the admitted inability of certain nursing homes (particularly the smaller ones) to secure such round-the-clock coverage, the following will be accepted as a temporary minimum standard below which no nursing home will be recommended for license.*

The Department reserves the right to withdraw the following temporary minimum standards if and when circumstances warrant:

RESPONSIBILITIES OF THE REGISTERED PROFESSIONAL NURSE IN CHARGE:

1. In every nursing home, nursing care shall be under the direction of a registered professional nurse who shall spend at least 8 hours per day and have proper relief provided.
2. The registered professional nurse in charge shall alternate her tours of duty during the first three weeks to orient herself to staff and patients. Following this orientation period, she should normally establish herself on the 7 A.M. to 3 P.M., 8 A.M. to 4 P.M., or 9 A.M. to 5 P.M. tours of duty. This is not to be construed as preventing her from being on duty at other times if necessary.
3. All admissions must be approved by the registered professional nurse in charge as to suitability for the particular nursing home.

*Nursing homes will be appraised on an individual basis with consideration of such factors as to the number and type of patients under care and other related factors. The inspection staff will evaluate care by the use of the following formula: All nursing homes shall employ adequate nursing personnel to provide an average of at least 3 hours of nursing care per patient in each 24 hours. The ratio of professional to non-professional nurses shall not be less than 1 to 5.

4. The registered professional nurse in charge shall be responsible for selection or approval of all nursing personnel, and she should designate the nurse or nurses to be in charge during her absence.
5. The registered professional nurse in charge shall be responsible for orientation of all personnel concerned with patient care.
6. Pre-arrangements shall be established for a registered professional nurse relief during the charge nurse's designated leaves from duty. It is desirable that the same registered professional nurse be secured for relief if possible.
7. The registered professional nurse in charge shall be given the responsibility for the transfer of patients needing care that the nursing home cannot provide.
8. The registered professional nurse in charge shall be responsible for the planning and handling of special diets.

January 12, 1952.

State of New Jersey
Division of Inspection
Department of Institutions and Agencies
Trenton

MANUAL OF BUILDING STANDARDS
For Institutions Licensed under Chapter 10 and Chapter 11
Title 30, as Revised and Amended

JUNE 1951

The Department of Institutions and Agencies is responsible by law for developing minimum standards for institutions licensed under Title 30, Chapter 10 and Chapter 11 as revised and amended.

The following standards adopted for nursing homes and other institutions under supervision will serve as a guide for new applicants and for institutions now licensed or supervised.

These requirements should be studied carefully by the prospective operator and conference held with representatives of the Department prior to purchase or lease of the property proposed for such use.

SPECIAL NOTE: The APPLICATION FORM should be filed in duplicate and approved before the applicant proceeds to comply with building requirements.

APPLICATIONS FOR BUILDING APPROVALS

To avoid delay and misunderstanding the applicant for license should follow the procedure listed below:

- I. The applicant should consider carefully the location of the proposed institution. Preferably it should not be in a congested area but, on the other hand, should be accessible to centers of population. The availability of public water supply and sewage disposal facilities should be considered.

- II. A preliminary evaluation of the structure should be made by the applicant to ascertain whether the building provides safe accommodation and the special facilities essential to efficient patient care, or could be renovated to meet standards. Special emphasis should be placed upon:

- A. The suitability of the structure for good patient care: (See pages 4 and 5)

In this connection, appraisal will be made of the adequacy of space available for patient housing and recreation, plumbing, facilities for proper nursing service, food preparation and other details essential to efficient operation.

- B. The fire protection measures required for safe housing of patients. (See pages 6 to 12)
- C. The extent of renovations necessary to provide adequate facilities and fire protection.
- D. The estimated patient capacity. (See page 4.)
Final capacity will be determined by the time of actual licensing.

III. If, in the opinion of the applicant, the building proposed for use is satisfactory (or could be made satisfactory) the following written approvals should be secured and filed with the Department of Institutions and Agencies at the time the duplicate application is submitted:

- A. Zoning Authority: A written statement attesting that the proposed use of the structure is not in conflict with zoning regulations.
- B. Building Inspector: A written statement attesting to the structural safety of the building.
- C. Fire Department* A written statement from local fire authorities to the effect that, in their opinion, the building is satisfactory for the proposed occupancy.
- D. Local Health Department: A written statement attesting that the building and its facilities meet local health requirements.

*The Department of Institutions and Agencies reserves the right to require fire protection measures which may go beyond requirements of municipalities.

E. State Department of Health. If the institution is not serviced by a public water supply and a public sewage system, written approval of these services must be secured from the State Department of Health, Division of Environmental Sanitation. After original approval, further approvals may be required annually, or as often as the need is indicated.

- IV. The applicant should secure a scale plan of the basement and each floor of the building. Best results will be secured when plans are drawn by a registered architect or a licensed professional engineer. Such plans should be secured in duplicate so that a copy may be filed with the Department of Institutions and Agencies. In addition to the plans, photographs showing at least three sides of the building should be submitted.
- V. When the applicant has the material listed above, an appointment should be made in advance with representatives of the Division of Inspection, Department of Institutions and Agencies, State Office Building, Trenton. The Division of Inspection will evaluate all material submitted and plans of the building will be reviewed. In the event that renovations are essential, recommendations will be outlined in writing. Such renovations should be planned and supervised by a registered architect or a licensed professional engineer and shall not deviate from the recommendations outlined by this Department unless written approval is secured.
- VI. An inspection of the property may be made by representatives of the Department after local approvals have been filed.
- VII. Upon completion of renovations the applicant shall give written notification that the work has been completed in accord with specifications of the Department.*

An inspection of the premises will then be made and if completed work appears satisfactory, the building will be approved.

Approval of the structure does not in itself constitute permission to accept patients.

*No further structural changes may be made without pre-approval of the Department.

The structure shall provide for the proper care and comfort of patients.

Patient Rooms:

- A. All patients' 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 patients 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. Any patient in critical condition should be cared for in a single room.

Recreation Space:

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

Plumbing:

- A. 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.
- B. Additional utility room equipment including at least one large hopper sink with adequate sewer connection shall be provided.

Nurse's Station:

Adequate and well-located space shall be allowed for the supervising nurse.

ADAPTABILITY OF STRUCTURE (cont'd.)

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 nursing home.

FIRE PROTECTION

The operator should make every effort to secure the interest and cooperation of the local fire department in planning for protection of the nursing home, in the instruction of employees in use of fire fighting equipment and means of evacuation of the buildings, 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. Buildings of ordinary construction and wood frame buildings may not be occupied by patients above the second floor.*

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.

All exit doors to such stairways shall be clearly marked.

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

No stairway referred to as a "winder" will be accepted as satisfactory.

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 11 and 12. for such specifications.)

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.

*Bedridden and helpless patients should preferably be housed in the first floor quarters.

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

STAIR ENCLOSURES: (cont'd.)

In instances where owners or personnel are housed above the second floor, 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 2×4 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 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.

*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.

ELEVATOR SHAFTS shall be fire proof, 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 original containers will be permitted in basement storerooms.

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.

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.

*Provisions of this paragraph may be waived by the Department 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.

ELECTRICAL WIRING:

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

The operator shall, on or before January 1st of each year, submit 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 operator is 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.

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.

*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.

FIRE PROTECTION (cont'd.)

FIRE EXTINGUISHERS: (cont'd.)

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 operator 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.

Wood Fire Escapes

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.

FIRE ESCAPE SPECIFICATIONS (cont'd.)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 counter-balanced

STANDARDS FOR INFIRMARIES OF
RESIDENTIAL SCHOOLS AND COLLEGES

On Friday, May 27, 1949 a Joint Committee of representatives from residential schools and colleges met with Commissioner Sanford Bates and representatives of the Department of Institutions and Agencies for the purpose of determining standards for school infirmaries.

As a result of this conference the following guide was developed.

I. PHYSICAL PLANT

A. Fire Protection

If the infirmary is located in a nonfireproof building it ideally should be on the first floor. If it is located above the first floor in any building 2 exits should be provided. All stairwells should be protected against the hazards of smoke and fire. There should be an adequate number of properly labeled extinguishers and personnel should be instructed as to their duties in case of emergency.

B. Location of the Infirmary

It was agreed by the Committee that the Infirmary should be segregated from well student areas. This location should be planned so that there will be no cross traffic through the department.

C. Floor Space

A minimum of 72 sq. ft. per bed was agreed upon as the amount of floor space required to permit efficiency of operation and working ease.

D. General Facilities

1. Separate bathroom and toilet facilities should be provided so that it will not be necessary to share these facilities with well students. Bathrooms should be large enough to provide a work space for the nurse if no other facility of this kind has been provided.
2. A small pantry should be available for reheating food and preparing liquids. An icebox, heating and dishwashing units should be part of the pantry equipment.
3. Dishes should be washed and boiled in the pantry before returning them to the central kitchen.

II. MEDICAL CARE

A. Physician Coverage

Advance arrangements should be made for coverage by a physician licensed to practice in N. J.

B. Physician's Orders

All orders should be in writing and properly signed by the physician.

Telephone orders may be accepted if they are signed by a licensed physician at the earliest opportunity.

Signed routine orders may be accepted.

C. Medical Records

There must be a permanent record of the diagnostic case load. In addition there must be a record of total infirmary admissions and total patient days.

III. NURSING CARE

A. Nursing Coverage

As a minimum, arrangements should be made for over-all supervision by a professional registered nurse.

All medication must be kept in a locked closet and the keys not made accessible to students. Narcotic and hypnotic drugs must be kept under double lock. A record of individual usage of all drugs must be kept.

B. Isolation

If communicable disease is cared for an individual room with separate toilet and hand washing facilities should be provided.

Regulations should be formulated whereby visiting on this section would be controlled.

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES

April 1952

Division of Inspection
Trenton

STANDARDS FOR MATERNITY HOMES
Subject to License under Chapter 11
Title 30, as Revised and Amended

I. DEFINITION

A home in which one or more pregnant women are delivered and given post-partum care is a maternity home.

II. GENERAL REGULATIONS

- a. Building and fire protection shall meet the standards of all nursing homes.
- b. Complete segregation of maternity home area from family living quarters shall be maintained at all times. Rooms if unoccupied, shall at no time be used for other purposes. Segregation applies to both the physical separation and the functioning of the unit. No members of the operator's family, children or pets shall visit this unit.
- c. At no time shall other than maternity patients be cared for in a maternity home.
- d. At no time shall the number of patients exceed the number for which the license is issued.
- e. No boarders or lodgers shall be accommodated in a maternity home.
- f. Maternity patients known to have or suspected of having complications, obstetrical or otherwise, patients in need of Caesarean section or other operative procedure shall not be admitted to maternity homes.

III. SANITATION

- a. Floors, walls and ceiling of the maternity unit should have impervious washable finish and should be kept clean by frequent washing. No dry mopping or dusting should be done at any time.
- b. 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.

c. Garbage Disposal.

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

d. 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.

e. Screens.

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

f. Incineration Facilities.

Incineration facilities shall be provided for disposal of dressings, obstetrical 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.

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

IV. FOOD AND FOOD SERVICE

a. 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.

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

c. Storage, Handling and Serving.

Food and foodstuffs at maternity homes 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.

V. LAUNDRY

Special linen shall be provided for the maternity unit and shall not be laundered with the household linen. Diapers and soiled nursery linen should be washed separately from other nursery linen. It is recommended that diapers and other nursery linen should be sterilized.

VI. 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 72 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. Furnishings: Satisfactory bed and mattress with plastic cover or rubber sheet shall be provided each patient; 2 pillows.
- e. Utensils. Bedside table for toilet articles and individual utensils for adequate nursing care.
- f. Linen. Individual towels, washcloths and bath blankets shall be provided each patient. Supply shall be kept separate from household supplies.
- g. Means for signaling attendant should be provided each patient.
- h. Provision for privacy is highly desirable in rooms having more than one bed. Cubicle curtains or screens shall be readily available.
- i. There shall be a separate bathroom within the maternity unit. Under no circumstances should ambulatory maternity patients be allowed to use the family bathroom. Running water, hot and cold, shall be available at all times.
- j. Individual equipment for breast care and perineal care.

VII. DELIVERY ROOM

- a. In maternity homes licensed for one bed the patient's room may serve as delivery room. The standard preparation and equipment shall be as for home delivery.
- b. In maternity homes licensed for two beds the patient's room may serve as delivery room, provided there is a separate room for each patient. The standard preparation and equipment shall be as for home delivery.
- c. All maternity homes licensed for three or more beds shall provide a separate delivery room.
- d. Delivery room should be separate from patient area and shall include the following:
 1. Hospital bed or delivery table.
 2. Adequate sterile supplies for delivery.
 3. Adequate lighting (including spot light).
 4. Adequate storage for supplies.
 5. Adequate equipment shall be available for emergency use.
 6. Provisions for care of infant:
 - a. Properly heated bassinet (watch for hazards!)
 - b. Equipment for prophylaxis against ophthalmia neonatorum (to be used within one-half hour after delivery).
 - c. Equipment for care of cord.
 - d. Device (standard) for identification of infant before removal from delivery room.
 - e. Equipment for suction of mucus and fluid.
 - f. Oxygen for infant.
 7. If a delivery room is inadvertently contaminated by patient discovered to have infection, it should be immediately and thoroughly cleaned and aired, not used for twenty-four hours, and the equipment re-sterilized. During that period the patients may be delivered in their beds.
 8. Adequate scrub-sinks adjacent to delivery room should be available. Foot, knee or elbow control advisable; timing device should be installed over sink.

VIII. LABOR ROOM

Provision must be made for all patients to labor in single rooms. There should be one labor room for each 10 maternity beds.

IX. NURSERIES

- a. Unless adequate rooming-in facilities can be installed, a separate nursery shall be provided.
- b. Bassinets should stand at least 6" away from walls and partitions and at least 2 feet apart from each other so that individual care in the bassinet can be given.
- c. The suspension of bassinets on double tier racks is unsafe and not to be used.
- d. Each nursery should be provided with adequate handwashing facilities.
- e. Individual bassinets shall be provided and they shall be of the type which can be thoroughly cleaned. Crib liners are to be used on all open bassinets.
- f. A table or cabinet should be provided for each crib for storage of infant's linen and equipment.
- g. In each nursery there should be at least one metal sanitary can with a rubber gasket for diapers with the top controlled by foot pedal. Removable paper bags for lining this can should be provided. Linen soiled with stool should be handled in the same manner as are the diapers. Diaper cans should be emptied following each changing period.
- h. In each nursery there should be at least one hamper with removable bag for soiled linen other than diapers. All soiled linen should be collected at least twice a day, preferably oftener.
- i. Surgically clean rectal thermometers shall be provided for each baby, kept in the individual infant's unit.
- j. Oxygen should be kept ready for use within the nursery unit at all times.
- k. A sterile suction tube with saliva trap should be kept available in the nursery at all times.
- l. Tongue depressors, applicators, stethoscopes and other examining instruments should be standard nursery equipment and should be maintained in each nursery and in the suspect nurseries. Non-disposable material should be cleansed before and after each use. No equipment used outside the newborn nursery should be allowed in the nursery.

- m. All common areas in the nursery, except for scales, should be eliminated. Equipment should be individual.
- n. Dry dusting or sweeping should not be done in nurseries and adjoining hallways. Workers shall wash their hands upon entering the nursery and should wear clean masks, caps and clean gowns. Cleaning shall be done while the infants are out of the nursery. Nursery cleaning implements and utensils should not be used elsewhere.

X. ISOLATION OF SUSPECT OR ILL PATIENTS

It is mandatory that mothers or babies who become suspects of developing a communicable disease or serious illness should be separated from others. It is, therefore, necessary that one or more rooms be available for such purpose. A definite medical diagnosis by a physician should be established as quickly as possible. In case a diagnosis is established or highly probable of disease the mother and/or baby should immediately be transferred to an appropriate hospital.

Strict isolation technique must be used in caring for mothers and infants who are suspects of having an infection or being a carrier of a communicable disease.

a. Isolation of the Newborn

1. Any infant delivered of or in contact with an infected mother shall be isolated from other newborns.
2. Any infant showing signs of frequent watery stools, discharging eyes, respiratory infection or skin lesion shall be isolated and arrangement made for transfer to a hospital as soon as possible.
3. Any infant who had a ritual circumcision shall be isolated from the others.

b. Isolation of Maternity Patients

1. If there is evidence or suspicion that a patient has an infection or is a carrier of a communicable disease, she shall be isolated from other patients and arrangements made for transfer to an appropriate hospital.

XI. MEDICATIONS

Provision shall be made for the proper storage of all drugs. Such storage provides for well-lighted, locked cabinets and special provision for narcotics which are to be kept under double lock.

XII. STERILIZING FACILITIES

Shall be available either in the institution or satisfactory arrangements made with local hospital for sterilization of supplies. Sterile supplies when not used shall be resterilized every two weeks.

XIII. STORAGE AND SUPPLIES

Separate suitable enclosed space should be provided for keeping sterile and unsterile supplies. Adequate facilities for proper cleaning and storage of supplies and area for preparation of medicines should be available.

XIV. FORMULA PREPARATION

- a. In the event the mother is unable to nurse the baby, the formula shall be prescribed by the physician in writing and orders for any change shall be written.
- b. Preparation Area. A satisfactory preparation area shall be provided. It should have one area for preparing and mixing the formulae and another for cleaning and washing bottles.
- c. Equipment for preparation--kettles, basins, funnels, etc., shall not be used for other purposes and kept completely separate from kitchen utensils.
- d. Provision shall be made for the preparation of bacteriologically safe formulae.
- e. Refrigeration. Adequate and approved refrigeration storage shall be provided for prepared formula, after sterilization and cooling. Temperature then shall be kept at 45°F. In 1-bed maternity homes enclosed case must be used if formula is stored in family refrigerator. A separate refrigeration unit is necessary for 2 or more maternity beds.
- f. Provision shall be made in nursery or formula preparation area for warming bottles and care should be taken to avoid contamination in the process.
- g. Water for drinking shall be handled as formula.
- h. If several formulae are made up for several infants, adequate labeling of individual batches is necessary to avoid mix-up.
- i. If fresh milk is being used for the preparation of the formula, it should be pasteurized. If formulae from an outside source are used in the maternity home, such a source must be approved by the State Health Department.

- j. Bottles, nipples, caps and racks coming from the suspect nursery should be sterilized before coming to the formula setup. (Could be boiled in separate place on a hot plate.)
- k. Bacteriological examinations (check at intervals).

XV. PERSONNEL

- a. Only physicians or midwives licensed to practice in New Jersey shall perform deliveries. Name, address, and telephone number of such person or persons shall be readily available.
- b. Nursing care shall be under the direction of a professional registered nurse.
- c. Sufficient qualified personnel shall be available at all times to meet the needs of mothers and babies.
- d. There shall be a regular physician or an alternate on call 24 hours a day for emergencies. Definite arrangements and agreement should be made and written down.

XVI. LABORATORY FACILITIES

There should be laboratory equipment and reagents available for the physician or nurse to test urine for albumin, sugar and acetone.

Provision shall be made for additional laboratory services by arrangement with a community hospital or registered laboratory.

SPECIAL NOTE

The above standards must be considered a bare minimum. To achieve a fully acceptable maternity service, maternity homes are urged to conform to the "Standards and Recommendations" promulgated by the Maternal and Child Health Division of the New Jersey Department of Health.

BUILDING STANDARDS

The Department of Institutions and Agencies is responsible by law for developing minimum standards for institutions licensed under Title 30, Chapter 10 and Chapter 11 as revised and amended.

The following standards adopted for nursing homes and other institutions under supervision will serve as a guide for new applicants and for institutions now licensed or supervised.

These requirements should be studied carefully by the prospective operator and conference held with representatives of the Department prior to purchase or lease of the property proposed for such use.

SPECIAL NOTE: The APPLICATION FORM should be filed in duplicate and approved before the applicant proceeds to comply with building requirements.

APPLICATIONS FOR BUILDING APPROVALS

To avoid delay and misunderstanding the applicant for license should follow the procedure listed below:

- I. The applicant should consider carefully the location of the proposed institution. Preferably it should not be in a congested area but, on the other hand, should be accessible to centers of population. The availability of public water supply and sewage disposal facilities should be considered.
- II. A preliminary evaluation of the structure should be made by the applicant to ascertain whether the building provides safe accommodation and the special facilities essential to efficient patient care, or could be renovated to meet standards. Special emphasis should be placed upon:

- A. The suitability of the structure for good patient care: (See pages 12 and 13)

In this connection, appraisal will be made of the adequacy of space available for patient housing and recreation, plumbing, facilities for proper nursing service, food preparation and other details essential to efficient operation.

- B. The fire protection measures required for safe housing of patients. (See pages 14 to 20)
- C. The extent of renovations necessary to provide adequate facilities and fire protection.
- D. The estimated patient capacity. (See page 12.)
Final capacity will be determined by the time of actual licensing.

III. If, in the opinion of the applicant, the building proposed for use is satisfactory (or could be made satisfactory) the following written approvals should be secured and filed with the Department of Institutions and Agencies at the time the duplicate application is submitted:

- A. Zoning Authority: A written statement attesting that the proposed use of the structure is not in conflict with zoning regulations.
- B. Building Inspector: A written statement attesting to the structural safety of the building.
- C. Fire Department:* A written statement from local fire authorities to the effect that, in their opinion, the building is satisfactory for the proposed occupancy.
- D. Local Health Department: A written statement attesting that the building and its facilities meet local health requirements.

*The Department of Institutions and Agencies reserves the right to require fire protection measures which may go beyond requirements of municipalities.

E. State Department of Health. If the institution is not serviced by a public water supply and a public sewage system, written approval of these services must be secured from the State Department of Health, Division of Environmental Sanitation. After original approval, further approvals may be required annually, or as often as the need is indicated.

- IV. The applicant should secure a scale plan of the basement and each floor of the building. Best results will be secured when plans are drawn by a registered architect or a licensed professional engineer. Such plans should be secured in duplicate so that a copy may be filed with the Department of Institutions and Agencies. In addition to the plans, photographs showing at least three sides of the building should be submitted.
- V. When the applicant has the material listed above, an appointment should be made in advance with representatives of the Division of Inspection, Department of Institutions and Agencies, State Office Building, Trenton. The Division of Inspection will evaluate all material submitted and plans of the building will be reviewed. In the event that renovations are essential, recommendations will be outlined in writing. Such renovations should be planned and supervised by a registered architect or a licensed professional engineer and shall not deviate from the recommendations outlined by this Department unless written approval is secured.
- VI. An inspection of the property may be made by representatives of the Department after local approvals have been filed.
- VII. Upon completion of renovations the applicant shall give written notification that the work has been completed in accord with specifications of the Department.*

An inspection of the premises will then be made and if completed work appears satisfactory, the building will be approved.

Approval of the structure does not in itself constitute permission to accept patients.

*No further structural changes may be made without pre-approval of the Department.

The structure shall provide for the proper care and comfort of patients.

Patient Rooms:

- A. All patients' 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 patients' 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. Any patient in critical condition should be cared for in a single room.

Recreation Space:

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

Plumbing:

- A. 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.
- B. Additional utility room equipment including at least one large hopper sink with adequate sewer connection shall be provided.

Nurse's Station:

Adequate and well-located space shall be allowed for the supervising nurse.

ADAPTABILITY OF STRUCTURE (cont'd.)

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 nursing home.

The operator should make every effort to secure the interest and cooperation of the local fire department in planning for protection of the nursing home, in the instruction of employees in 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. Buildings of ordinary construction and wood frame buildings may not be occupied by patients above the second floor.*

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.

All exit doors to such stairways shall be clearly marked.

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

No stairway referred to as a "winder" will be accepted as satisfactory.

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 19 and 20. for such specifications.)

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.

*Bedridden and helpless patients should preferably be housed in the first floor quarters.

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

STAIR ENCLOSURES: (cont'd.)

In instances where owners or personnel are housed above the second floor, 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 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.

*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.

FIRE PROTECTION (cont'd.)

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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 original containers will be permitted in basement storerooms.

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.

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.

*Provisions of this paragraph may be waived by the Department 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.

ELECTRICAL WIRING:

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

The operator shall, on or before January 1st of each year, submit 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 operator is 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.

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.

*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.

FIRE EXTINGUISHERS: (cont'd.)

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 operator 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.

Wood Fire Escapes

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 counter-balanced

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
BUREAU OF INSPECTION
TRENTON

MANUAL OF STANDARDS
FOR
PRIVATE MENTAL HOSPITALS

APPROVED
OCTOBER 8, 1953

INTRODUCTION

The Department of Institutions and Agencies has responsibility for licensing private mental hospitals in New Jersey and under the provisions of Title 30, Chapter 10, is empowered to establish such basic standards for the care and treatment of individuals in private mental hospitals and for the construction, maintenance and operation of such institutions in a manner to insure safe and adequate treatment of all such individuals in private mental hospitals.

The intent of these standards is to establish basic principles of administration, construction and operation which in the light of existing knowledge will assure safe and adequate care for patients.

In the preparation of this manual, reference has been made to existing standards of Medical and Hospital groups, Central Neuropsychiatric Hospital Associations, the American Psychiatric Association and other authoritative texts.

These standards serve in many ways as an operating guide and a copy should be kept on the premises of all licensed private mental hospitals since they shall be construed as binding upon all such institutions.

It is the policy of this Department to be as helpful as possible and due consideration will be given to the special problems of individual institutions.

The Department reserves the right to change or modify these standards as may be necessary from time to time in order to protect the public interest and to insure the health, welfare and safety of patients.

SECTION ONE

DEFINITIONS AND METHOD OF APPLICATION FOR LICENSE
FOR MENTAL HOSPITALS

A. DEFINITIONS

1. A Patient

For the purpose of these standards a patient is described as a person suffering from mental or nervous illness of a degree making advisable treatment in an institution.

2. Hospital Definition

A private mental hospital is any institution whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the government, of the state or any county or municipality and which maintains and operates facilities for the diagnosis, care and treatment of two or more non-related mentally ill persons for periods exceeding 24 hours.

B. APPLICATION PROCEDURE--CHAPTER 10, TITLE 30

1. Application must be made on form supplied by this Department. It shall be accompanied by a plot plan of the building and grounds.
2. Written local approvals of the local zoning, fire, building and health departments shall accompany the application.
3. Floor plans of the building, drawn to scale shall be submitted for review and approval.
4. Upon receipt of the application, authorized representatives of the Department will inspect the property and equipment and facilities for care and treatment.

C. SUPERVISION AND LICENSE

1. The Commissioner will issue the license to the institution which in his judgment meets the full requirements of the Chapter.
2. The license will be issued for one year and is good for one year from the date of issue.
3. The institution is subject to inspection at least twice yearly to inquire into the facilities, equipment and sanitary conditions, accommodations and management.

4. The license fee is \$25.00 for each year.
5. The license shall be conspicuously posted on the premises.
6. The Commissioner may revoke the license whenever the licensee shall be found to be violating the law regulating private institutions into which persons who are suffering from mental diseases are admitted, cared for and treated or whenever such institutions shall fall below acceptable standards established by the Department of Institutions and Agencies.
7. The institution should give notice to the Department of Institutions and Agencies of at least 30 days, of any intention to close or transfer ownership of the institution.

SECTION TWO

ADMINISTRATIVE REGULATIONS

A. NON-PROPRIETARY

1. Governing Board

There shall be a Board of Directors, Board of Trustees or other similar body in each institution which shall be the supreme authority in the hospital responsible for its management, control and operation including the appointment of a qualified medical staff, the conservation and use of hospital monies and the formulation of administrative policy.

- a. It shall be composed of at least five representative residents in the area served by the institution and as many more additional members, who need not be such residents, as are required to effect efficient direction, provided, however, that any hospital operated by a religious body or organization may have a governing body as its supreme authority which may be composed and organized of officials or members of such religious bodies or organizations and in accordance with the practice or rule thereof notwithstanding lack of residence in the area served by the institution.
- b. The governing body shall consist of, at least, a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.
- c. It shall conduct regular meetings at such intervals and frequencies as may be determined necessary to properly manage the institution and such special meetings as are required.
- d. Minutes shall be recorded and readily available.

2. Administrative Officer

- a. There shall be a qualified administrative officer, who shall be directly responsible for carrying out the policies of the Board or owner as well as the overall administration of the institution and be responsible for providing the necessary medical care.
- b. All institutions shall certify under their corporate seal, to the Department of Institutions and Agencies, the name and address of their administrative officer within 15 days after his or her appointment.

B. PROPRIETARY AND PROFIT

1. Ownership and Control

The owner, partners, or in the case of private corporations, the board of trustees of a proprietary hospital shall carry out the same functions reserved for the governing body of a non-profit proprietary institution. Such person or board shall be the ultimate authority in the hospital responsible for the formulation of its policies, management, control and operation including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients and such other duties and responsibilities as are necessary to carry out the purpose of the institution.

a. The owner, partners or the board of trustees of any privately incorporated hospital shall certify to the Department of Institutions and Agencies the names, addresses, occupations or professions of the owners.

(1) In the case of a privately incorporated hospital the same information shall be certified for the persons acting as incorporators and the board of trustees.

(2) Any change in the ownership or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Institutions and Agencies within 30 days of the date on which such change occurred.

2. Administrative Officer

a. There shall be a qualified administrative officer who shall be directly responsible for carrying out the policies of the owner or owners as well as the overall administration of the institution and be responsible for providing the necessary medical care.

b. All institutions shall certify to the Department of Institutions and Agencies the name and address of their administrative officer within 15 days following the date of appointment.

3. Business Name, Partnership, Charter

Every proprietary hospital shall have a copy of its business name, partnership arrangement or charter and corporation papers certified from the public records, together with all by-laws and amendments thereto and shall file them with the Department of Institutions and Agencies.

Each hospital shall be expected to operate within existing and recognized codes of ethics.

ADMISSION AND DISCHARGE POLICIES

Patients shall be admitted either on voluntary application or on Court certification.

Voluntary admission shall be limited to women over 18 years of age and men over 21 years of age whose mental condition does not preclude their understanding of the nature of the instrument they are signing.

Since there is no authority in the law for a private mental hospital to detain a patient in confinement for treatment except on commitment by a court of competent jurisdiction or by voluntary application, no patient shall be admitted except by these means.

Application for commitment must be made on forms approved by the Department of Institutions and Agencies and furnished by the institution.

Every patient shall be permitted free access to the courts of the State, to an attorney of his choice, and no obstacle shall be placed in the way of any patient who shall wish to secure legal advice.

No voluntary patient shall be restrained against his will and no abuse of commitment will be tolerated.

Visits shall be permitted to patients by relatives, attorneys, representatives of the Department of Institutions and Agencies or other persons having a bona fide interest in the patient's welfare.

Discharge of all voluntary applicants shall be in accord with the provisions of section 30:4-48 of this Title which reads:

A person admitted to any institution under section 30:4-46 of this Title may be discharged therefrom upon the certificate of the medical director, made to the chief executive officer stating either that the said patient is cured or that further treatment in the institution is unnecessary or undesirable, and such person, not so discharged, who desires to leave such institution, shall be released therefrom, when, he or some one acting in his behalf, shall give ten days' written notice to the medical director of such institution of his intention to leave, and such person shall be released at the expiration of said ten days. As amended L. 1940, c. 144, p. 309.

No patient shall be held beyond the time of his recovery.

SECTION THREE

MEDICAL DIRECTOR

The Medical Director shall be a physician licensed to practice in New Jersey.

It is desirable that he have special experience and qualifications for treatment of the mentally ill and membership in the American Medical Association and the American Psychiatric Association shall be construed as an indication of special aptitudes and abilities in the treatment of the mentally ill.

Each institution licensed under section 30:10-3 of this Title shall have at least one resident physician, regularly graduated from a reputable medical college or university, who shall live in the institution or devote as much as four hours each day to the care and treatment of the patients of the institution.

MEDICAL PROGRAM

There shall be adequate diagnostic, therapeutic and rehabilitation facilities with efficient technical services under competent medical supervision.

Consultants in the various specialties shall be available and records of consultations shall be kept. This shall include x-ray, laboratory, dental, etc. If these services are not provided on the premises, formal arrangements shall be made with community hospitals offering these facilities.

There shall be an organized plan for regular staff meetings. These meetings should be held at quarterly intervals or oftener as indicated by the volume of work and the number of patients involved.

THERAPIES

Recreational and Occupational

Each institution shall provide adequate facilities and personnel for such programs.

SHOCK

Any form of shock therapy shall be administered by a physician licensed to practice in New Jersey under the direction of a qualified psychiatrist.

RECORDS AND RECORDING

A. Medical Records

There shall be adequate and complete medical records properly written and filed.

1. These records shall include history (medical and social), physical, descriptive mental examination, and diagnosis.
2. Progress reports shall be made periodically by the physician and progress of mental condition shall be recorded at not less than 7 day intervals.
3. There shall be records of examinations such as x-ray findings, laboratory results, specimen examinations, etc.
4. All orders shall be in writing and signed by the physician. This shall include all orders for mechanical restraint and isolation of patients.
5. Orders for mechanical restraint and isolation shall be effective for no longer than twenty-four hours.
6. There shall be a record of the original admission form or copy thereof.

B. Hospital Records and Special Reports

These shall include:

1. Chronological records of all admissions, transfers, discharges, deaths, placements or convalescent status of patients.
2. All serious accidents, injuries, suicides, escapes or other unusual events shall be immediately investigated and a report submitted to the Department of Institutions and Agencies and when indicated to the appropriate law enforcement agency within twenty-four hours after the occurrence.
3. The control and administration of hypnotic and narcotic drugs shall be recorded in conformity with State and Federal regulations.
4. Reports to the Department of Institutions and Agencies within five days after patient is received:
 - a. A copy of order and commitment or copy of application for voluntary commitment shall be sent within the first week of each quarter.
 - b. The name, residence and physical and mental condition of every patient and the date and cause of death or discharge of every patient who died or was discharged since the last report.

- c. The monthly census report for private sanitariums for mental disease shall be submitted to the Department of Institutions and Agencies.

C. Nurses' Records

1. There shall be sufficient data regarding patients available to the nursing staff to insure intelligent care of patients.
2. Adequate nursing notes shall be kept.
3. It is suggested that the accepted ward journal be kept.

SECTION FOUR

NURSING SERVICE

All nursing service, both that provided by the professional registered nurse group and that provided by practical nurses, nurses' aides, technicians, attendants and other auxiliary nursing personnel, shall be under the direction of a Director of Nursing who has the personal and professional maturity necessary for such responsibility.

The Director of Nursing shall be a professional registered nurse eligible for registration in New Jersey. She shall have had special training in psychiatric nursing or in lieu of such special training equivalent practical experience in psychiatric nursing. A minimum experience of two years is suggested.

The Director of Nursing shall be responsible for the selection and training of nursing personnel.

There shall be a sufficient number of nursing personnel to give safe and adequate nursing care to patients. It is recommended that the ratio of personnel as endorsed by the American Psychiatric Association be used as a guide.

The training and experience required of such personnel shall be determined on the basis of:

1. Type of patients cared for and
2. Scope of treatment provided.

NURSING FACILITIES

There shall be adequate facilities available to insure safe and efficient nursing care.

A nursing unit shall consist of at least:

1. A nurse's station with medicine unit, sufficient lighting and running water.
2. Sufficient bedpans, toilets, showers and bathrooms.
3. Linen and supply storage.
4. There shall be the kind of treatment and examination rooms available consistent with the need of the type patient treated and the scope of treatment provided.

PATIENT UNIT SHALL PROVIDE FOR

1. A suitable bed for each patient.
2. An adequate supply of blankets, linens, bedding and such hygienic and personal equipment as to provide safe and reasonable comfort for the patient.

3. A centrally located patients' locker room is desirable.
4. Toilet facilities not less than one to eight.

NURSING PROCEDURES

1. All drugs shall be kept in locked cabinets.

Narcotics shall be kept under double lock. The keys to these cabinets shall be available only to supervisory personnel.

2. A patient placed in mechanical restraint or in isolation shall be regularly checked during the day and night.

PHYSICAL PLANT

A. SITE

It is desirable that the site of any hospital be reasonably accessible to the center of community activities.

1. Public transportation should be available within a reasonable distance.
2. The site should not be near insect breeding areas and should be relatively free from unusual noise, smoke, dust and unpleasant odors.
3. Grounds shall provide ample space for recreation and exercise compatible with the type of patient treated.

B. BUILDINGS

1. Security Measures

- a. The principles of psychiatric safety shall be followed throughout; taking care to provide every reasonable precaution for the security of patients and personnel.
- b. Materials and details of construction shall be such that patients will not be afforded opportunity for escape, suicide, injury to self or others.
- c. Care must be taken to avoid sharp projections of corners of structure, exposed piping, heating elements, fixtures, hardware, etc.

2. Fire Protection

- a. For institutions already in operation, the standards for fire protection as outlined in the Manual of Building Standards shall be met.
- b. All premises hereafter proposed to be used for the purpose of housing mental patients shall be of fireproof construction.
- c. All premises hereafter proposed for use as a mental hospital shall be designed 1) for this purpose, or 2) shall be approved by the Department of Institutions and Agencies as being readily adaptable for such purposes. Plans shall be drawn by a registered architect or a professional engineer and shall be approved by the Department of Institutions and Agencies.

- d. It is in line with present-day care and treatment that the surroundings of the sick and invalid be colorful and attractive. Thought should be given to making the surroundings as cheerful and homelike as possible.

3. Sleeping Quarters

- a. Sixty-five feet of floor space shall be the minimum allowance per bed, and adequate day room space shall be available. Bed capacity shall not be increased without the approval of the Department.

4. Patients' Rooms

- a. All patients' 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, reception, recreational rooms, etc.
- c. There shall be provision for reasonable segregation of sexes.

5. Heating

The hospital shall be equipped with heating appliances of a capacity sufficient to maintain in all rooms of the building used for patients a temperature of 70 degrees Fahrenheit during the coldest weather.

Radiators shall be properly protected.

6. Ventilation

The physical plant shall be ventilated adequately at all times.

7. Lighting

- a. Artificial lighting shall be by electricity unless special permission is granted by the Department of Institutions and Agencies for the use of some other kind of illumination.
- b. There shall be adequate and satisfactory lighting provided at all times.

8. Sanitation

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a. Sewage

Where municipal sewage disposal is not available this service shall be approved by the State Department of Health.

b. Garbage Disposal

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

c. Water Supply

Water supply shall be adequate in quantity and of safe and sanitary quality suitable for drinking purposes. Where municipal water supply is not available, approval shall be secured from the State Department of Health.

Hot water temperature shall be controlled by thermostat.

d. Screens

The building must be adequately supplied with screens, and fly control maintained.

e. Vermin and insect control shall be maintained.

SECTION SIX

FOOD AND FOOD PREPARATION

A. 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 qualified dietitian or other competent person.

1. Preparation

- a. A nutritionally adequate diet shall be provided in sufficient quantity and in a form and texture that will meet the minimum nutritional needs of each patient.
- b. The diet for each patient should include the following:

Milk - 1 pint or its equivalent daily

Meat, poultry or fish - one serving (at least three ounces) daily.

Eggs - 4 to 5 per week

Enriched bread or whole grain cereals - one serving at each meal.

Vegetables - One serving ($\frac{1}{3}$ - $\frac{1}{2}$ cup) leafy green or yellow vegetables daily plus one serving of potatoes or other vegetable daily.

Fruit - One serving ($\frac{1}{2}$ cup) citrus fruit, tomatoes, daily plus one serving of another fruit.

Dry beans or peas - One serving weekly.

Fats - Butter or fortified margarine at least two normal servings daily.

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

2. Storage, Handling and Serving

- a. Food and foodstuffs at institutions shall be stored, handled and served in compliance with accepted sanitary standards.

B. GENERAL REGULATIONS

In addition to the above provisions the following general regulations shall be complied with:

1. There shall be recognition of and provisions for the physical ability of the patients to eat regular food. (For example, patients without teeth or dentures or who are otherwise physically handicapped.)
2. Menus shall be planned in advance and a record of the menus served during the past six months shall be available to representatives of the Department of Institutions and Agencies.
3. Milk supply shall be from an approved sanitary source, and the handling of milk shall be in conformity with accepted sanitary standards.
4. All utensils used in the preparation and serving of food shall be maintained in a sanitary manner and all dishes and glassware shall be free from breaks and cracks.
5. All readily perishable food or drink shall be kept at or below 50°F, except when being prepared or served.
6. An accurate thermometer shall be kept in any refrigerator not equipped with an automatic temperature control.

SECTION SEVEN

LAUNDRY

If laundry is done on the premises, enclosed space shall be set aside for the purpose and suitable equipment provided. All institutions shall be equipped to handle daily laundry.

HOUSEKEEPING AND MAINTENANCE

Enough personnel shall be provided to assure cleanliness of building and equipment, attractive and adequate food service and acceptable repair and condition of building and grounds at all times.



State of New Jersey
NEW JERSEY STATE HOSPITAL
AT TRENTON

NOTED

JUN 21 1955

E.N.P., M.D.

HAROLD S. MAGEE, M. D.
SUPERINTENDENT

DONALD B. RICE
BUSINESS MANAGER

June 17, 1955

Dr. Edward N. Pleasants, Director,
Mental Hygiene and Hospitals,
Department of Institutions and Agencies,
State Office Building,
Trenton, New Jersey.

Dear Dr. Pleasants:

Acknowledgement is hereby made of your communication of the 25th of May, 1955, relative to provisions in New Jersey Statutes 30:4-107 and 30:4-5.

30:4-107

Enclosed herewith is a copy of resolution passed by the Board of Managers of this hospital at its regular monthly meeting, Thursday, June 16, 1955, with reference to the above statute.

30:4-5

With reference to this particular statute, I am enclosing herewith by-laws of the Board of Managers of the New Jersey State Hospital at Trenton as adopted April 2, 1947, and approved by the State Board of Control of Institutions and Agencies on April 22, 1947. I refer you to Paragraphs No. 13, 14, 15, 16, 17, 18, 19 and 20. I also enclose a copy of an amendment to Paragraph No. 16 as approved at the meeting of the Board of Managers of this hospital on May 15, 1947.

I trust that this information fulfills the requirements outlined in your letter. If not, please do not hesitate to communicate with me.

Yours very truly,

A handwritten signature in cursive script, appearing to read "H. S. Magee".

Harold S. Magee, M. D.
Superintendent

HSM/dr

NOTED

JUN 21 1955

E. N. P., M. D.

Pursuant to the requirements of the New Jersey Statute 30:4-107 providing that regulations shall be promulgated by the Board of Managers for the discharge of patients on motion duly made, seconded and passed, it was

Resolved that the Board of Managers affirm the procedure for the release of patients which was established some thirty years ago under which the Medical Superintendent is authorized by the Board to release on trial visit or to discharge those patients who in his opinion and the opinion of his medical staff are sufficiently improved or recovered to return to the community. The Medical Director will cause his medical staff to re-examine at frequent intervals all patients within the institution to determine their mental and physical condition and their fitness for community adjustment.

Voluntary patients must be discharged at the time they are released. Committed patients are to be placed on trial visit and immediately come under the supervision of the Social Service Department who shall make personal visits to these patients at necessary intervals so they can report in detail to the Superintendent of their adjustment in their community environment. At designated intervals, no less frequent than every six months, these reports and other information are to be reviewed by the medical staff and when in their opinion further supervision is not required the Superintendent may discharge from the hospital records these patients, indicating their condition at the time of discharge.

Attached hereto are details of the routine which is being followed by the Social Service Department.

June 16, 1955

PROGRAM OF THE SOCIAL SERVICE DEPARTMENT

During hospitalization, all patients at the Trenton State Hospital are reviewed at regular intervals by the doctors and progress notes inserted in their folders. When the patient is ready for trial visit or parole, the patient is presented before the Medical Staff at which time the matter of his or her release is considered. If the patient is approved for release, he is referred to the Social Service Department who undertakes to place the patient back into the community.

Pre-After Care Plans

Pre-After Care Plans are made in the hospital through conferences with the families and the patients. An exception is made when the Medical Staff requests a special home investigation.

Release Plans

A patient regularly committed is placed on trial visit status for a period of one year. All cases are reviewed at the end of 6 months and again at the end of 12 months. The psychiatric social worker makes a summary with recommendations which is sent to the Chiefs of Service for approval following which it is referred to the Clinical Director for final disposition. A report is then prepared for the Statistical Department and the case is formally discharged from the records of the hospital. In some cases, where the adjustment may be marginal, the Clinical Director may continue the patient on trial visit for a designated longer period. Voluntary and Alcoholic patients are discharged upon release and are not followed in After-Care Clinics unless specially designated by the Medical Staff.

After-Care

Committed patients who are approved for trial visit are followed by the Social Service Department in After-Care Clinics and are usually seen 3 or 4 weeks following release or at the point of need. Patients and their families are usually interviewed in After-Care Clinics on an average of 6 times per year. If the patient does not keep the first or second appointment, a home visit is made by the social worker.

Boarding Homes

The Medical Staff may feel that the patient should not be returned to his family or if the patient's family is unable to plan for him, the Social Service Department may make arrangements for maintenance in a supervised Boarding Home by private funds, Hospital Family Care Program or Wage Placement. These Homes are visited at least once per month by the psychiatric social worker.

June 16, 19

BY-LAWS
of
THE BOARD OF MANAGERS
of
THE NEW JERSEY STATE HOSPITAL
AT TRENTON

Adopted April 2, 1947

Approved by the State Board of Control
of Institutions and Agencies April 22, 1947.

Constitution of the Board

1. The Board of Managers of the New Jersey State Hospital at Trenton shall consist of seven members, of whom at least two shall be women, who shall be appointed by the State Board of Control of Institutions and Agencies, with the approval of the Governor, from the residents of the State at large, without respect to political affiliation or belief, each of whom shall serve for a term of three years, commencing on the first day of July following his or her appointment.

Compensation of the Board

2. The members of the Board of Managers shall not receive any compensation for their services, but shall be reimbursed for their actual expenditures incurred in the performance of their duties.

Powers of the Board

3. The Board of Managers shall have the management, direction and control of the New Jersey State Hospital at Trenton, subject to the supervision, control and ultimate authority of the State Board, to which

Board the said Board of Managers shall be responsible for the efficient, economical and scientific operation thereof in a humane and provident manner. Unless and until otherwise provided by the State Board by rule, regulation or order formally adopted, said Board of Managers shall have power to determine the number, qualifications, compensation, powers and duties of the officers and employees of the Hospital, except as the same are fixed by statute or otherwise determined by law, and to take such other action as may be authorized by law.

Principal Office and Meeting Places

4. The principal office of the Board of Managers shall be at the hospital at Trenton. Unless otherwise provided by the Board, all meetings thereof shall be held at such office, but the Board shall have power to meet at any other place in this State which it may designate for that purpose, provided that at least one meeting each month shall be held at said registered office.

Meetings of the Board

5. The annual meeting of the Board of Managers shall be held on the first Thursday in July in each year at four o'clock in the afternoon, at the principal office of the Board, at which time and place it shall elect by plurality vote a president and vice-president from its number and such other officers as are herein provided for.

6. Regular meetings of the Board of Managers shall be held at the principal office on the third Thursday of each month at four

o'clock in the afternoon. A majority of the members of the Board shall constitute a quorum for the transaction of business.

7. Notice of the annual and monthly meetings of the Board of Managers shall be mailed to each member at his address, at least four days prior to the meeting but failure to give notice of any meeting shall not invalidate any action taken at such meeting, provided that at least a majority of the entire membership of the Board is present at any such meeting.

8. Special meetings of the Board of Managers may be called by the president or any two members of the board, on one day's notice to each member.

Officers of the Board

9. The officers of the Board of Managers shall be a president, a vice-president and a secretary.

10. The president shall be elected by the Board of Managers from its number, at its annual meeting, and shall hold office for one year and until his successor is elected and shall qualify. He shall preside at all meetings of the Board at which he is present, shall appoint all committees of the Board and shall be ex officio a member of the same, and shall generally supervise the affairs of the Board and the Hospital.

11. The vice-president shall be elected by the Board of Managers from its number, at its annual meeting, and shall hold office for one year and until his successor is elected and shall qualify. He shall perform the duties of the president in the absence or

inability of the president to perform them.

12. The secretary shall be elected by the Board of Managers and shall hold office at the pleasure of the Board. He shall attend the meetings of the Board, keep accurate minutes of its proceedings, give due and timely notice of all meetings of the Board to its members, and perform such other duties as the Board may from time to time designate. In his absence, the president of the Board shall designate a secretary pro tem.

✓ The Chief Executive Officer ✓

13. Upon the adoption of these by-laws and thereafter at its annual meeting the Board of Managers shall appoint a Medical Director who, subject to the approval of the State Board, shall act as chief executive officer and superintendent of the Hospital, and who shall hold office at the pleasure of the Board of Managers, and shall give bond for the faithful performance of his duties, with sureties approved by the Board, in the sum of not less than \$25,000. He shall not engage in the general practice of medicine while in office, but with the approval of the Board he may practise in consultation. He shall appoint, with the approval of the Board of Managers, all officers and employees of the Hospital, and shall be the executive and administrative officer thereof. He shall be responsible to the Board of Managers for the care and treatment of the patients of the Hospital, its proper conduct and management, the physical condition of the property thereof, the proper use of its plant and equipment, and the conduct of its employees subject to these by-laws and the

rules and regulations adopted by the Board of Managers from time to time.

14. He shall cause to be kept a record of the medical and other treatment adopted, with a statement of its effects in each case, and a record of the name, sex, age, religious faith, place of nativity and residence, and profession or occupation of each patient, and also, as far as can be ascertained, the dates and history of each patient's disease, the time when received and when removed and whether cured, improved or dead; if dead, from what cause, together with any other facts and circumstances in each case, useful to the statistical records of the hospital. The names of all persons admitted for observation, treatment or for any other purpose, shall be entered upon the permanent records of the Hospital.

15. He shall act as Treasurer of the Hospital and shall keep, invest and disburse the moneys thereof entrusted to his keeping, in accordance with law and the directions of the Board of Managers. He shall keep full and complete accounts of the receipts and expenses of the Hospital and shall collect all sums due the Hospital for the support of private patients and shall keep and preserve the bonds filed on their behalf.

16. He shall order all supplies for the Hospital and shall approve all bills rendered therefor before payment. He shall act as Requisition and Approval Officer of the Hospital.

17. In the case of any death at the Hospital, the Medical Director shall at once report the same, in writing, to the relatives

of the deceased, stating the probable cause thereof, and, in case of violent or accidental deaths or suicides, the same shall be reported also by the Medical Director with all the particulars, in writing, to the President of the Board immediately, and to the Board of Managers at its next meeting.

18. He shall present to the Board of Managers at each of its regular meetings a concise report of the management of the Hospital and the medical condition of the patients, including a tabular report by name, etc., of the patients who have been admitted and discharged and who have died and escaped during said month, together with statements of the financial condition and the receipts and expenditures of the Hospital for the preceding month, and shall make such recommendations and suggestions to the Board as in his judgment the needs of the Hospital may require, and as may seem expedient.

19. He shall present to the Board of Managers on the first day of July in each year a full and complete inventory and appraisal of the furniture, stores and other articles provided for the Hospital, brought down to date, as nearly as may be practicable.

20. At each annual meeting of the Board of Managers he shall present a report of his operation of the Hospital for the preceding year together with a tabular report and statement of the treatment, medical condition of the patients and of the admissions and discharges for the year, and shall accompany it with a condensed account of the condition, management, needs and prospects of the Hospital.

Committees of the Board

21. The President shall appoint at each annual meeting of the Board of Managers the following standing committees and shall designate the number of members of each committee and its chairman, viz:

1. Medical Committee
2. Finance Committee
3. Personnel Committee
4. Food Committee
5. Committee on Household Supplies and Clothing
6. Committee on Activity Therapy
7. Committee on Buildings and Grounds
8. Committee on Farms

Medical Committee

22. The Medical Committee shall keep itself informed as to the treatment of patients, the general conduct of the medical department and as to the general sanitary conditions of the Hospital. It shall acquaint itself with the methods of treatment and methods of the control of patients in the Hospital as well as the general organization and management of the medical personnel of the Hospital. It shall report with its recommendations to the Board of Managers as occasion may warrant.

Finance Committee

23. The Finance Committee shall keep itself informed of the financial condition and operations of the Hospital and shall report to the Board of Managers thereon at its regular meetings.

Personnel Committee

24. The Personnel Committee shall keep itself informed concerning the personnel problems of the Hospital and report upon them

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together with its recommendations as occasion may warrant.

Food Committee.

25. The Food Committee shall keep itself informed as to the food program of the Hospital including the diet provided for the patients as well as for the personnel of the Hospital. It shall encourage the maintenance of standards of quality, kind and quantity of food in conformity with those recognized by authoritative dietary sources purchasable within the appropriation made by the State for such purposes. It shall also encourage the best preparation and service of the food in the Hospital and report its findings and recommendations to the Board of Managers at its regular meetings.

Committee on Household Supplies and Clothing.

26. The Committee on Household Supplies and Clothing shall keep itself informed as to the purchase, care, repair and use of the furniture and other household goods belonging to and used in the Hospital as well as to the clothing furnished to the patients. It shall report with its recommendations to the Board of Managers as occasion may warrant.

Committee on Activity Therapy.

27. The Committee on Activity Therapy shall keep itself informed as to the organization and conduct of the Recreational and Occupational Therapy activities of the Hospital. It shall encourage the initiation of such programs of education, entertainment, sports, recreation and amusement as may be of therapeutic value to the patients. It shall also keep itself informed of the methods of

occupational therapy in use in the Hospital, the number of patients engaged therein, and in general of the progress of this Department, encouraging the initiation and continuation of modern practices. It shall report to the Board with its recommendations as the occasion may warrant.

Committee on Buildings and Grounds.

28. The Committee on Buildings and Grounds shall keep itself informed as to the repair and maintenance of all buildings and the construction of all new buildings and as to the maintenance and improvement of the grounds of the Hospital. It shall scrutinize all plans and specifications for new construction or for repair, enlargement or alteration of existing structures. It shall report with its recommendations to the Board as occasion may warrant.

Committee on Farms.

29. The Committee on Farms shall keep itself informed on the conduct and needs of the farms of the Hospital. It shall report with its recommendations to the Board of Managers as occasion may warrant.

Special Committees.

30. Committees, other than standing committees, may be appointed for other purposes in the number and manner as the Board of Managers may from time to time direct.

Corporate Seal.

31. The Secretary of the Board shall be the custodian of the corporate seal of the Hospital.

Order of Business.

32. The order of business at all meetings of the Board of Managers shall be as follows:

1. Roll Call
2. Approval of Minutes
3. Unfinished Business
4. General Administrative Reports
5. Board Committee Reports
6. New Business

33. The By-Laws may be amended by a majority vote of the Board of Managers at any meeting thereof, provided notice of the subject matter is given in a notice of the meeting mailed to each member of the Board of Managers and to the State Board at least four days prior to the date fixed for the meeting.

Amendment to Paragraph No. 16

"16. He shall act as requisition and approval officer of the Hospital, unless the Board of Managers shall otherwise order."

May 15, 1947



State of New Jersey
NEW JERSEY STATE HOSPITAL
AT MARLBORO

NOTED
JUN 9 - 1955
E.N.P., M.D.

J. BERKELEY GORDON, M.D.
MEDICAL DIRECTOR AND
CHIEF EXECUTIVE OFFICER

TELEPHONE: FREEHOLD 8-1166
HOLMDEL 9-6161

HERBERT L. O'CONNOR
BUSINESS MANAGER

June 7, 1955

Edward N. Pleasants, M. D.
Director, Mental Hygiene and Hospitals
Department Institutions and Agencies
Trenton 7, N. J.

Dear Doctor Pleasants,

Dr. Gordon has referred to me your letter of May 26, 1955, relative to formal action taken by our Board of Managers to implement certain statutory provisions.

As requested, I am enclosing excerpts from the By-Laws, showing the action taken by our Board in relation to these matters.

Very truly yours,

NEW JERSEY STATE HOSPITAL, MARLBORO

H. L. O'Connor
Secretary, Board of Managers

HLO:L
encl.

PLEASE NOTE

All communications concerning patients should be addressed to the Medical Director.

In writing regarding individual patients, always give patient's full name, your own full name and address, and call our attention to any change in your address. If your letter requires an answer, please enclose a postage stamp. Inquiries by letter are much preferable to telephone.

If you telephone to inquire about a patient do not put in a person to person call and ask for any particular doctor. Make a station to station call and tell the hospital operator that you want to inquire about a patient, giving the patient's name. You will then be connected with a doctor who knows the patient and can give you the information.

Do not send medicines, knives, scissors, razor blades, needles or other sharp instruments to patients.

If you desire to send money to patients, do not send bills, or coin. Send instead a check or money order payable to the New Jersey State Hospital at Marlboro with a letter to the Medical Director stating the name of the patient for whom the money is intended.

Visitors must lock doors of cars when left unattended on hospital grounds.

Visiting days are Tuesday, Thursday, and all holidays from 9:00 to 11:00 A.M. and from 1:30 to 4:00 P.M. On Sunday, visiting hours are from 9:00 to 11:00 A.M. To avoid congestion and delay, we advise that you come on Tuesday or Thursday.

NEW JERSEY STATE HOSPITAL - MARLBORO
BY-LAWS

ARTICLE II

1. The Medical Director shall be the Chief Executive Officer. He shall be responsible for the treatment of patients and shall direct and specify the duties of the medical, surgical, and scientific staff. He shall submit to the Board, in advance of each meeting, a report covering the activities of the previous month.

ARTICLE III

1. The Business Manager is to be held responsible for the general administration of all the business of the Institution. He shall submit to the Board, in advance of each meeting, a report covering the activities of the previous month.

ARTICLE IV

1. The Order of Business shall be:

Roll Call
Reading of the Minutes of the previous meeting
Reports of Committees
Report of the Medical Director
Report of the Business Manager
Unfinished Business
New Business
Adjournment

ARTICLE V

1. The Board of Managers, by a vote of a majority of its members, may alter or amend these By-Laws at a regular or special meeting of the Board; provided, ten days' notice in writing of the proposed amendment shall be given to each of the members of the Board.



State of New Jersey

ARTHUR BRISBANE CHILD TREATMENT CENTER

ALLAIRE, N. J.

POST OFFICE ADDRESS: FARMINGDALE, N. J.

TELEPHONE: FARMINGDALE 5-4441

GEORGES H. LUSSIER, M. D.
DIRECTOR

MYRON M. SCHREIBER
BUSINESS MANAGER

May 31, 1955

Dr. Edward N. Pleasants, Director
Mental Hygiene and Hospitals
Department of Institutions and Agencies
Trenton 7, New Jersey

Dear Dr. Pleasants:

In accordance with your request of May 27th, 1955, I am forwarding to you copies of Motions and Resolutions passed by the Board of Managers of the Arthur Brisbane Child Treatment Center.

RESOLUTIONS - Adopted by the Board of Managers at its meeting on 7/31/47.

"BE IT RESOLVED, that Dr. George H. Lussier, Director and Chief Executive Officer of the Arthur Brisbane Child Treatment Center, Allaire, New Jersey, be appointed Requisition and Approval Officer of this institution, effective July 1, 1947, and that signature cards be signed by Dr. Lussier and forwarded to the Commissioner of Taxation and Finance, in compliance with the provisions of Chapter 112, P.L. 1944.

and

"BE IT RESOLVED, that Dr. George H. Lussier, Director and Chief Executive Officer of the Arthur Brisbane Child Treatment Center, be empowered to transact all official business in connection with the accounts of this institution, as well as the transaction of financial business with banks in connection with other than general State funds, such as Inmates' Trust Funds and all other funds within the jurisdiction of the Board of Managers of this institution."

MOTION - Passed by the Board of Managers at its meeting on 10/14/48.

"Officers of the Center will, unless visit has been terminated earlier, be responsible for supervising visit until the child has reached his 13th birthday. If supervision is needed beyond this point, the child will be referred to the parole department of the nearest state hospital, or returned to the institution at the discretion of the Director, or continued on supervision if the Board so directs. The Director will make such contacts with state hospitals as may be necessary to implement this procedure. The Commissioner's approval of this policy and the affirmatively expressed cooperation of the several state hospitals should be obtained in advance."

Dr. Pleasants, Director

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May 31, 1955

MOTION, Continued: (Passed by Board of Managers 10/14/48)

"When a child on parole is ready for discharge the Director will call this to the attention of the Board, making appropriate recommendations. The Board will then, for each case, make one of the following decisions: (a) to return the child to the Center; (b) to continue him under supervision of a parole officer from the Center; (c) to transfer supervision to an official from another institution or agency; (d) to recommend admission of the child to another institution; (e) to discharge him from parole in custody of his family or guardian; (f) to discharge him from parole but refer the case to a social agency; or (g) to make such special arrangements as the case may require. If a child reaches his 13th birthday while on parole, the procedure of the paragraph above will be followed, and the Director is authorized to process this without further reference of the case to the Board."

I am attaching copies of the Resolutions and Motion so that you may forward them to the Secretary of State.

Very truly yours,

ARTHUR BRISBANE CHILD TREATMENT CENTER

Geo. H. Lussier, M.D.
Georges H. Lussier, M.D.
Director

GHL/r

enc



State of New Jersey

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GEORGES H. LUSSIER, M. D.
DIRECTOR

MYRON M. SCHREIBER
BUSINESS MANAGER

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THE NEW JERSEY STATE HOSPITAL
GREYSTONE PARK

GENERAL REGULATIONS

MEDICAL SUPERINTENDENT AND CHIEF EXECUTIVE OFFICER

The Medical Superintendent and Chief Executive Officer is responsible to the Board of Managers for the efficient and proper coordination and supervision of the operations of the hospital; for the proper application of procedures and regulations regarding the operations assigned to other department heads; is responsible for carrying out approved procedures in the care and treatment of the mentally ill admitted to the hospital; is responsible for statistical reports to the Central Department, preparation of budget estimates, exercise of budgetary control, public relations; and will perform other responsible supervisory planning and organizing functions as required for the efficient operation of the hospital.

ASSISTANT MEDICAL SUPERINTENDENT AND CHIEF EXECUTIVE OFFICER

The Assistant Medical Superintendent and Chief Executive Officer acts as full assistant to the Medical Superintendent and Chief Executive Officer in the discharge of his duties and acts for the Medical Superintendent and Chief Executive Officer in the latter's absence.

CLINICAL DIRECTOR

The Clinical Director shall supervise the professional services in the development and application of coordinated, diagnostic, and therapeutic programs; determine the extent of activities of the non-medical professional services with the medical services in behalf of the patients' welfare; supervise professional hospital recruitment, placement, and training activities for physicians; administer residency and professional educational and training programs for hospital personnel; consult with the Medical Superintendent on the professional needs of the hospital; and keep in close contact with the professional staff on specific patient problems as is required.

SENIOR RESIDENT PHYSICIAN

The Senior Resident Physician provides service in the diagnosis, care, and treatment of patients with general medical disorders including disorders relating to the specialties; informs and advises the Clinical Director regarding all activities of his service including matters pertaining to assignment of personnel and medical care of patients; maintains standards of patient care and professional practice in wards where patients are treated; furnishes medical treatment, consultation, and diagnosis upon request of the Clinical Director; furnishes general

-2-

medical condition of patients in wards under their supervision; participates in staff conferences; collaborates with hospital social service in the development of plans to remove patients from the institution to their homes or the community when the patient's condition warrants; cooperates with consultants on all problems pertaining to patients in the service; cooperates with the Clinical Director in research and clinical studies; and supervises the preparation and proper maintenance of patients' records.

PATHOLOGIST

The Pathologist shall operate the clinical laboratory and his responsibilities shall include the preparation of standard solutions, etc., used in laboratory techniques, serological tests, blood counts and blood chemistries, spinal fluids, urine, feces, sputum, and other materials as required; inform the Clinical Director of all activities of the laboratory service; prepare, examine, and report examination of tissue specimens removed at autopsy or surgical operations; and supervise basal metabolism tests; participate in clinical conferences and consult with other services; supervise the morgue; direct performance of all autopsies and inspect bodies prior to release for burial; and supervise the preparation and proper maintenance of records and reports.

DENTAL CLINIC

The Dental Clinic shall provide service and maintenance standards in dental examinations, determination of type of dental treatment required, initiation and completion of treatments, and the overall procedure in the dental clinics; prepare requests for dental equipment and supplies; cooperate with other professional services in the interest of the patients' welfare; and cooperate with consultants on dental problems.

TUBERCULOSIS

The charge of this division is to provide for the diagnosis, care and treatment of patients with tuberculosis and other pulmonary diseases; inform the Medical Superintendent's Office regarding activities of the building including matters pertaining to proper assignment of personnel and care of patients; shall maintain standards of patients' care and professional practice in the building; provide appropriate treatment for patients with tuberculosis; cooperate with consultants on medical problems; provide for educational discussions with patients and relatives to secure cooperation in the control and treatment of the disease and to protect relatives and the general public from exposure to the disease after discharge; provide for research and clinical studies; and supervise the preparation of records and reports as required.

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X-RAY DIVISION

This department shall provide examination and interpretation of the various examinations and make X-ray chest examinations of hospital patients and employees; maintain standards of patient care and professional practice in the department including protection of patients and personnel; collaborate with other professional services on matters relating to the department; and participate in staff conferences and provide consultant service as required.

DIRECTOR OF NURSING

The Director of Nursing shall develop, administer, and supervise the program of nursing care to the patients in cooperation with the medical services; establish and maintain standards for high quality nursing care and service to patients; interpret and apply policies and procedures relating to the functioning of the nursing service; keep the Clinical Director informed of nursing service activities directly or indirectly related to patient care; assign and supervise all nursing service personnel; assist in the planning of programs directly or indirectly affecting patient care; develop and conduct educational and training programs; review applications and review nurse applicants; interview, select, and assign all non-professional nursing personnel.

MEDICAL STATISTICAL OFFICE

The Statistician shall be responsible for the storage and maintenance of all active and inactive patients' records; prepare all statistical data related to patients not requiring preparation by professional personnel; keep an accurate record and refer all patients with a military record to a Federal Contact Representative.

BUSINESS MANAGER

The Business Manager shall have direct responsibility for the supervision of the Business Office, the Engineering Department, Fire Department, Security Department, Laundry, Farm, Grounds, Motor Equipment, and other outside activities of a non-medical nature; the preparation of the annual budget and control of funds.

ENGINEERING DIVISION

The Engineering Department shall maintain a continuous program for the maintenance, repair, and upkeep of buildings and structures; maintain, repair, and operate utility plants, systems, equipment, and other apparatus; determine requirements, furnish technical advice, and

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make recommendations and proposals to the Business Manager; prepare estimates and recommend specifications for fuel; construct authorized minor alterations and improvements to hospital real property; maintain up-to-date drawings, plans, and maps showing space assignments and layouts of buildings and utilities systems.

POLICE DEPARTMENT

The Chief Security Officer shall direct the activities of the Police Department; guard against trespassing, theft, damage or defacement of buildings and contents; protect persons on the grounds from annoyances and interferences by solicitors, peddlers, and other unauthorized persons; preserve peace and order through the hospital and control and direct pedestrian and vehicular traffic; maintain custody and proper use of all firearms.

FIRE DEPARTMENT

The Fire Chief is responsible for maintaining adequate protection of the public and building occupants through elimination of fire hazards; provide necessary fire-extinguishing equipment; insure accessibility to fire escape; inspect all buildings and fire protection systems periodically; investigate and determine the cause of fires; recommend improvements in fire prevention and fire protection; conduct fire drills and instruct hospital personnel in the proper use and handling of fire apparatus and equipment.

PERSONNEL DIVISION

The Personnel Officer shall plan and conduct an employment program to insure the selection of qualified eligibles; contact and interview applicants to secure services of qualified personnel; collaborate with operating officials to insure sound selection for promotion and reassignment; provide explanations to employees or supervisors pertaining to misconduct or absence from service; conduct wage surveys to ascertain prevailing wage rates in the various classifications; prepare and submit to the Superintendent's Office all information pertaining to allocation of individual positions; maintain a complete file of references on all employees; and arrange for pertinent information to appear in the employee's record so that positive identification can be made at any time.

ADMISSION OF PATIENTS

All patients shall be admitted through the regular admission rooms in the Reception Building by a physician who shall follow the procedure as outlined by the Clinical Director.

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PRECAUTIONS AGAINST ACCIDENTS TO PATIENTS

For the **protection** of the patients they shall not handle inflammable materials nor poisonous materials. Smoking shall be permitted in designated areas only and under supervision. Patients shall not handle machinery or tools except under proper supervision.

OBSERVATION OF WARD PATIENTS

In addition to constant observation of patients by the ward nurses and attendants, who shall report the needs of the patient to the physician-in-charge and the nursing supervisor, the supervisor shall visit the wards and see the patients at least once on each shift and the ward physician shall make rounds and speak briefly to all patients. At least one physician in each service shall be designated as specifically responsible for the physical care of patients. The Senior physicians on each service shall make daily rounds on the wards and observe all patients, the condition of the wards, and provide adequate and proper treatment for the welfare of all patients.

PROGRESS OF PATIENTS

In order that a patient shall not be held in the institution longer than his condition requires the Senior physicians shall frequently review the case record and note his findings. The patient shall be personally interviewed by an assigned physician. On all patients showing some degree of improvement, a classification committee, designed by the Clinical Director, shall review the record and make recommendations for further treatment of the patient.

RETURN OF PATIENTS TO THE COMMUNITY

When a patient improves or has recovered from his psychosis every effort must be made for his return to his home or the community. Should the patient's family not make plans for him outside the institution, the hospital social service department shall find a suitable environment for the patient.

WORKING HOURS FOR PATIENTS

Patients shall not be requested nor permitted to be therapeutically employed for more than 40 hours each week and shall be given time off for scheduled recreation and entertainment.

DEATHS, ESCAPES AND UNUSUAL INCIDENTS

Unusual events such as fires, epidemics, injuries to personnel or

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patients, violent deaths and missing patients shall be reported promptly to the Superintendent's Office. A preliminary report of any incident of unusual interest shall be made to the Commissioner by telephone and this shall be followed by a letter and reports in detail.

EXAMINATION OF BODIES OF DECEASED PATIENTS

Following the death of a patient the physician or pathologist shall make a careful examination of the body before release. Should bruises or unusual marking be found the Office of the Superintendent shall be notified immediately.

PRECAUTIONS ON ELOPERS

Known elopers shall be housed on closed wards and closely supervised when taken off the ward for exercise or to clinics. They shall be fed on the ward, if possible, and be identified to relief personnel. Patients shall be counted at change of each shift, when going to and from meals, and when going to and from work assignments, clinics, recreation, or occupational therapy. Locks on doors and windows shall be frequently checked and check shall be made on spoons, tooth brushes or any article on the ward which could be made into a key. After an attempt to elope the patient shall be kept in pajamas and bathrobe to identify him to personnel.

ELOPEMENTS

The ward personnel shall immediately report the incident to the Supervisor, the security department shall be notified and an attendant, who knows the patient, shall accompany the police about the grounds and the nursing office shall be notified. If the patient is known to be outside the Building a complete description shall be made available for the police. A detailed incident report must be submitted to the Office of the Superintendent and relatives shall be notified by the Senior physician. When the patient is returned the physician shall notify relatives and notify the police department who will cancel teletype.

PATIENTS' MAIL

Every assistance shall be given the patient to communicate freely with his relatives and friends. The Senior physician in charge of the service shall receive out-going mail and forward to the Post Office. In-coming mail shall be delivered to the patient and should it be anticipated the letter contains legal papers, etc., the Senior physician shall be notified and the Senior physician shall assist the patient in the proper handling of his mail. The institution may exercise its discretion concerning mail addressed to or written by patients.

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TRANSFER OF PATIENTS

When a patient is transferred to another institution it shall be the responsibility of the Senior physician to notify his family.

HANDLING OF INSTITUTION MAIL

The Senior physician on each service shall be responsible for information concerning the condition of a patient and all letters of inquiry shall be promptly answered and returned to the Superintendent's Office for signature.

TELEPHONE AND TELEGRAPH

Because of the overloaded switchboard it is necessary to curtail personal telephone calls during the regular business hours. A telephone booth is available for use should it be necessary for an employee to make or receive a personal call during working hours. The Superintendent's franking privilege may be used for telegrams pertaining to patients and official business within the State.

FOOD HANDLING

Employees and patients handling food shall be observed to see that their hands are kept clean at all times. Food handlers should wear washable clothing to include apron, white coats and a cap or chef's hat. Handwashing facilities should be available and a medical inspection of all foodhandlers, patients and employees, should be made every two months. No smoking is permitted in the kitchens during food preparation. All vegetables shall be thoroughly washed before cooking. Coffee and tea urns shall be cleaned daily. Refrigerators shall be cleaned daily and shelves should be removed and scrubbed weekly. Foodstuffs in refrigerators shall be checked daily. All kitchen utensils shall be kept clean. Garbage cans kept outside shall be locked in a screened area.

CLEANING SOLUTIONS

All poisonous cleaning solutions shall be properly safeguarded and away from patients.

CONTROL OF DRUGS

Medications and drugs will be administered only by a graduate nurse and drugs shall be kept in locked cabinets at all times.

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PUBLICATIONS

All material written for publication, either of a scientific or policy making nature, shall be submitted to the Office of the Superintendent, before sending to the publisher.

GAMBLING

Gambling is not permitted on the hospital grounds, in any form, and offender will be prosecuted.

OUTSIDE PRACTICE FOR PHYSICIANS

Regularly employed State physicians shall not use facilities, personnel, or equipment for the treatment of patients other than those regularly admitted and employees. If time should permit a physician to engage in outside practice, he shall have a self-maintenance office apart from the institution.

X-RAY EXAMINATION OF EMPLOYEES

For the protection of the institutional population and the employees themselves, periodic chest x-rays shall be done at stated intervals.

CONCLUSION

The above rules and regulations, as revised, shall remain in full force and affect until such time as a change is made in this office.

Archie Crandell M.D.
Medical Superintendent and
Chief Executive Officer

October 1, 1953



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RECEIVED
JUN 1 - 1955
DEPARTMENT OF INSTITUTIONS & AGENCIES

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PROCEDURE FOR CLASSIFICATION

Foreword

A major policy of the New Jersey correctional program is the emphasis upon constructive treatment and training for delinquents during the period of custody.

The staff officers of each institution carry the responsibility for individual corrective treatment. Meeting in committee under the leadership of the superintendent, they pool their information, harmonize differences, discuss their recommendations and plan a program for every individual committed to their institution.

The purpose of this memorandum is to clarify the duties and responsibilities of the staff officers in this connection, and to serve as a guide for them as members of the classification committee.

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1. Classification Committee

The superintendent of each correctional institution will organize a "Classification Committee", the members to be chosen from the staff officers. The following officers should be included:

Superintendent
Deputy Superintendent
Disciplinary Officer
Identification Officer
Physician
Psychiatrist
Psychologist
Chaplain
Director of Education
Director of Industries and Training
Field Social Investigator
Classification Secretary

Matters relating to the training and treatment of individual inmates will be referred to the classification committee. It will be the duty of this committee to hold regular meetings for the purpose of planning individual programs, subject to the policies of the State Board of Control and the Board of Managers of the institution. The details of the committees' duties and responsibilities are set forth in later paragraphs.

II. Admission Examination

It will be the duty of the admitting officer of each institution to notify the members of the classification committee within 24 hours of the arrival of each new inmate. The institution will also notify the Central Parole Bureau in order that they may begin the investigation of the social background of the inmate at once.

-3-

During the period of quarantine, the inmate will be examined by the following specialists:

Identification Officer
Disciplinary Officer
Physician
Psychiatrist
Psychologist
Chaplain
Director of Education
Director of Industries and Training

Each of the examiners will send a detailed written report and a written abstract of his findings and recommendations to the classification secretary.

The recommendations of the physician, psychiatrist and psychologist concerning the treatment and handling of each case will always be the ideal or best recommendation that can be made from the professional point of view. Any limitations in the carrying out of these recommendations should come as a result of the committee meeting, and should not be taken into account by the specialist in making his report. The scope of these examinations is discussed in Appendix A.

III. Classification Summary

It will be the duty of the classification secretary to enter the abstracts of the reports on the "Classification Summary Sheet".

Each institution will use the approved form for classification summaries, with such modifications as are necessary to meet any local requirements. (See approved form attached) The classification secretary will prepare one of these summaries for each member of the classification committee and as many additional as are necessary to meet the requirements of the Central Office.

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IV. Classification Committee Meeting

Within one month of an inmate's admission his case will be presented at a regular meeting of the committee for first classification.

At this meeting each member of the committee will have at hand the classification summary which will include:

1. The identification officer's report.
2. The history of the crime and the legal procedure so far as it can be obtained within the month.
3. The social or family history of the inmate.
4. The medical history of the inmate.
5. The results of the physical examination and recommendation of the physician.
6. The psychiatric findings and recommendations.
7. The psychological findings and recommendations.
8. The disciplinarian's report with the conduct record up to the date of the meetings.
9. The educational director's report and recommendations.
10. The industrial director's report and recommendations.
11. The chaplain's report and recommendations.

At the first classification meeting the case will be considered under the following heads in the order given:

(1) Transfer: Any recommendations for transfer will be considered and acted upon. The policies and procedures for carrying out transfers are given in Appendix B.

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(2) Medical, Surgical and Mental Treatment: Any professional recommendations by the physician, psychiatrist and psychologist will be considered and acted upon.

(3) Custodial Requirements: The custodial requirements will be expressed in terms of three degrees of security as follows:

- A. Maximum
- B. Limited
- C. Minimum

Maximum security implies confinement at all times behind a wall of the type now at the Prison and Rahway. Limited security implies that the inmate may be allowed to work outside the wall under guard, but must be returned to maximum security at night. Minimum security implies that the inmate is suitable to be sent out to live and work in an open institution, such as Bordentown, Leesburg and Annandale.

(4) Institutional Program: The Committee will map out a tentative educational, industrial and disciplinary program in accordance with the findings of the various specialists.

At this meeting the question of the length of stay of the inmate in the institution will not be taken up, nor will credit goals be set. The inmate will be told that in six months his case will be reconsidered. It will be explained to the inmate that his length of stay in the institution will depend in a large measure upon his own conduct and his success in the program laid out for him by the classification committee.

(5) Summary Statement: At the end of the consideration of each case, the chairman, or someone delegated by the chairman, will dictate a summary of the findings and recommendations of the

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committee. These recommendations, and not the separate recommendations of the specialists, will be the program to be carried out, and may not be modified by any officer without the approval of the committee. (For the approved form for dictated summaries, see Section V on progress reports.)

V. Progress Reports

Each institution will be held responsible for keeping progress reports on every case under its jurisdiction. All information received subsequent to the first classification committee meeting will be entered upon the inmate's progress report with the date and name of the person contributing the information. Reports of the inmate's progress, all disciplinary reports and punishments, and the result of all reexaminations must be entered upon these reports.

This report will be started immediately after the first consideration of the case by the classification committee. The first item will be the dictated summary of the findings and the recommendations of the committee. (For the proper form of this entry, see the approved form for progress reports attached.)

The Classification secretary will attach a copy of the progress report to each copy of the classification summary.

VI. Review by Board of Managers

The classification summary and progress sheet will be presented to the classification committee of the Board of Managers at the monthly meeting of the Board following first classification, or at any other time which may be set by the classification committee of the Board of Managers.

VII. Procedure for Following up Committee Recommendations

As soon as possible after the classification committee meeting the secretary will forward a list of the cases considered to the Director of the Division of Classification. He will also send two copies of the classification summaries and progress sheets on each case.

The secretary will notify the heads of all departments of their responsibility in each case as a result of the committee meeting. This notification will be sent on the approved forms for that purpose. (Samples attached)

The department heads will begin to carry out their part of the general program as soon as possible after receiving notice of the committee's action. They will notify the classification secretary when they begin their work with a case, and the classification secretary will record this under date on the progress sheet. The approved form will be used for this purpose.

If the interval before reclassification is six months, at least two reports of the inmate's progress in his school, industrial and disciplinary program will be sent to the committee before the first reclassification. If the interval is less than six months, one report will suffice. These reports will be brief accounts of the inmate's degree of success, attitude toward his work, attitude toward his officers and fellow workers, and a statement of his suitability to continue the assignment. The department heads will be responsible for these reports, which will be in addition to the daily credit marks which each officer is required to submit. If the interval of time permits of two reports, the

-8-

first will be sent in not later than three months after the assignment is made, and the second at least one week before the date set for first reclassification.

The disciplinary officer will send a report of all violations of rules to the classification secretary with a statement of the punishment assigned for the offense.

VIII. First Reclassification

Six months after admission the case will be brought up for routine reclassification. This should not be construed as implying that no change in the program or status of the inmate can be considered during the six months' period. A member of the committee or an officer who has an inmate under his direct supervision may request the committee to reconsider an inmate at any time.

The purpose of the routine reclassification is to check on the carrying out of the recommendations of the committee at the first classification, to determine the suitability of the recommendations made at that time and to decide upon the inmate's objective.

New examinations will not be required in every case, but may be requested by the committee.

At the first reclassification meeting each member of the committee will be provided with the original classification summary and the progress sheet.

The committee will review the case under the same headings used at the first classification, and will make any changes in the program which seem indicated by the inmate's institutional record.

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As a result of the reclassification meeting, the committee will set a date for second reclassification, which will be the earliest date they would be willing to consider the inmate for parole.

They will also establish a credit goal to be earned by the inmate in accordance with the rules governing the credit marking system.

The classification secretary will enter the findings and recommendations of the committee on the progress sheet.

IX. Procedure for Following up Committee Recommendations
After First Reclassification

As soon as possible after the first reclassification meeting, the secretary will notify the department heads of their part of the program and the date set for reclassification for each case.

The department heads will notify the committee when they begin their work on the case and will be held responsible for as many reports of the inmate's progress as the classification committee think necessary. The number of these reports shall not be less than two per year. These reports will be in addition to the credit marking reports. They will be statements of the inmate's general adjustment in the institution, progress in the work assigned him, and attitude toward his officers and fellow inmates. All officers having charge of an inmate will be held responsible for reporting any improvement or failure of the man, which would suggest new consideration by the committee.

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X. Second Reclassification

The date for second routine reclassification will be set by the committee at the first reclassification meeting.

At the second reclassification the committee will have copies of the original classification summary and copies of the progress sheet.

At this meeting the committee will pay particular attention to the inmate's progress toward the goal set for him, and will consider whether or not it is sufficient to render him eligible for parole consideration. If the committee is of the opinion that the inmate is ready for parole consideration, the secretary will notify the Central Parole Bureau. The Central Parole Bureau will at once make a pre-parole home investigation. The secretary will request pre-parole reexaminations by the physician, psychiatrist, psychologist, chaplain, educational director, director of industries and training and the disciplinary officer. These examiners will submit written reports to the committee, pointing out specifically any improvement or regression in the inmate from the point of view of their specialty. They will make recommendations for or against parole and recommend any special conditions for parole which are indicated by their examinations.

The committee will set a date for parole reclassification.

If at the time of second reclassification the committee is of the opinion that the inmate is not ready for parole, they will make any changes in the program which seem necessary, and set a date for third reclassification. The superintendent will make it clear to the inmate in what respect he is not meeting the require-

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ments of his program, and explain that his release from the institution depends upon his showing improvement.

XI. Parole Reclassification

On the date set for parole reclassification, the classification secretary will make sure that each member of the committee has a copy of the:--

Original Classification Summary
The Progress Report containing the pre-
parole examinations
The Pre-Parole Home Investigation

The committee will make a complete review of the case at this time.

It will be the duty of the superintendent, or a member of the committee delegated by him, to point out the factors which favor parole and those which oppose it.

In considering an inmate for parole, the committee will pay particular attention to:--

The physical and mental health of the inmate
His industrial and educational competency
His social adaptability
The condition of the home to which he is to
be paroled

As a result of their consideration, the committee will make recommendations to the Board of Managers:--

(1) They may recommend that parole be deferred. If they so recommend, they will plan a program and set a new goal for the inmate. They will also set a date for reclassification.

(2) They may recommend the transfer of the inmate to another institution for further treatment or training.

(3) They may recommend parole under routine supervision.

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(4) They may recommend parole on a three months' trial basis with special supervision.

(5) They may recommend parole to placement, if the home conditions are unfavorable.

(6) They may establish any special conditions of parole which seem advisable.

The recommendations of the committee will be presented to the Board of Managers at their next meeting. The reasons for the recommendations will be clearly stated.

APPENDIX A

Scope of Specialists' Examinations

Identification Officer:

The identification officer will determine the inmate's identity. He will make the necessary investigations to verify the birthdate, age, birthplace, nationality, civil condition, residence and previous criminal record. He will secure complete details of the offense for which the inmate was committed.

He will make specific recommendations concerning the custodial requirements of each case. He will also give his estimate of the desirability of transfer to another correctional institution.

Disciplinary Officer:

The disciplinary officer will interview each inmate for the purpose of forming a judgment of his amenability and trustworthiness under institutional discipline.

He will make specific recommendations concerning the custodial requirements and any special disciplinary features which should be incorporated into the institutional program. He will state his opinion of the desirability of transfer to another correctional institution.

Physician:

The physician will inquire into the man's physical make-up from the standpoint of physique, health, and physiological constitution. He will obtain such information as will indicate possible sources of maladjustment from the point of view of physical consti-

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tution, such as chronic infirmities, acute disease, toxemias, constitutional abnormalities (both organic and functional), general health, and so on.

He will make specific recommendations for medical and surgical treatment, point out the bearing of the inmate's physical condition upon the question of transfer, and call attention to any limitations in the program which are indicated by his examination.

Psychiatrist:

The psychiatrist will inquire into the condition of the inmate's nervous system, personality makeup, and sanity. He will indicate the contributing influences of nervous pathology, defective personality, emotional disturbances, conflict, perversions, maladjustments, psychoses, psychopathies, epilepsies, dementias, and in cooperation with the physician, he will determine the importance of syphilitic infection and the use of alcohol or drugs.

He will make specific recommendations concerning the treatment. He will also make recommendations concerning the custodial requirements based upon his estimate of the inmate's stability and trustworthiness. He will make any recommendations relative to a suitable program which have a therapeutic significance.

Psychologist:

The psychologist will examine the man from the point of view of intelligence, aptitudes, character and emotions. He will determine the prisoner's individuality from the point of view of intelligence level, intelligence type, temperament, emotion, judgment, inhibitions and desire. In cooperation with the head teacher

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he will determine the degree of literacy and educational capabilities. In cooperation with the industrial supervisor he will determine motor aptitudes and trade skill. In cooperation with the psychiatrist and physician he will determine feeblemindedness, constitutional instability, and the psychological aspects of psychopathy, including defective personality, judgment, emotional deterioration, mood, and the like. He will determine the level and type of the individual from the point of view of such mental processes as memory, association, and reasoning power.

He will make specific recommendations covering transfer custodial security and program. Under the heading of treatment he will recommend any additional examinations or special interviews which would be beneficial to the inmate in making a better social adjustment.

Chaplain:

The chaplain will interview the man to determine his religious attitudes, standards, and responsibilities. He will inquire particularly into the man's previous church and spiritual relations with the purpose of evaluating their importance in influencing conduct.

He will give his opinion concerning the desirability of transfer to another correctional institution, the necessary custodial requirements, and indicate any special contributions which he feels his department could make to the institutional program.

Educational Director:

The educational director will examine the man from the point of view of his knowledge and educability. He will inquire

particularly into the degree of literacy and capability for advancement, academic interests, social ambitions, and suitability for further school training.

He will make specific recommendations for further schooling. He will give his estimate of the custodial requirements, and the desirability of transfer to another correctional institution.

Director of Industries and Training

The industrial supervisor will study the man from the point of view of his previous occupational history, his present trade or industrial skill and his industrial capabilities. He will inquire particularly into the present degree of trade skill which the man possesses, his occupational ambitions and their relation to his environment.

He will make specific recommendations for trade and industrial training and correctional schooling. He will give his estimate of the custodial requirements and desirability of transfer to another correctional institution.

Field Social Investigator:

The field social investigator will report the findings of the investigation covering the pre-institutional history of the individual. The home and neighborhood conditions will be described. He will give a detailed account of the social factors contributory to delinquency, in accordance with the best current information on the subject. In making recommendations the social investigator will pay particular attention to the occupational opportunities in the community to which the individual is to be paroled, and will specifically state whether or not the home conditions are suitable for return of the inmate.

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APPENDIX B

Procedure for Transfer

Under Chapter 147 of the Laws of 1918, an inmate of a correctional institution may be transferred to any other institution under the jurisdiction of the State Board of Control, upon authority of the Commissioner of the Department of Institutions and Agencies. Such transfer must be in accord with the current policies governing the classification by institutions.

The following procedures will be observed in carrying out such transfer:

Transfer from

Correctional Institution to Correctional Institution

If the classification committee is of the opinion that a case is suitable for transfer to another institution, the secretary will prepare a letter, to be signed by the Superintendent, requesting the transfer. This letter will be addressed to the Commissioner, attention Division of Classification. The following material should accompany the request: One copy of the classification summary, psychiatric report, psychological report and home investigation; two copies of the progress report, medical report, dental report, educational director's report and disciplinary report.

The Division of Classification will review this material to see that the procedure has been correctly followed, and that the transfer is in accordance with the general policies of the Department. If they concur in the recommendation of the classification committee the Commissioner's authority for transfer will be

issued. The Division will then ask the receiving institution to set a date to receive the inmate, and will notify the transferring institution when to effect the transfer. The expense of the transfer will fall on the transferring institution.

If the Division of Classification finds that the correct procedure has not been followed, or if the case is not regarded as a suitable transfer under the policies governing such transfers, the Director will refer the case back to the classification committee, giving the reasons for disagreeing with the recommendation and alternative recommendations. If the Division and the Institution are unable to agree, the case will be referred to the Commissioner.

Transfer from
Correctional to Charitable Institutions

If the Classification committee is of the opinion that a case should be transferred from a correctional institution to one of the charitable institutions the secretary will prepare a letter, for the superintendent's signature, requesting permission to proceed with the necessary legal steps. This letter will be addressed to the Commissioner, attention Division of Classification. The following material will accompany the request: One copy of the classification summary, most recent psychiatric report, most recent psychological report, Family and Personal History blanks if the transfer is to the Vineland State School, and the Training School Descriptive Blank if the transfer is to the Vineland Training School; two copies of the progress report, medical report, dental report, educational report, disciplinary report, and the commitment to the correctional institution.

The Division of Classification will review this material. If the procedure has been properly carried out, and if the Division is in accord with the recommendation of the committee, the authority to proceed with the legal commitment will be given, and the transferring institution will take the necessary steps to secure the commitment. If the Division of Classification finds any errors in the procedure or is not in accord with the recommendation of the committee, the Director will notify the transferring institution, pointing out the errors in procedure or the reasons for the disagreement. If the Division and the Institution are unable to agree, the case will be referred to the Commissioner.

As soon as the transferring institution has completed the legal steps to secure the commitment to a charitable institution, the classification secretary will notify the Division of Classification that the legal papers have been received, and the authority for transfer will be issued.

The Division of Classification will request the superintendent of the receiving institution to set a date for receiving the case, and will notify the transferring institution when to proceed with the transfer.

The transferring institution will bear the expense of transfer.

All correspondence between institutions regarding the transfer of cases will be routed through the Division of Classification.

Any request for information regarding the laws and policies covering transfer should be addressed to the Division of Classification.

APPENDIX C

Classification of Institutions

The State Prison:

The State Prison at Trenton emphasizes the custodial feature. The inmates are housed in cells and the Prison is surrounded by a heavily guarded wall. Although emphasis is on custody, the Prison provides extensive trade and industrial training in the State Use shops and maintenance details.

It operates as a receiving and classification station and retains the older, more serious offenders, whose length of sentence, type of crime, recidivism, or dangerous anti-social tendencies require maximum security detention.

The Leesburg Prison Farm:

The Leesburg Prison Farm emphasizes the agricultural colony features. The inmates live in dormitories and work under minimum security supervision. It receives as transfers from the State Prison those inmates whose industrial outlook is toward agriculture or one of the unskilled occupations. All transfers must, of course, be suitable for minimum security detention. It provides work for men of the common labor grade of ability.

The Bordentown Prison Farm;

The Bordentown Prison Farm emphasizes the "opportunity" feature. Inmates live in dormitories under minimum custodial conditions. It is planned to provide trade and industrial opportunities of all levels and to develop all recreational features. Men of the better type, "accidental" offenders, and inmates whose institutional records have been good and who are

nearing the time of discharge from the Prison will be transferred to Bordentown. They must, of course, be suitable for minimum custody.

The New Jersey Reformatory at Rahway:

The Reformatory at Rahway emphasizes correlated school and vocational training under maximum and limited security. The inmates are housed in cells in a building surrounded by a wall. They may work inside or outside this wall. The school department is organized into two divisions, the elementary and the departmental. The elementary division corresponds to the first four grades of the Public school. In the departmental division the inmates pursue studies related to the trades which are taught in the vocational schools. In order to function most effectively, the inmates work one-half day in the trade shop, and devote the other half day to school subjects essential to the trade.

The Rahway Reformatory operates as a receiving and classification station, retaining those inmates between the ages of 16 and 30 who are suitable for intensive vocational or industrial training and who require maximum or limited security. Inmates of this type will be transferred to Rahway from the Prison, Annandale and Jamesburg.

The New Jersey Reformatory at Annandale:

The Reformatory at Annandale emphasizes the opportunity features for younger men. It combines the advantages of an agricultural colony with the facilities for special vocational and scholastic training under minimum custodial conditions. The inmates are housed in dormitories in small groups. This provides

for internal classification.

The Reformatory at Annandale operates as a receiving station, retaining those inmates between 16 and 30 who are suitable prospects for intensive training. They receive as transfers, inmates of this type from the State Home for Boys and Rahway.

Men who have a good record at Rahway may be transferred to Annandale when they are nearing the time for parole consideration.

Trenton State Hospital:

The criminal division of the Trenton State Hospital provides treatment for the psychotic and psychopathic inmates from all the penal and correctional institutions. The facilities of the hospital are developed to provide this treatment under maximum security custody.

Ellen C. Potter

F. Lovell Bixby

November 25, 1930.

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF CLASSIFICATION AND PAROLE

PROCEDURE FOR THE TRANSFER OF INMATES OF A CHARITABLE
INSTITUTION TO ANOTHER CHARITABLE INSTITUTION

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STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF CLASSIFICATION AND PAROLE

PROCEDURE FOR THE TRANSFER OF INMATES OF A CHARITABLE
INSTITUTION TO ANOTHER CHARITABLE INSTITUTION

General
Supervision

1 The reclassification of inmates of charitable institutions for purposes of transfer to another charitable institution shall be made under the general direction and supervision of the Division of Classification and Parole of the Department of Institutions and Agencies. This Division shall have authority to request the reclassification of specific cases for such purposes and shall be held responsible by the Commissioner for the satisfactory supervision of the procedure.

Reclassifi-
cation

2 The immediate work of reclassification shall be done at the charitable institutions, through the superintendent and his staff, who shall indicate the suitability of the case for transfer to the specific institution which in their judgment will best meet his needs, as follows:

State Owned
Charitable
Institutions

(a) The State School at Vineland cares for females of either color, of any age, who are definitely feeble-minded, potentially feeble-minded, or borderline feeble-minded, and who are not epileptics. In general, the State School at Vineland receives females, both trainable and untrainable.

(b) The North Jersey Training School at Totowa cares for females, either white or colored, below the age of 21 years, who are definitely feeble-minded, potentially feeble-minded or borderline feebleminded, who are not epileptic, unstable or psychopathic to a pronounced degree, who are not habitual offenders, and who are industrially or vocationally trainable. In general, this Institution receives industrially trainable females.

(c) The Colony for Feeble-Minded Males at New Lisbon cares for boys, whether colored or white, of any age, who are definitely feeble-minded, potentially feeble-minded or doubtful cases, who are not epileptic and who are industrially or vocationally trainable. In general, this Institution receives the industrially trainable, feeble-minded males.

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State Owned
Charitable
Institutions

(d) The Colony for Male Idiots at Woodbine cares for the low-grade, untrainable, definitely feeble-minded males, either colored or white, who are not epileptic, (except as this may be an accompaniment of idiocy) and who are not eligible for admission to the Training School or the New Lisbon Colony. In general, this Institution receives the idiot and low-grade imbecile type of feeble-minded males.

(e) The State Hospital at Trenton, Grey-stone Park and Kolmdel receive for treatment or custody, under certain special conditions to be adjusted in each case, persons of either sex, any color and any age, who are seriously unstable, psychopathic, or psychotic, but not epileptic. These Institutions will not receive habitual offenders unless this is a direct consequence of the instability of psychopathic condition.

(f) The Village for Epileptics at Skillman cares for all epileptics.

(g) The Sanatorium for Tuberculous Disease at Glen Gardner cares for persons of either sex, of all ages, who are not such serious behavior problems as to cause difficulty in an institution of hospital type and who have a curable tuberculous disease of the respiratory organs.

(See appendix for Vineland Training School, -- not State owned.)

Application
to
Department

3 When the advisability of such transfer has been determined, the superintendent should make application to the Commissioner of the Department of Institutions and Agencies, attention of the Division of Classification and Parole, for permission to transfer the case to the specific institution determined upon. In making his request, the superintendent shall submit the following material:

Two copies each of:

Material
to be
Submitted

- Abstract--(If case is in a State Hospital)
- or
- Institutional Report
- Educational Report
- Disciplinary Report
- Psychological Report
- Psychiatric Report
- Home Investigation Report
- Medical Report
- Dental Report

Two copies of:

Original Court Commitment (Certified)

One copy of:

Original Application Blank (Certified)

Case Reviewed
by
Department

4 For the Commissioner, the Director of the Division of Classification and Parole shall review these papers, and shall make certain that the above procedure has been suitably carried out. The Director of the Division may point out to the superintendent any discrepancy in the report or may record his objection to any inadequacy in the fulfillment of the procedure. He shall report to the Commissioner that all steps in the reclassification procedure have been adequately carried out, and shall recommend that the transfer be effected, or he shall refer the case back to the institution for reconsideration, giving his reasons therefore.

If Transfer
to Skillman,
Approval for
Proceeding
with Legal
Papers

(a) If, however, the transfer requested is to the Village^{*} Skillman, it may be necessary to request the transferring institution to secure court commitment to Skillman, the necessary steps to secure this to be begun upon receipt of authority from the Division of Classification and Parole to proceed with such commitment.

Validity of
Approval

(b) In order to be valid a transfer approval must be used within six weeks of its authorized date. If not used within this period, it must be returned and new approval requested to meet changed conditions.

Authority for Transfer

(e) When the Division of Classification and Parole receives notification from the transferring institution that all legal steps have been taken, and from Skillman that said legal papers have been filed thereat, the Commissioner will issue authority for transfer to the Village.

Authority for Transfer

5 When all the steps in the above procedure have been satisfactorily carried out, the Commissioner may issue authority for transfer to the charitable institution agreed upon.

Validity of Transfer Authority

6 A transfer authority is not valid after a lapse of twelve months. Within the year, however, after thirty days have elapsed, it may not be executed without reopening the matter with the Central Office.

Date for Transfer

7 The Division of Classification and Parole shall then request from the superintendent of the receiving institution a date on which the transfer may be effected, and shall transmit same to the transferring institution.

Emergency Transfers

8 In cases of emergency in which immediate transfer to a State Hospital is necessary, verbal permission may be secured by telephoning the office of the Commissioner. Such transfers must, however, be carried through the regular procedure as outlined above, as soon after receiving verbal permission as feasible.

Clothing

9 (a) In transfers which are permanent in nature the following clothing (inclusive of garments which patient is wearing) should be supplied by the transferring institution:

Permanent Transfer Clothing Outfit

Women and Girls

Men and Boys

- 1 dress
- 1 undervest
- 1 unionsuit or underdrawers
- 1 pair stockings
- 1 night dress
- 1 brassiere
- 1 coat or sweater
(suitable to season)
- 1 pair shoes
- 1 tooth brush

- 1 standard suit
- 1 unionsuit
- 1 night shirt
- 1 pair socks
- 1 work shirt
- 1 necktie
- 1 coat or sweater
(suitable to season)
- 1 pair shoes
- 1 tooth brush

(b) In transfers which are transient in nature, i.e., to the State Hospital for observation or treatment, the following clothing (inclusive of garments which patient is wearing) should be supplied by the transferring institution, with the understanding that the same or equivalent clothing will be returned with the patient.

Temporary Transfer Clothing Outfit

Women and Girls

Men and Boys

3 dresses	2 standard suits
2 undervests	3 unionsuits
3 underdrawers or unionsuits	3 night shirts
3 pair stockings	3 pair socks
3 night dresses	3 work shirts
2 brassieres	1 necktie
1 coat or sweater (suitable to season)	1 coat or sweater (suitable to season)
1 pair shoes	1 pair shoes
1 tooth brush	1 tooth brush

Expense of
Transfer

10 The actual transfer shall be made at the expense of the transferring institution.

February 1931

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Appendix

Private Institution for the Feeble-minded.

The Training School at Vineland is a private institution which receives both boys and girls and a limited number of these are accepted as State wards. It admits those who are definitely feeble-minded, potentially, feeble-minded, or borderline feeble-minded, provided they are not colored, are below 16 years of age, are clean in their personal habits, are trainable, either academically, vocationally, or industrially, are not epileptic, unstable or psychopathic, and are not habitual offenders. In general, the Training School receives trainable cases of either sex. All cases admitted as State wards must have regular court commitment to one of the State institutions for the feeble-minded and must be carried through the regular transfer procedure as outlined above.

3

STATE OF NEW JERSEY
DEPARTMENT INSTITUTIONS AND AGENCIES
DIVISION CLASSIFICATION AND PAROLE

A PROCEDURE FOR THE RECLASSIFICATION
OF INMATES OF CORRECTIONAL INSTITUTIONS
FOR PURPOSES OF TRANSFER TO A CHARITABLE
INSTITUTION

1. General Supervision
2. Reclassification for Purposes of Transfer
 - A. Examinations and reports of Specialists
 - B. Reclassification Summary Sheet
 - C. Recommendations of Reclassification Committee
 - D. Approval of Department
 - E. Legal Papers
 - F. Authority for Transfer
3. Custodial Institutions listed.

STATE OF NEW JERSEY
DEPARTMENT INSTITUTIONS AND AGENCIES
DIVISION CLASSIFICATION AND PAROLE

A PROCEDURE FOR THE RECLASSIFICATION OF INMATES
OF CORRECTIONAL INSTITUTIONS FOR PURPOSES OF
TRANSFER TO A CHARITABLE INSTITUTION

GENERAL
SUPERVISION

1 The reclassification of inmates of correctional institutions for purposes of transfer to charitable institutions shall be made under the general direction and supervision of the Division of Classification and Parole of the Department of Institutions and Agencies. This Division shall have authority to request the reclassification of specific cases for such purposes and shall be held responsible by the Commissioner for the satisfactory supervision of the procedure.

RECLASSIFI-
CATION
COMMITTEE

2 The immediate work of reclassification shall be done at the correctional institutions by the institution through a committee consisting of the following representatives: The superintendent of the institution as chairman; the resident or visiting physician; the visiting psychiatrist; the resident or visiting psychologist; the representative of the Division of Classification and Parole; the supervisor of education and training; and the disciplinary officer. The institution, through its superintendent, shall bear the principal responsibility for exercising initiative in reclassification of cases for transfer. He may, however, be requested by the Division of Classification and Parole to reclassify special cases for purposes of transfer.

NOTIFICATION
OF
MEETING

EXAMINATIONS

3 When a case is considered for reclassification for purposes of transfer to an institution for the feeble-minded, or other charitable institution, it shall be the duty of the superintendent to notify, sufficiently in advance, the Director of Classification and Parole and the various members of the Classification Committee of the date on which said case is to be considered, giving the name and number of the case or cases and requesting that the examinations of the several specialists indicated below be made:

EXAMINATION
OF
PHYSICIAN

a The resident or visiting physician will examine the individual from the point of view of general health and constitution, and specific sensory and organic defect. Even though a previous examination is available, a new examination shall, nevertheless, be made, unless the intervening period is less than one month. The physician will use his own professional judgment in relying upon the information of his previous examination, but his report will be expected to represent the present status of the individual. In this report the physician will indicate the important facts of the medical history of the individual during his residence at the institution, including particularly any corrective medicine or surgery. He will indicate what, if any, corrective medical or surgical work remains to be done and will aim to give all the facts that would be of assistance to the resident physician at the receiving institution. If important defects are discovered, the physician will recommend whether these should be corrected before the case is considered eligible for transfer.

EXAMINATION
BY
PSYCHIATRIST

b The visiting psychiatrist will make a report on the present status of the individual from his point of view, relying upon and comparing with any previous examinations he may have made in accordance with his professional judgment. For this purpose the institution will supply the psychiatrist with such facts of the inmate's history as would lead him to suspect any mental or neurological peculiarity. The psychiatrist will specifically report whether the inmate is stable or unstable from the point of view of his probable success in adapting himself to the requirements of the receiving institution. In particular, he will indicate any organic, neurological, or psychopathological defects which in his judgment should be corrected before the case is suitable for transfer.

EXAMINATION
BY
PSYCHOLOGIST

c The resident or visiting psychologist will interview the individual from the standpoint of intelligence, aptitudes, character and temperament. He will make a differential diagnosis regarding feeble-mindedness and in so doing will make a re-examination of the individual for the specific purpose of determining the degree and type of feeble-mindedness, stating the mental age obtained. He will report upon the present status of the individual and will compare the results of this examination with all previous psychological examinations, pointing out any changes in the mental condition between admission and the time at which the individual is considered for transfer. He will also report on the degree of trustworthiness or untrustworthiness; will give his opinion as to trainability; and will include other information on the intelligence, emotions, skill and character of the individual. He will familiarize himself with the psychological qualifications of the population of the institution to which transfer is being considered and will, whenever there is a doubt as to suitability, confer with the Chief Psychologist or with the Director of Classification.

RECORD OF
HOME
INVESTIGATION

d The representative of the Division of Classification and Parole will make a report regarding the pre-institutional history of the individual, including a statement regarding his family, exact date of birth, home, neighborhood, and such other special information as may in his judgment be helpful. In particular, this representative will show the previous record of delinquency and, if possible, the immediate as well as general predisposing causes of these and the last delinquencies. He will classify the case from the standpoint of conduct, giving as detailed information as possible regarding the conduct and social attitudes of the individual prior to his commitment, with specific reference to the probable adaptation of the individual to the disciplinary conditions of the receiving institution, and will advise regarding the possibility of parole in spite of feeble-mindedness.

e The resident supervisor of education and training will review the pre-institutional and institutional school and vocational or industrial training history of the individual and will report with respect to his educational and industrial or vocational capabilities. He will specifically record

EXAMINATION
BY
SUPERVISOR
OF
EDUCATION

his judgment as to the educability or trainability of his case, indicating as far as possible the inmate's special aptitudes and special disabilities. Inasmuch as the degree of ability to profit from instruction is one of the important symptoms of feeble-mindedness, the supervisor of education and training should emphasize this aspect of the individual in as much detail as possible.

REPORT OF
DISCIPLINARY
OFFICER

f The disciplinary officer, or other representative of the institution assigned for this purpose, will make a report on the conduct of the individual during his residence at the institution, noting any serious misconduct and method of discipline found most successful in dealing with said individual. He will review such information as is available from the individual concerning his pre-institutional history from the point of view of his delinquencies and the predisposing causes of these delinquencies. He will make a statement of his information regarding the previous record of delinquency. He will indicate as clearly as possible the character of the individual from the point of view of his social attitudes, indicating also, if possible, the most important kinds of appeals or disciplinary measures to which he thinks the individual will most readily respond.

RECLASSIFICATION
SUMMARY
SHEET

g The above-mentioned detailed reports shall be made in writing and shall be submitted to the superintendent of the institution, who will have them compiled on a reclassification summary sheet. The individual members of the Committee shall be held responsible for the form and detail of their reports, but the superintendent or the Director of the Division of Classification and Parole may insist on the inclusion of such specific information as he may think necessary, provided this is not contrary to the professional judgment of the individual specialists.

RECLASSIFICATION
MEETING

h The superintendent shall set a date on which all reports must be rendered and shall call a meeting on the date previously specified at which all the members of the Committee shall be present in person or through competent representatives. The superintendent, as chairman of this reclassification committee, shall submit to each specialist a copy of the reclassification summary sheet and any discrepancies, omissions or conflicts in the information shall be harmonized as far as possible. The inmate himself shall be seen in person if necessary or desirable. The Committee as a whole shall, on the basis of these reports, give a combined judgment as to the suitability of the case for transfer, and shall also indicate the specific situation to which, in their judgment, the case should be transferred, as follows:

RECOMMENDATION
OF
COMMITTEE

The Training School at Vineland cares for boys or girls who are definitely feeble-minded, potentially feeble-minded, or borderline feeble-minded, provided they are not colored, are below 16 years of age, are clean in their personal habits, are trainable, either academically, vocationally, or industrially, are not epileptic,

- 4 -

are not unstable, or psychopathic, and are not habitual offenders. In general, the Training School receives trainable cases of either sex.

The State Institution at Vineland cares for females of either color, of any age, who are definitely feeble-minded, potentially feeble-minded, or borderline feeble-minded, and who are not epileptics. In general, the State Institution at Vineland receives females, both trainable and untrainable.

CUSTODIAL
INSTITUTION

The North Jersey Training School at Totowa cares for females, either white or colored, below the age of 21 years, who are definitely feeble-minded, potentially feeble-minded or borderline feeble-minded, who are not epileptic, unstable or psychopathic to a pronounced degree, who are not habitual offenders, and who are industrially or vocationally trainable. In general, this Institution receives industrially trainable females.

The Colony for Feeble-minded Males at New Lisbon care for boys, whether colored or white, of any age, who are definitely feeble-minded, potentially feeble-minded or doubtful cases, who are not epileptic and who are industrially or vocationally trainable. In general, this Institution receives the industrially trainable, feeble-minded males.

The Colony for Male Idiots at Woodline cares for the low-grade, untrainable, definitely feeble-minded males, either colored or white, who are not epileptic, (except as this may be an accompaniment of idiocy) and who are not eligible for admission to the Training School or the New Lisbon Colony. In general, this Institution receives the idiot and low-grade imbecile type of feeble-minded males.

The State Hospitals at Trenton and Grey-stone Park receive for treatment or custody, under certain special conditions to be adjusted in each case, persons of either sex, any color and any age, who are unstable or psychopathic but not epileptic. These Institutions will not receive habitual offenders unless this is a direct consequence of the instability or psychopathic condition.

The Village for Epileptics at Skillman cares for all epileptics.

The Sanatorium for Tuberculous Disease at Glen Gardner cares for persons of either sex, of all ages, who are not such serious behavior problems as to cause difficulty in an institution of hospital type and who have a curable tuberculous disease of the respiratory organs.

APPLICATION
TO
DEPARTMENT

4 When the institution has completed all the above steps in the reclassification of the individual, the superintendent shall make application to the Commissioner of the Department of Institutions and Agencies attention of the Division of Classification and Parole, for permission to proceed with papers for the commitment of the case to the specific institution agreed upon at the reclassification meeting. In making this

request the superintendent shall submit the following material:

One copy each of
Classification Summary Sheet
Psychiatric Report
Psychological Report
Home Investigation Report

MATERIAL
TO BE
SUBMITTED

Two copies each of
Medical Report
Dental Report
Education Report
Disciplinary Report (Institutional
Record and Training)
Commitment to Correctional Institution.

One copy of
Family and Personal History Blanks
(If transfer is requested to Vineland
State Institution)

One copy of
Training School Descriptive Blank
(if transfer is requested to Vineland
Training School)

APPROVAL
OF
DEPARTMENT

5 For the Commissioner, the Division of Classification and Parole shall review these papers, and shall make certain that the above procedure has been carried out. The Director of the Division shall not have authority to modify the conclusions of the Committee. He may, however, point out to the superintendent any discrepancies in the reports, or may record his objection to any inadequacy in the fulfilment of the procedure. In conference with the superintendent he shall harmonize any difference of opinion as to the conclusions of the Committee or their carrying-out of the procedure. He shall then authorize the superintendent of the transferring institution to proceed with papers for commitment to the specific institution agreed upon or he shall refer the case back to the institution for reconsideration, giving his reasons therefor. On receipt of the authority to proceed with commitment, the transferring institution shall take the necessary legal steps to secure said commitment.

AUTHORITY
FOR
TRANSFER

6 When the Division of Classification and Parole receives notification from the transferring institution to the effect that all legal steps have been taken, and from the receiving institution to the effect that said legal papers have been filed thereat, the Commissioner shall issue authority for transfer to the custodial institution agreed upon.

DATE
FOR
TRANSFER

7 The Division of Classification and Parole shall request from the superintendent of the receiving institution a date on which the transfer may be effected and shall transmit same to the transferring institution.

EXPENSE
OF
TRANSFER

8 The actual transfer shall be made at the expense of the transferring institution.

July - 1929

STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF INSPECTION

MANUAL OF STANDARDS

FOR

PRIVATE HOSPITALS

HOSPITAL LICENSING BOARD

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INTRODUCTION

The Department of Institutions and Agencies has responsibility for licensing private non-governmental hospitals in New Jersey and pursuant to Title 30, Revised Statutes of New Jersey, as amended by Chapter 340 P.L. 1947, is empowered to establish such basic standards for the care and treatment of individuals in private non-governmental hospitals and for the construction, maintenance and operation of such hospitals in a manner to insure safe and adequate treatment of all such individuals in private hospitals. As a basis for the issuing of licenses, the standards contained in this manual have been prepared with the advice and counsel of the State Hospital Licensing Board.

The intent of these standards is to establish basic principles of administration, construction and operation which in the light of existing knowledge will assure safe and adequate care for patients. In the preparation of this manual reference has been made to existing standards of medical and hospital groups and authoritative texts.* These standards serve in many ways as an operating guide and a copy should be kept on the premises of all licensed institutions. Since the goal is to have hospitals maintained and operated on a high level, these standards have been formulated accordingly. It is recognized that hospitals are going through a critical period with current personnel shortages and rising costs. In some instances considerable time may be required before all of these standards can be met. It is the policy of this Department to be as helpful as possible and due consideration will be given to the special problems of individual institutions. All employees should be informed fully and instructed with reference to the standards contained herein.

The Department of Institutions and Agencies, after consultation with the Hospital Licensing Board, reserves the right to change or modify these standards as may be necessary from time to time in order to protect the public interest and to pass on those aspects of good hospital administration which are not included in this manual.

The contents of this manual apply to hospitals only and do not include nursing home standards which are covered elsewhere.

* American College of Surgeons, The American Hospital Association, "Hospital Organization and Management" by Malcolm T. MacEachern, M.D.

Sanford Bates

Sanford Bates, Commissioner,
Department Institutions and Agencies

January 20, 1948

SECTION ONE

DEFINITIONS, INTERPRETATIONS, CLASSIFICATIONS AND LICENSING POLICIES

A. Hospitalization

Hospitalization within the meaning of the Hospital Licensing Act is defined as the reception and care of persons for continuous periods which usually are longer than twenty-four hours, for the purpose of giving advice, diagnosis or treatment bearing on the physical or mental health of such person.

B. Private Hospital

A private hospital is defined as any institution whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the government of the State or any county or municipality and which maintains and operates facilities for the diagnosis, treatment or care of two or more non-related individuals suffering from illness, injury or deformity or where obstetrical, convalescent, out-patient department or other medical or nursing care is rendered for periods exceeding 24 hours.

C. Licensee

The licensee is the corporation, association, partnership or individual operating an institution and on whom rests the responsibility for maintaining approved standards.

Any agency of the government or any county or municipality which shall apply for and receive Federal funds under the provisions of Public Law 725 of the 79th Congress, Chapter 958, Second Section, shall be required to comply with the rules and regulations and the minimum standards of nursing and hospital care provided for in Section 30:11-1 of the revised statutes as a condition precedent to receiving such funds.

Any hospital which has received financial aid from the Federal government for construction and which, as a condition to receipt of such funds, has agreed to provide accommodations for special types of patients (*chronic, psychiatric, etc.*) shall continue to maintain such special accommodations as a condition to license.

D. Classification of Institutions

Separate standards have been developed for institutions in the following categories which take into consideration the type of care provided, legal requirements and physical characteristics of the institution comprising each group.

For the purpose of the administration of the Hospital Licensing Act, private hospitals shall be classified generally as follows:

1. Non-proprietary or Non-profit

Any hospital owned and operated by a corporation, association, religious or other organization, no part of the net earnings of which is applied, or may lawfully be applied, to the benefit of any private shareholder or individual.

2. Proprietary or Profit

Any hospital owned and operated by an individual, partnership or corporation, the net proceeds of which are subject to distribution for the benefit of such individual, corporation or shareholders.

Under the above categories hospitals shall be further classified as follows:

a. General Hospitals

Any hospital for in-patient medical, surgical or obstetrical care of which not more than 50% of the total patient days during the year are customarily assignable to any or either of the following categories of cases; chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, nervous, mental and tuberculosis.

b. Special Hospitals

A hospital providing care for one of the following types of patients; cardiac, eye-ear-nose and throat, maternity, orthopedic, skin and cancer as well as other hospitals providing similar specialized types of care commonly given in general hospitals. The term excludes mental, tuberculosis and chronic disease hospitals.

c. Mental Hospitals

A hospital for the diagnosis, care and treatment of nervous and mental illness but excluding institutions caring only for the mentally deficient.

d. Tuberculosis Hospitals

A hospital for the diagnosis and treatment of tuberculosis, excluding preventoria.

e. Chronic Disease Hospitals

A hospital the primary purpose of which is medical treatment and care of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in New Jersey.

The term excludes tuberculosis, mental hospitals and nursing homes.

f. Communicable Disease Hospitals

A hospital the primary purpose of which is the medical treatment and care of contagious diseases.

E. Inspection

Inspection of the physical plant and equipment by the Department of Institutions and Agencies through its duly authorized officers, agents or employees, shall be made during usual working hours of the day or by appointment, except in emergency when inspection may be made at any time.

Every building, institution or establishment for which a license has been issued shall be periodically inspected by one or more duly appointed representatives of the State Department of Institutions and Agencies under the rules and regulations which are presented in this manual.

F. Exceptions and Exemptions

The following exceptions and exemptions are provided under the Hospital Licensing Act:

1. The word "hospital" as used herein shall not be defined to include first aid stations or doctors' offices for emergency medical or surgical treatment where no continuous bed care or protracted treatment is contemplated or performed.
2. The Department of Institutions and Agencies does not have the power or authority to require any hospital to:
 - a. Practice sterilization of human beings.
 - b. Practice euthanasia, birth control or any other similar

practice contrary to the dogmatic moral beliefs of any well established religious body or denomination.

- c. Deny any application for license or approval on the sole ground that adequate hospital or nursing home facilities are already available in the vicinity or area for which license is sought.
- d. Supervise or regulate or control the remedial care or treatment of individual patients who are adherents of any well recognized church or religious denomination which subscribes to the art of healing by prayer and the principles of which are opposed to medical treatment and who are resident in any home or institution operated by a member or members or by an association or corporation composed of members of such well recognized church or religious denomination.
- e. Modify or change any laws, rules or regulations governing the control of communicable diseases.

G. Separate Licenses Required

Separate licenses are required for separate institutions even though they are operated under the same management provided, however, that the separate licenses are not required for separate buildings on the same or adjoining grounds.

H. Fees

Each application for a license to operate a private hospital or nursing home within the meaning of this Act shall be accompanied by a fee of \$25.00. No such fee shall be refunded but shall be credited to the cost of investigating the application for license. All licenses issued hereunder shall be renewed annually upon payment of a like fee. All fees received by the State Department of Institutions and Agencies under the provisions of this Act shall be paid into the State treasury to the credit of the Department for the purpose of carrying out the general provisions of this Act.

No license granted hereunder shall be assignable or transferable and shall be immediately void if a hospital ceases to operate or its ownership changes.

I. Revocation or Suspension of License

The State Department of Institutions and Agencies is authorized to suspend or revoke a license issued hereunder on any of the following grounds:

1. Violation of any provisions of the Statute or the rules and regulations issued pursuant thereto.
2. Permitting, aiding or abetting the commission of any illegal act in said institution.
3. Conducting practices contrary to accepted procedure and detrimental to the welfare of the patient.
 - a. Each and every hospital licensed to operate under the laws of the State of New Jersey shall adhere strictly to, and comply with all existing legislation with respect to abortions; any departure from the best accepted practice in this regard shall subject the hospital to revocation of its license.

J. Posting of License

The license shall be conspicuously posted on the premises.

K. Terms of License

No license provided herein shall be granted for a term exceeding one year.

L. Notice of Intention to Close or Transfer Ownership of the Institution

The institution should give notice to the Department of Institutions and Agencies of at least 30 days, of any intention to close or transfer ownership of the institution.

M. Information Not To Be Disclosed

Information received by the Department of Institutions and Agencies through inspection authorized under this Act shall be confidential.

Nothing contained herein shall be construed to interfere with existing legislation or the established rights and privileges of the public prosecutor and litigants having access to hospital records, nor shall anything said herein be construed to interfere in any way with the orderly legal process of obtaining access to such records.

SECTION TWO

ADMINISTRATIVE REGULATIONS

A. Non-Proprietary

1. Governing Board

There shall be a Board of Directors, Board of Trustees or other similar body in each institution which shall be the supreme authority in the hospital responsible for its management, control and operation including the appointment of a qualified medical staff, the conservation and use of hospital monies and the formulation of administrative policy.

- a. It shall be composed of at least five representative residents in the area served by the institution or as many more additional members, who need not be such residents, as are required to effect efficient direction, provided, however, that any hospital operated by a religious body or organization may have a governing body as its supreme authority which may be composed and organized of officials or members of such religious bodies or organizations and in accordance with the practice or rule thereof notwithstanding lack of residence in the area served by the institution.
- b. The governing body shall consist of, at least, a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.
- c. It shall conduct regular meetings and such special meetings as are required.

2. Administrative Officer

All institutions shall have an administrative officer, superintendent or director who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. Hospitals operated by religious organizations shall conform to the accepted procedure of such religious group. The religious authority under which the hospital operates shall be responsible for its direction and supervision so that the policies of such religious organization may be effectively served.

- a. The administrative officer shall have charge of and be responsible for the administration of the institution.
- b. All institutions shall certify under their corporate seal, to the Department of Institutions and Agencies, the name and address of their administrative officer within 15 days after his or her appointment.

B. Proprietary and Profit

1. Ownership and Control

The owner, partners, or in the case of private corporations, the board of trustees of a proprietary hospital shall carry out the same functions reserved for the governing body of a non-profit proprietary institution. Such person or Board shall be the ultimate authority in the hospital responsible for the formulation of its policies, management, control and operation including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients and such other duties and responsibilities as are necessary to carry out the purpose of the institution.

a. The owner, partner or the board of trustees of any privately incorporated hospital shall certify to the Department of Institutions and Agencies the names, addresses, occupations or professions of the owners.

(1) In the case of a privately incorporated hospital the same information shall be certified for the persons acting as incorporators and the board of trustees.

(2) Any changes in the ownership or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Institutions and Agencies within 30 days of the date on which such change occurred.

2. Administrative Officer

All proprietary institutions shall have an administrative officer, superintendent or director. He shall be selected by the person or persons exercising the ultimate authority in each institution.

a. He shall be responsible for carrying out the policies of the owners and for the over-all administration of all departments and branches in the institution even to the assignment of duties to the resident physicians, except that questions solely medical in nature; such as the diagnosis, care and treatment of patients, shall be a matter for medical determination.

- b. All institutions shall certify to the Department of Institutions and Agencies the name and address of their administrative officer within 15 days following the date of appointment.

3. Business Name, Partnership, Charter

Every proprietary hospital shall have a copy of its business name, partnership arrangement or charter and corporation papers certified from the public records, together with all by-laws and amendments thereto and shall file them with the Department of Institutions and Agencies.

- C. Code of Ethics

Each hospital shall be expected to operate within existing and recognized codes of ethics. The Department of Institutions and Agencies will distribute copies of recognized codes of ethics on request or at the time its representatives conduct the inspection of individual hospitals.

SECTION THREE

PHYSICAL PLANT

A. Site

It is desirable that the site of any hospital be reasonably accessible to the center of community activities and conform to local zoning regulations.

1. Public transportation should be available within a reasonable distance, especially if an out-patient service is to be maintained.
2. The site should not be near insect breeding areas and should be relatively free from unusual noise, smoke, dust and unpleasant odors.

B. Buildings

1. Fire protection

- a. All buildings which house patients must be approved by the local authorities and the National Board of Fire Underwriters for fire protection. Such approval must be submitted in writing to the Department of Institutions and Agencies which reserves the right to make the final decision.
- b. Buildings of fireproof construction are to be preferred but whether the building to be used is of fireproof construction or not, the Department of Institutions and Agencies reserves the right to require that the following conditions be fulfilled:
 - (1) Adequate fire-stops, smoke doors and fireproof shafts shall be provided.
 - (2) Sleeping and sitting rooms shall open directly to the outside air.
 - (3) At least two separate exits shall be provided from each floor.
 - (4) Outside fire escapes shall be provided where necessary, conform to local requirements and have the approval of the Department of Institutions and Agencies.
 - (5) Fire extinguishers shall be provided and made available in the basement and on each floor. They shall be tested at least annually.

- c. All electrical work shall comply with the National Electricity Code and standards of the National Board of Fire Underwriters.
- d. Storage and handling of X-ray film shall be in accordance with the regulations of the National Board of Fire Underwriters.
- e. Precautions to be taken in the operating room - Safety measures shall be provided in accordance with the operating room Safe Practice Code, "*RECOMMENDED SAFE PRACTICE FOR THE USE OF COMBUSTIBLE ANESTHETICS IN HOSPITAL OPERATING ROOMS*" adopted in 1944 by the National Fire Protection Association.
- f. Explosive gases and combustible substances shall be stored in fireproof rooms.
- g. There shall be provisions for notifying the local fire department immediately in case of fire either by direct alarm or by telephone and a written report of such happening shall be sent to the Department of Institutions and Agencies.
- h. Designated employees shall be instructed, at least annually or as often as necessary, in the fire protection facilities of the institution, in the use of the fire fighting apparatus and in methods of removing patients from the building.

2. Construction of the Plant

- a. The physical plant shall be adapted to the public service to be performed and conform to local building and plumbing requirements.
- b. The physical plant shall be kept in good repair.
- c. All new construction and major structural alterations shall be subject to the prior approval of the Department of Institutions and Agencies.

3. Heating

The hospital shall be equipped with heating appliances of a capacity sufficient to maintain in all rooms of the building used for patients, a temperature of 70 degrees Fahrenheit during the coldest weather.

4. Ventilation

The physical plant shall be ventilated adequately at all times.

5. Lighting

- a. Artificial lighting shall be by electricity unless special permission is granted by the Department of Institutions and Agencies for the use of some other kind of illumination.
- b. There shall be adequate and satisfactory lighting provided at all times.
- c. There shall be emergency lighting provided for exclusive use in the operating room.

6. Adequate toilet and bathing facilities shall be provided.

7. A bed must be provided for each patient and a sufficient supply of clean bedding and bed linen shall be kept on hand at all times.

8. The hospital plant should provide segregated areas and facilities for such specialized services as operating room, maternity department (*including delivery room, nursery and formula room*), and pediatric service. Whenever possible, the outpatient department should also be separate from the in-patient quarters and facilities.

- a. Small hospitals not equipped with X-ray or laboratory services shall make formal arrangement with some qualified specialist, hospital, or laboratory for such services.

9. Bed Space - The following minimum standards are suggested as guides:

- a. At least 65 square feet for each patient bed in the psychiatric and chronic disease wards shall be provided with at least three feet between beds.
- b. The rooms or wards for maternity, medical and surgical patients shall have an average of 72 square feet for each bed and a minimum of three feet between beds.
- c. There shall be at least 15 square feet of floor space for each bassinet with six inches between bassinets.
- d. There shall be a minimum of 20 square feet for each crib and a minimum of at least one foot between cribs.

- e. The suspect nursery shall have an average of 25 square feet for each infant.
- f. Tuberculosis beds shall have at least 80 square feet and be either four feet apart or have partitions.
- g. Isolation beds for contagious cases shall be in separate units.

10. Sanitation

a. 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.

b. Garbage Disposal

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

c. 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.

d. Screens

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

e. Incineration Facilities

Incineration facilities shall be provided for disposal of infected dressings, surgical and other obstetrical 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.

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

SECTION FOUR

FOOD PREPARATION AND HANDLING

A. 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. 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.

SECTION FIVE

PERSONNEL

A. 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 administrative and technical guidance of the personnel in each division of the hospital.
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 other respiratory infections, skin lesions, diarrhea and 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 hospital 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.

B. Training

There shall be adequate provisions and appropriate supervision given to the training of interns, student nurses¹, auxiliary workers and volunteers.

C. Departmentalization

1. The organization of the hospital, as far as possible, should be departmentalized under the direction of department heads or supervisors.

¹ Student nurse supervision and training should be in accordance with rules promulgated by the New Jersey Board of Nursing under Chapter 262, Title 45, 11-23 and 45, 11-44 of the New Jersey Revised Statutes.

2. Hospitals should assign separate personnel to the Maternity Service and, as far as practicable, to other specialized departments such as the operating room, pediatric service and the out-patient and in-patient departments.
3. Coordination - A procedure should be instituted to make it possible for the employee to have contact with the hospital administrator. It is desirable that this form of contact be made through the personnel department or interviewers designated by the hospital administrator.

D. Working and Living Conditions

1. Every effort should be made to make working conditions attractive.
2. Attention should be given to such items as adequate food service, sufficient recreational facilities and appropriate regulations regarding hours of work, leaves of absence and vacations. Attention should also be given safety and health of all employees especially to the development of adequate medical and nursing service on a non-fee basis.
3. Residence and quarters - There shall be adequate and conveniently arranged facilities for housing all resident personnel.

E. Incentives

1. Definite policies regarding transfers and lines of promotion should be established.
2. A merit rating system should be inaugurated.
3. The development of a pension plan should be considered from the standpoint of both the obligation of the hospital to the employee and as a means of promoting employment stability.

F. Nursing Staff

1. Organization
 - a. The director of nursing shall be responsible to the hospital administrator for administering all details of the nursing service and/or the school of nursing. She shall be a graduate professional nurse eligible for registration in the State of New Jersey and shall have such special training and qualifications as may be necessary.

- (1) The director of nursing shall be responsible for selecting an adequate staff for the department of nursing.
 - (2) Under the general supervision of the director there shall be an assistant director, if necessary, and such supervisors, head nurses, graduate professional nurses, practical nurses, student nurses and auxiliary workers as are required.
- b. The department of nursing shall be organized to provide complete and efficient nursing care to each patient and the authority, responsibility and the functions of each nurse shall be clearly defined.
 - c. In all hospitals there shall be a registered nurse on duty at all times and such additional nurses as may be necessary.
 - d. All practical nurses and auxiliary workers and volunteers performing nursing service functions shall be under the supervision of a registered professional nurse. Their duties shall be clearly defined and they shall be instructed in all duties assigned to them.

G. Others

Other professional and semi-professional personnel not specifically covered herein shall be responsible either to the administrator or the head of services as required.

SECTION SIX

MEDICAL STAFF

A. Organization

1. The medical staff of each hospital shall organize itself into a professional group or body in order to properly care for the sick and injured, to insure continued professional efficiency, to adequately govern itself and its members, to encourage the educational activities of the institution and its staff, to audit its own professional work and otherwise cooperate with the governing body and the administrator.
2. The organization shall have duly constituted officers such as a president, vice-president and secretary with authority to appoint as many committees as are necessary to carry out the work of the organization.

B. By-laws, rules and regulations shall be formulated in conformity with the by-laws of the hospital, setting up the plan of organization. It is suggested that the "By-Laws of the Medical Staff" approved by the New Jersey Medical Society and the American Hospital Association be used as a guide, but the following should be included as a minimum.

1. Qualifications for membership on the medical staff shall consist of:
 - a. Graduation from an approved professional school granting a degree of Doctor of Medicine.
 - b. Graduation from an approved dental school with the degree of Doctor of Dental Surgery.
 - c. Graduation from an approved school of Osteopathy with the degree of Doctor of Osteopathy.
 - d. Licensing shall be in conformity with New Jersey Revised Statutes Title 45, Chapter 9: 1-27 governing the practice of medicine and surgery.
2. Recommendations to governing body regarding privileges to physicians.
3. Where possible, hospitals should present a detailed outline of the medical staff organization into categories, divisions, departments, specifying responsibilities.
4. Prohibition of unethical conduct.

5. Plans for maintaining complete medical records.
6. Provision for pre-operative diagnosis.
7. Responsibilities of surgeon-in-charge of operations.
8. Requirement that physicians' orders be in writing.
9. Provision for regular monthly meetings and such special meetings as are required.
10. Placement of final decision on hospital administrator for admissions.
11. Requirement for consultation in all necessary cases.
12. Proper consents before surgery.
13. Election of officers and appointment of committees.
14. Keeping of minutes.
15. Standing orders.

Nothing in the above section shall limit the privilege of the medical staff to formulate such additional rules and regulations which it may feel will facilitate adequate medical care of patients provided they are not inconsistent with it.

C. The Staff Conference

1. Staff conferences should be held at least monthly, preferably at a regular time and place. The staff conference should be directed toward increasing the efficiency of the medical staff, developing medical knowledge and promoting clinical research. The conference agenda should be forwarded to all members beforehand.
2. Active staff members should be required to attend at least fifty per cent of the meetings unless excused for legitimate reasons.

D. Availability of Professional Personnel

1. A licensed physician shall be available and on call for emergencies at all times.
2. Professional personnel shall be available in adequate numbers, properly organized and with adequate supervision.

E. Medication and Treatment

Medication or treatment in hospitals may be given only on the order of a person authorized and professionally qualified to give such an order.

F. Referral and Follow-up of Patients

There shall be a definite policy for the referral of a patient who needs a community service upon his discharge from the hospital, for example, public health nursing services, convalescent home, etc.

SECTION SEVEN

RECORDS AND REPORTS

A. Records and Reports Other Than Financial

1. Medical Reports:

- a. Each hospital shall have accurate and complete medical records properly written and filed in an acceptable manner. These records shall consist at least of:

- (1) Admission and provisional diagnosis
- (2) History
- (3) Physical findings
- (4) Physician's progress notes
- (5) Record of operation and treatments
- (6) Report of specimens examined, X-ray findings, laboratory results, etc.
- (7) Nurses notes
- (8) Consultations
- (9) Physician's orders
- (10) Record of discharge or death, autopsy and post-mortem report
- (11) Final diagnosis

These records shall be kept up to date, and completed within a reasonable length of time after the discharge or death of the patient. Following completion they shall be properly stored and kept for a period of at least 25 years.

- b. The records of the hospital shall include as a minimum:

- (1) Record of admissions and discharges
- (2) Case and clinical records
- (3) Daily census
- (4) Register of births
- (5) Narcotic register in records
- (6) Deaths

(7) Autopsies

(8) Consultations

- c. The above records, within the limits of existing laws, shall be available for inspection at all times within business hours by the Department of Institutions and Agencies through its duly authorized officers, agents and employees.

2. Annual Reports

A summary annual report of the activities of the hospital on the form provided by the Department of Institutions and Agencies shall be filed with the Department within three months of termination of each calendar year.

3. There shall be adequate supervision and care of records.

B. Medical Library

It is recommended that all hospitals maintain a medical library.

C. Accounting and Auditing

The financial records of the institution should be audited annually by a reputable accounting firm. Verified copies of such an audit may be required by the Department of Institutions and Agencies as well as such other financial statements as may be necessary.

D. Applications for Federal Grant-In-Aid

All hospitals which apply for Federal grants-in-aid under the provisions of the Federal Hospital Survey and Construction Act, shall submit a written statement certifying that no person will be denied admission to the proposed facility for which such funds are requested, because of race, creed or color. Such certification shall include a statement concerning restriction of any of its services because of race, color or creed.

- E. It is desirable that voluntary reporting by hospitals within the State, to the Division of Research and Statistics, Department of Institutions and Agencies, be continued and nothing contained herein shall be interpreted to limit or restrict the existing practice of the past several years.

SECTION EIGHT

SPECIAL REGULATIONS FOR MATERNITY SERVICE AND CHILD ADOPTION

A. Special Regulations for Maternity Services

1. Segregation

- a. The maternity department shall be maintained physically, separate and apart from any service not concerned with maternity care, and shall have separate utility rooms, bathrooms and other necessary work units.
- b. Separate personnel shall be assigned to the maternity service which shall be under direct supervision of a registered professional nurse at all times. If the case load does not justify the total time of one nurse on each tour of duty, exception may be made by action of the Licensing Board after submission and approval of written techniques. In the event that exception is granted, such techniques shall be posted in the maternity unit and all personnel instructed.

2. Delivery and Labor Rooms

- a. Delivery rooms shall be separate from operating rooms and used for deliveries only. It is desirable that a separate delivery room be available for infected cases. In small units where this is not practical, provision shall be made for delivery of infected cases outside the normal delivery room.
- b. Labor rooms shall be provided near the delivery rooms. A ratio of one labor bed to 10 maternity beds is desirable.

3. Transfusion Service

- a. Each hospital shall maintain a blood bank or have formal arrangements whereby properly matched blood for transfusions may be promptly available in obstetrical emergencies.
- b. Two units of plasma shall be available at all times.

4. Isolation

Provision shall be made for complete isolation of sick and infected mothers and infants. There should be a separate nursing staff for the isolated patients. If it is necessary for nurses, caring for clean obstetrical patients, to care for patients in isolation, strict isolation techniques must be observed.

5. Nurseries

- a. At least one normal nursery shall be provided with sufficient square feet per bassinet to provide the necessary space for all working equipment and provision for crib-side care of the infant. (In each normal nursery 20 square feet per bassinet is the suggested guide.) Running water shall be provided.
- b. A suspect nursery shall be provided with sufficient space to allow 2 feet on all sides of each crib. An entrance to the suspect nursery, other than from the normal nursery, is necessary. The suspect nursery shall have running water available. The suspect nursery shall not be used for the proven infected infant.
- c. Adequate provision shall be made for the handling of premature infants or means established whereby such infants may be safely transferred to other hospitals where a premature service has been established.

6. Formula Preparation

Provision shall be made for the preparation of bacteriologically safe formulae.

7. Records

Annual reports of the maternity service shall be forwarded to the Department of Institutions and Agencies in accord with SECTION SEVEN of the Manual of Standards.

SPECIAL NOTE

The above standards must be considered a bare minimum. To achieve a fully acceptable maternity service, hospitals are urged to conform to the "Standards and Recommendations" promulgated by the Maternal and Child Health Division of the New Jersey Department of Health.

B. Special Regulations for Child Adoption

The placement of any child for adoption shall conform to the provisions of the Adoption Act. Title 9, Chapter 3 R. S. as revised by Chapter 239, Laws of 1944 and 1945.

SECTION NINE

SPECIAL REGULATIONS FOR PSYCHIATRIC SERVICES

A. Staff

The staff of a mental hospital or general hospital with a psychiatric service shall include a physician who is properly qualified by experience and training to carry out psychiatric service.

B. Security Measures

Hospitals admitting and treating psychotic patients shall have facilities for security measures such as locked doors, windows, bars, shatter-proof glass and freedom from suicidal hazards.

C. Restraints

Mechanical restraints shall be used only on a written order of a physician.

D. Shock Treatment

Hospitals carrying out shock treatment will do this only with personnel who have had adequate training and instruction in this work as determined by the governing board.

E. Commitment

Psychiatric patients may not be held against their will without commitment papers as provided by the Revised Statutes of New Jersey.

SECTION TEN

SPECIAL REGULATIONS FOR NEW HOSPITALS

- A. Groups, organizations or individuals planning the construction and establishment of new hospitals should conduct a preliminary survey which includes the following:
1. An estimate of the need for additional hospital beds in the area in question, together with some evaluation as to the adequacy or inadequacy of existing hospitals.
 2. Evaluation of the potential financial resources which would be available to the proposed hospital.
 3. The reaction of the general public to the proposed hospital, including a list of names of influential persons who might be willing to serve on the Governing Board.
 4. A canvass of the opinion of physicians in the area and the reaction of the medical, osteopathic and other interested societies.
 5. An estimate as to the approximate number of beds that are needed and a rough estimate of the cost of such an institution.
 6. All premises hereafter proposed to be used for hospital purposes shall be of fireproof construction.
 7. All premises hereafter proposed to be used for hospital purposes shall be (a) designed for hospital purposes, or (b) shall be approved by the Department of Institutions and Agencies as being readily adaptable for such purposes.

After this information has been secured the individual or group should arrange for a conference with the Deputy Commissioner for Hospitals, Department of Institutions and Agencies, at which time the project can be discussed in detail. If it seems practicable to proceed with the project, architects' plans should be drawn up and submitted to the Department for approval.

SECTION ELEVEN

REQUIREMENTS FOR ALL NEW HOSPITALS

The following units are required in all new general hospitals.

A. Administration Department

1. Up to and including 100 beds:
 - a. Business office with information counter
 - b. *PBX Board and night information
 - c. Administrator's office
 - d. *Director of Nurses' office
 - e. Medical record room
 - f. Staff lounge
 - g. Lobby
 - h. Public toilets
2. Over 100 beds:
 - a. Business office
 - b. Information counter
 - c. *PBX Board and night information
 - d. Administrator's office
 - e. Director of nurses' office
 - f. Admitting office
 - g. *Medical social service room
 - h. Medical record room (*should be easily available to O.P.D.*)
 - i. Staff lounge
 - j. Library, conference and board room
 - k. Lobby
 - l. *Retiring room
 - m. Public toilets

B. Adjunct Diagnostic and Treatment Facilities

Except for the morgue and autopsy, this department preferably should be located convenient to both in and out-patients.

1. Laboratory:
 - a. Adequate facilities for chemical, bacteriological, serological, pathological and hematological services. Approximately $4\frac{1}{2}$ sq. ft. per bed should be provided for this purpose.
2. Basal Metabolism and Electrocardiography:
 - a. Up to and including 100 beds: No special provisions required. Can be done in bed rooms.
 - b. Over 100 beds: One room near the laboratory.

* Desirable but not mandatory

3. Morgue and Autopsy:
 - a. May not be required in hospital under 50 beds if other facilities such as undertaker or coroner are available. Where provided; combination morgue and autopsy with mortuary refrigerator.
4. Radiology: Each hospital to have at least 1 radiographic room with adjoining darkroom, toilet, and office. Hospitals of 150 beds and over should have at least 1 additional radiographic room. The radiology department should have ray protection as required.
5. Physical therapy: *In hospitals of 100 beds and over: Space should be provided for electrotherapy, hydrotherapy, massage, and exercise. Equipment to be furnished when competent technician is acquired.
6. Pharmacy:

Up to and including 100 beds: Drug room with minimum facilities for compounding.

Over 100 beds: Complete pharmacy and may include space for manufacturing and solution preparation depending on policy of hospital.

C. Nursing Department

1. General:

No room should have more than 4 beds. Each room shall have a lavatory. Nursing units composed of multi-bed rooms shall have a quiet room. No patients' bed rooms shall be located on any floor which is below grade.

*Approximately 1/3 of the hospital beds shall be in one-bed rooms, 1/3 in two-bed rooms, and 1/3 in four-bed rooms.
2. Size of nursing unit: *Not more than 35 beds. Larger units permissible, if additional facilities are provided.
3. Minimum room areas: 80 sq. ft. per bed in two- and four-bed rooms. 100 minimum sq. ft. in one-bed rooms.
4. Service rooms in each nursing unit:
 - a. Nurses' station
 - b. Utility room
 - c. Floor pantry (one per floor)
 - d. Toilet facilities
 - e. Bedpan facilities
 - f. One bathroom
 - g. *Stretcher alcove
 - h. Linen and supply storage
 - i. Janitors' closet

*Desirable but not mandatory

5. Isolation suite: One for each hospital unless contagious disease nursing unit is available in hospital.
6. *Treatment room: One for each two nursing units per floor.
7. *Solarium: One for each nursing floor.
8. Nurses' toilet room: One for each nursing floor.
9. The maternity department shall be housed in a separate wing or floor.

D. Nursery Department

1. Full term nursery:
Area required: Not less than 24 square feet per bassinet, 30 square feet recommended.
 - a. Number of bassinets: No more than 12 bassinets in each full term nursery, 8 recommended.
 - b. Examination and work room: One examination and work room between each two full term nurseries.
2. Premature nursery: Recommended in hospitals of 16 or more maternity beds and required in hospitals of 25 or more maternity beds.
 - a. Area required: 30 square feet per bassinet.
 - b. Number of bassinets: Not more than six in each premature nursery.
 - c. Workroom: Each premature nursery to have own work areas.
3. Suspect nursery:
 - a. Area required: 40 square feet per bassinet.
 - b. Number of bassinets: Approximately 10% of full term bassinets. Not more than 6 bassinets in each suspect nursery.
 - c. Workroom: One workroom for each two suspect nurseries.
4. Formula room: Location in obstetrical nursery area or near kitchen optional.

*Desirable but not mandatory

E. Surgical Department

(Shall be located to prevent traffic through it to any other part of the hospital)

1. Operating rooms:

- a. Major: One operating room for each 50 beds or major fraction thereof up to and including 200 beds. Above 200 beds the number of operating rooms will be based on the expected average of daily operations.
- b. Cystoscopy: One in each hospital over 100 beds highly desirable. Should have an adjoining toilet room. Location in hospital optional.
- c. *Fracture room: One in each hospital over 100 beds. Shall have an adjoining splint room. Location in hospital optional.

2. Auxiliary rooms:

- a. Sub-sterilizing facilities
- b. Scrub-up facilities
- c. Nurses' locker room with toilet
- d. Janitors' closet
- e. Instrument storage
- f. Clean-up room
- g. Anesthesia equipment storage
- h. Surgical Supervisor station
- i. Doctor's locker room with toilet
- j. Storage closet
- k. *Stretcher alcove
- l. Storage room for sterile supplies beginning at 100 beds
- m. *Dark room beginning at 100 beds

3. Central sterilizing and supply room:

- a. Divided into work space, sterilizing space and sterile storage space
- b. Adjacent room for storage of unsterile supplies
- c. Location in hospital optional

F. Obstetrics Department

(Shall be located to prevent traffic through it to any other part of the hospital. Shall be completely separated from Surgical Department)

1. Delivery rooms: One for each 20 maternity beds.
2. Labor beds: One for each 10 maternity beds.

*Desirable but not mandatory

3. Auxiliary rooms:

- a. Sub-sterilizing facilities
- b. Scrub-up facilities
- c. Clean-up room or utility room
- d. Supervisors' station
- e. *Nurses locker room with toilet starting at 50 beds
- f. Sterile storage closet
- g. *Stretcher alcove
- h. Janitors' closet
- i. Doctors' locker room with toilet starting at 50 beds

G. Emergency Department

1. Accident room:

- a. *With separate ambulance entrance.
- b. Should be separated from operating suite and obstetrical suite.
- c. Additional facilities will depend on amount of accident work expected.

H. Service Department

1. Dietary facilities:

- a. Main kitchen and bakery
- b. Dietitians office
- c. Dishwashing room
- d. Adequate refrigeration
- e. *Garbage refrigerator
- f. Can washing facilities
- g. Day storage room
- h. Personnel dining space
- i. Provide 12 square feet per person; may be designed for multiple seatings
- j. Cafeteria or table service optional

2. Housekeeping facilities:

- a. Laundry; unless commercial or other laundry facilities are available, each hospital shall have a laundry of sufficient capacity to process full 7 days laundry in work week and contain the following areas:
 - (1) Sorting area
 - (2) Processing area
 - (3) Clean linen and sewing room separate from laundry
 - (4) Sewing room may be included in clean linen room in hospitals up to and including 100 beds
 - (5) Where no laundry is provided in the hospital, a soiled linen room and a clean linen and sewing room shall be provided
- b. Housekeeper's office. May be combined with clean linen room in hospitals up to 100 beds.

*Desirable but not mandatory

3. Mechanical facilities:
 - a. Boiler and pump room
 - b. *Shower and locker facilities
 - c. Engineers' space
4. Maintenance shops:
 - a. *In hospitals up to and including 100 beds at least one room shall be provided. In larger hospitals separation of carpentry, painting and plumbing should be provided.
 - b. For minimum requirements for mechanical and electrical work see the respective sections.
5. Employees' facilities:
 - a. Nurses' locker room without nurses' residence:
 - (1) Locker room: *One locker for each two hospital beds.
 - (2) Rest room
 - (3) Toilet and shower room
 - b. Nurses' locker room with nurses' residence adjacent:
 - (1) Rest room
 - (2) Lockers as required
 - (3) Toilet room
 - c. Female help lockers:
 - (1) Locker room
 - (2) Rest room
 - (3) Toilet and shower room
 - d. Male help lockers:
 - (1) Locker room
 - (2) Toilet and shower room

Ratio of male and female help will vary and size of locker rooms must be adjusted accordingly.
6. Storage:
 - a. Inactive record storage
 - b. General storage: 20 square feet per bed and to be concentrated in one area in so far as possible. Mechanical maintenance storage may be in a separate area.

I. Out-Patient Department

(If survey indicated that the out-patient department is unnecessary it may be omitted)

- I. General:
 - a. Out-patient department should be located on the most easily accessible floor. It should have convenient access to radiology, pharmacy, laboratory, and physical therapy.
 - b. The size will vary in different locations and is not necessarily proportional to the size of the hospital. The patient load must be estimated to determine the number of rooms required.

*Desirable but not mandatory

- c. An out-patient department may be combined with the public health center clinics if the health center is a part of the hospital.

2. Administrative:

- a. Waiting space with public toilets
- b. Appointment and cashiers' office
- c. Social service office

3. Clinical:

- a. History or screening room
- b. Examination and treatment rooms;
- c. *Eye, ear, nose, and throat room
- d. *Dental facilities (2 chairs desirable)
- e. Utility room

J. *Contagious Disease Nursing Unit

1. Where 10 or more beds are contemplated for nursing contagious diseases, they should be housed in a separate contagious disease nursing unit.

2. Patient rooms:

- a. A maximum of 2 beds in each room
*Glazed partition between beds
- b. Patient rooms shall have a view window from corridor
- c. Each patient room shall have a separate toilet and a lavatory in the room

3. Each nursing unit shall contain:

- a. Nurses' station
- b. Utility room
- c. Nurses' work room
- d. Treatment room
- e. Scrub sinks strategically located in the corridor
- f. Serving pantry with separated dishwashing room adjacent
- g. Doctors' locker space and gown room
- h. Nurses' locker space and gown room
- i. Janitors' closet
- j. Storage closet
- k. *Stretcher alcove

K. *Pediatric Nursing Service

1. Where 16 or more pediatric beds are contemplated, a separate pediatric nursing unit shall be provided and contain the following items:

2. General:

- a. *Each bed in a multi-bedroom shall be in a clear glazed cubicle.
- b. Each room shall have a lavatory
- c. Patient's rooms wherever possible should have clear glazing between them and in the corridor partitions.

*Desirable but not mandatory

3. Minimum area:
 - a. 80 square feet per bed in two-bed rooms and over
 - b. 100 square feet in single rooms
 - c. 40 square feet per bassinet in nurseries
4. Each nursing unit shall contain:
 - a. Nursery with bassinets in cubicles
 - b. Isolation suite
 - c. Treatment room
 - d. Nurses' station: with adjoining toilet room
 - e. Utility room
 - f. Floor pantry
 - g. Play room or solarium
 - h. Bath and toilet room: with raised freestanding tub and 50% children's fixtures
 - i. Bed pan facilities
 - j. *Wheelchair and stretcher alcove
 - k. Janitors' closet
 - l. Storage closet

L. *Psychiatric Nursing Unit in the General Hospital

1. General: Layout and design of details to be such that the patient will be under close observation and will not be afforded opportunity for escape, suicide, hiding, etc. Care must be taken to avoid sharp projections of corners of structure, exposed pipes, heating elements, fixtures, etc., to prevent injury by accident.
2. Minimum room areas:
 - a. 80 square feet per bed in 4-bed rooms
 - b. 100 square feet in single rooms
 - c. 40 to 50 square feet per patient in day rooms
3. Each nursing unit shall contain:
 - a. Doctors' office
 - b. Examination room
 - c. Nurses' station
 - d. Day room
 - e. Utility room
 - f. Bedpan facilities
 - g. Pantry
 - h. Dining room
 - i. Toilet room
 - j. Shower and bathroom
 - k. Continuous tub room (*for disturbed patients*)
 - l. Patients' laundry (*personal*) for women's wards only
 - m. Patients' locker room
 - n. Storage closet (*for recreational and occupational therapy*)
 - o. Stretcher closet
 - p. Linen closet
 - q. Supply closet
 - r. Janitors' closet

*Desirable but not mandatory

APPENDIX A

EXCERPTS FROM EXISTING LAWS

The Sanitary Code - Enacted by the Department of Health of the State of New Jersey.

CHAPTER VI - Communicable Diseases

Regulation 3 - Reporting of communicable diseases occurring in institutions.

(a) Every physician, superintendent or other person having control over any State, county or municipal hospital, sanatorium, or other private institution in which any person suffering from any of the communicable diseases enumerated in Regulation 1, is received for care or treatment, shall, within twenty-four hours after such case of sickness has been received into said institution, report such sickness to the officer designated to receive such reports by the local board of health having jurisdiction over the territory in which such institution is located. Said report shall be in writing, signed by such physician, superintendent or other person having charge over said institution, and shall set forth the nature of the disease and also the name, age, sex, color of the sick person and the exact place of residence of such person or the name of the place from which he was received into the institution together with the date upon which he was received.

Regulation 22 - Preventing the spread of communicable disease in institutions.

It shall be the duty of the superintendent or person in charge of any hospital, or other institution or dispensary, in which there is a person affected with any communicable disease, to take such precautions as will prevent the spread of infection.

CHAPTER IX

Regulations Governing Conduct of Maternity Homes and Care of Maternity Patients and Young Infants.

Definition: "A Maternity Home" shall mean any home or house or other place conducted by any person or association who advertises himself or holds himself out as conducting a maternity or obstetrical home, sanitarium, or who has in his care one or more women during pregnancy, labor or lying-in period, for the purpose of attending professionally or otherwise such women during pregnancy, labor or lying-in period, except such women as may be related to him by blood or marriage or have been legally adopted by him.

Regulation 1 - License.

It shall be unlawful for any person or association to conduct or maintain a maternity home or to engage in or assist in conducting a business of attending women during pregnancy, labor or lying-in period outside their several homes, without having a written license therefore from the Department of Health of the State of New Jersey, provided that nothing in this code shall apply to any institution or department maintained by or operated by the State of New Jersey or by any county or municipality.

Regulation 2 - Term of License. No license above provided for shall be granted for a term exceeding one year.

Regulation 3 - Information of license, and posting thereof.

Every such license shall state the name of the licensee, the particular premises in or at which the business shall be carried on, and the number of women and infants that may be cared for at any one time; and said license shall be posted in a conspicuous place in the house or other place at which the business is conducted.

Regulation 4

Any person licensed to conduct a maternity home must conform to the standards issued by the State Department of Health.

Regulation 5 - Number of inmates permitted.

No greater number of women during pregnancy, labor or lying-in periods shall be kept at one time on the premises than is authorized in the license, and no women or infants shall be kept or disposed of within a building or place not designated in the license.

Regulation 6

No maternity home shall be operated in connection with a boarding home for children.

Regulation 7 - Record and revocation of license.

The record of such license when issued shall be kept by the Department of Health. Said license shall be subject to revocation for violation of any of the regulations mentioned herein, or whenever in the judgment of the State Department of Health such Maternity Home is no longer needed or is not conducive to the well-being of mothers and infants.

Regulation 8 - Visitation and Inspection.

The Department of Health shall visit and inspect or designate persons to visit and inspect all parts of the premises and observe the manner of caring for inmates. Said Department and such persons shall have the right to call for and examine the records required by these regulations to be kept and to inquire into all matters concerning such licensed premises and the patients therein, and it shall be the duty of the licensee to give all information to such persons and afford them every reasonable facility for examining the records, inspecting the premises, seeing the inmates thereof, and observing the care given the inmates.

Regulation 9

The building or any part thereof to be used as a Maternity Home shall be approved by the Local Fire Commissioner and Health Department.

Regulation 10 - Record to be kept by licensee.

Every person, firm, corporation or association conducting a Maternity Home, or engaged in treating or providing care for women during pregnancy, labor or the lying-in period as defined in these regulations, shall keep a record in a form to be prescribed by the State Department of Health wherein shall be entered the name, age, color and religion of every woman cared for or treated by him, together with the name and residence of each of the parents, of the husband and of the two nearest relatives of said woman. The progress of labor and puerperium shall be recorded in form prescribed. The standard record of all births shall be kept. A record shall be kept in standard form of all deaths of women or infants occurring in the Maternity Home and of all women and infants removed from or leaving the Maternity Home together with the address of the place to which the woman or infant is removed. A true copy of such record shall be sent to the State Department of Health at such time as the State Department of Health shall require.

Regulation 11

Additional regulations may be formulated by the State Department of Health, whenever considered necessary by that body.

APPENDIX B

LAWS GOVERNING THE LICENSING OF PRIVATE HOSPITALS,
CONVALESCENT HOMES AND NURSING HOMES IN NEW JERSEY
(HOSPITAL LICENSING ACT)

An Act requiring the licensing, inspection and regulation of convalescent homes, private nursing homes and private hospitals, creating a hospital licensing board, providing for regulations, enforcement procedures, and penalties for the violation thereof.

30:11-1 LICENSE REQUIRED; APPLICATION; RULES AND REGULATIONS.

PUBLIC POLICY.

It is declared to be the public policy of this State to provide for the development, establishment and enforcement of basic standards for the care and treatment of individuals in convalescent homes, private nursing homes and private hospitals and for the construction, maintenance and operation of such hospitals in such a manner as to insure safe and adequate treatment of all such individuals in said convalescent homes, private nursing homes and private hospitals. No private nursing home, convalescent home or private hospital for the care, treatment, or nursing of persons acutely or chronically ill, or who are crippled, convalescent, infirm or in any way afflicted, shall operate within this State except upon license first had and obtained for that purpose from the department, upon application made therefor as hereinafter provided. No such license shall be granted by the department, unless the commissioner shall be satisfied that the institution in question is adequately prepared to furnish the care and service to be provided by it. Nothing herein contained shall be so construed as to interfere with the powers of the State Board of Medical Examiners to license medical practitioners in New Jersey.

Application for the license required by this section shall be made upon forms furnished by the department, shall set forth the location of the home or hospital, the person in charge thereof, and the facilities for caring for persons who may seek treatment therein. The applicant shall be required to furnish evidence of its ability to comply with minimum standards of nursing and hospital care, financial ability to successfully operate the institution for which the license is sought, and of the good moral character of the person in charge thereof.

Upon receipt of an application for license and the license fee, the Department of Institutions and Agencies shall cause an investigation to be made of the applicant and the hospital facilities and shall issue a license if it is found that said applicant is of good moral character and facilities comply with the provisions of this act, the regulations of the department and the minimum standards established for the operation of a convalescent home, private nursing home or private hospital. The license shall not be transferable or assignable except with the written approval of the department and shall be posted in a conspicuous place on the licensed premises as prescribed by the regulations of the department. The State Board of Control of the Department of Institutions and Agencies, with the advice of the hospital licensing board, shall adopt, amend, promulgate and enforce such rules, regulations, and minimum standards of nursing and hospital care with respect to the different types of hospitals, convalescent homes and nursing homes to be licensed hereunder as may be reasonably necessary to accomplish the purposes of this chapter. Such rules, regulations and minimum standards when adopted shall be binding upon all licensees and applicants for license under this chapter.

Any private hospital, convalescent home, or private nursing home which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable time, not to exceed six months from the date of such promulgation, within which to comply with such rules and regulations and minimum standards, or subsequent amendments or supplements thereto.

30:11-2 DURATION OF LICENSE; FEE FOR ISSUE OR RENEWAL.

A license to operate a private nursing home or private hospital shall be valid for one year from date of issue, and, upon issuance or renewal of such license, the commissioner shall collect, respectively, a fee of twenty-five dollars, which shall be used by him to defray the expenses connected with the administration of this chapter.

30:11-3 REVOCATION OR SUSPENSION OF LICENSE; HEARING.

The State Board of Control, after hearing, may deny, revoke or suspend any and all licenses granted under authority of this chapter to any person, firm, corporation or association violating

the provisions of this chapter, or the rules and regulations promulgated hereunder.

Prior to the revocation, suspension or denial of any license hereunder, the department, if requested, shall afford the licensee an opportunity for a prompt and fair hearing before the department on the question of the issuance, suspension or revocation of the license. The procedure governing such hearings shall be in accordance with the rules and regulations of the department adopted by and with the consent of the hospital licensing board. Either party may subpoena witnesses and compel their attendance on forms furnished by the department.

Notice of revocation, suspension or denial of a license shall be sent to the applicant or licensee by registered mail and the notice shall set forth the particular reasons for the denial, suspension or revocation of the license. Such denial, suspension or revocation shall become effective thirty days after mailing, unless the applicant or licensee, within such thirty-day period shall meet the requirements of the department or shall give written notice to the department of its desire for a hearing, in which case the denial, suspension or revocation shall be held in abeyance until the hearing has been concluded and a final decision rendered.

The Commissioner of the Department of Institutions and Agencies is hereby empowered to arrange for prompt and fair hearings on all such cases and to render written decisions stating conclusions and reasons therefor upon each matter so heard, and to enter orders of denial, suspension or revocation consistent with the circumstances in each case.

30:11-3.1. INSPECTION OF PREMISES; APPROVAL OF STRUCTURAL CHANGES.

The department shall make or cause to be made such inspections of the premises of the licensee from time to time as it may deem necessary to be assured that the licensee is at all times complying with the provisions of this chapter, with the rules and regulations promulgated hereunder and with the minimum standards of nursing and hospital care established by virtue of the authority of this chapter. The licensee, prior to making any alterations, additions or improvements to its facilities or prior to the construction of new facilities shall, before commencing such work, submit plans and specifications to the department for preliminary inspection and approval or recommendations with respect thereto.

30:11-4 PENALTY FOR OPERATION WITHOUT LICENSE.

Any person, firm, corporation or association who shall operate or conduct a convalescent home, private nursing home or private hospital without first obtaining the license required by this chapter, or who shall operate such private nursing home, convalescent home or private hospital after revocation or suspension of license shall be liable to a penalty of twenty-five dollars for each day of operation in violation hereof for the first offense and for any subsequent offense shall be liable to a penalty of fifty dollars for each day of operation in violation hereof.

The penalties authorized by this section shall be recovered in a civil action, brought in the name of the State of New Jersey in the County Court of any county, which court shall have jurisdiction of all actions to recover such penalties. Money penalties when recovered, shall be payable to the Department of Institutions and Agencies for its use in connection with the administration of this chapter.

The department may, in the manner provided by law, maintain an action in the name of the State of New Jersey for injunction against any person, firm, association or corporation continuing to conduct, manage or operate a private nursing home, convalescent home or private hospital without a license, or after suspension or revocation of license.

The practice and procedure in actions instituted under authority of this section shall conform to the practice and procedure in the court in which the action is instituted.

Whenever a boarding house or rest home or facility or institution of like character, not licensed hereunder, by public or private advertising or by other means holds out to the public that it is equipped to provide post-operative or convalescent care for persons suffering or recovering from illness or injury, or who are chronically ill or require any form of personal attention, then, and in such case, the department shall be permitted reasonable inspection of such premises for the purpose of ascertaining whether there is any violation of the provisions hereof.

If any such boarding house, rest home or other facility or institution shall operate as a convalescent home, private nursing home or private hospital in violation hereof then same shall be liable to the penalties prescribed herein.

30:11-5 (Repealed)

30:11-6 HOSPITAL LICENSING BOARD; APPOINTMENT; TERM.

The State Board of Control, subject to the approval of the Governor, shall appoint a hospital licensing board which shall consist of the Commissioner of the Department of Institutions and Agencies, the State Director of Health, the president of the State Board of Medical Examiners, two hospital administrators of recognized ability and two qualified persons who shall represent the interests of the public at large. The board shall be representative of the aforementioned groups and the four members at large shall be appointed for terms of one, two, three and four years respectively, and upon completion of their appointed term their successor shall be appointed for a period of four years, except when appointed to complete an unexpired term. Members whose terms expire shall hold office until appointment of their successors. They shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their official duty.

30:11-7 HOSPITAL LICENSING BOARD; DUTIES.

The hospital licensing board shall have the following responsibilities and duties:

- a. To consult and advise with the State Board of Control of the Department of Institutions and Agencies in matters of policy affecting the administration of this chapter and in the development of rules, regulations and minimum standards of nursing and hospital care as provided for herein.
- b. To review and make recommendations with respect to such rules, regulations and minimum standards authorized hereunder prior to their promulgation by the State Board of Control.

The Board shall meet not less than once each year and, in addition, as often as shall be required to conduct the business of the Board and to assist and advise in the administration of the duties and responsibilities imposed by this chapter.

30:11-8. PRIVATE NURSING HOME, CONVALESCENT HOME AND PRIVATE HOSPITAL DEFINED.

A private nursing home, convalescent home or private hospital, for the purpose of this chapter, is defined as any institution,

whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the Government of the State or of any county or municipality, and which maintains and operates facilities for the diagnosis, treatment or care of two or more non-related individuals, who are patients as defined herein, and who are suffering from acute or chronic illness, injury or deformity, or where obstetrical, convalescent or other medical or nursing care is rendered.

The word "hospital" as used herein shall not be deemed to include first aid stations for emergency medical or surgical treatment where no continuous bed care or protracted treatment is contemplated or performed.

As used in this chapter a "patient" is a person who is suffering from an acute or chronic illness or injury, or who is crippled, convalescent or infirm, or who is in need of obstetrical or other medical or nursing care. Infirm is construed to mean that the individual is in need of assistance in bathing, dressing or some type of supervision.

As used herein, a "boarding house" shall be construed to be a family home or larger structural unit in which, for compensation, persons are given room and board including or not including as the case may be, heat, light, toilet and bathroom facilities; and in which there is no agreement between operator and boarder to give personal care or special attention.

Any private nursing home, convalescent home or private hospital, as well as institutions operated and maintained by any agency of the government of any county or municipality which shall apply for and receive Federal funds under the provisions of Public Law 725 of the 79th Congress, Chapter 958, 2d Session, shall be required to comply, as a condition precedent to receiving such funds, with the rules and regulations and the minimum standards of nursing and hospital care provided for in section 30:11-1 of the Revised Statutes.

30:11-9 EXCEPTIONS AND EXEMPTIONS.

Nothing in this act or in chapter eleven of Title 30 of the Revised Statutes shall give the licensing authority or agency herein provided for the power or authority to require any hospital to practice or permit sterilization of human beings, euthanasia, birth control or any other similar practice contrary to the dog-

matic or moral beliefs of any well established religious body or denomination, nor shall any of the provisions thereof vest authority or be construed to vest authority in the Department of Institutions and Agencies or in the licensing authority or agency herein provided for to deny any application for license or approval as may be required by this act or said chapter on the sole ground that adequate hospital or nursing home facilities are already available in the vicinity or area for which the license or approval is sought.

Nothing in this act or in chapter eleven of Title 30 of the Revised Statutes shall be so construed as to give authority to supervise or regulate or control the remedial care or treatment of individual patients who are adherents of any well recognized church or religious denomination which subscribes to the act of healing by prayer and the principles of which are opposed to medical treatment and who are resident in any home or institution operated by a member or members, or by an association or corporation composed of members of such well recognized church or religious denomination; provided, that such home or institution admits only adherents of such church or denomination and is so designated; nor shall the existence of any of the above conditions alone militate against the licensing of such a home or institution; and provided further, that such home or institution shall comply with all rules and regulations relating to sanitation and safety of the premises and be subject to inspection therefor.

Nothing herein contained shall modify or repeal any laws, rules, and regulations governing the control of communicable diseases.

Amendments to R.S. 30:11-1, 30:11-4 and 30:11-8 effective
September 1, 1952.

