

## **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

### **Health Facilities and Emergency Medical Services Division**

#### **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 09 - COMMUNITY CLINICS AND COMMUNITY CLINICS AND EMERGENCY CENTERS**

##### **6 CCR 1011-1 Chap 09**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### **SUBCHAPTER IX.A - GENERAL REQUIREMENTS**

#### **SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR CLINICS WITH INPATIENT BEDS AND COMMUNITY EMERGENCY CENTERS**

Copies of these regulations may be obtained at cost by contacting:

Division Director  
Colorado Department of Public Health and Environment  
Health Facilities Division  
4300 Cherry Creek Drive South  
Denver, Colorado 80222-1530  
Main switchboard: (303) 692-2800

These chapters of regulation incorporate by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:

Division Director  
Colorado Department of Public Health and Environment  
Health Facilities Division  
4300 Cherry Creek Drive South  
Denver, Colorado 80222-1530  
Main switchboard: (303) 692-2800

Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference after July 1, 1994 may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.

#### **SUBCHAPTER IX.A - GENERAL REQUIREMENTS**

##### **Part 1. STATUTORY AUTHORITY**

- 1.101 Statutory Authority. Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by Sections 25-1.5-103 and 25-3-101, C.R.S., et seq.

**1.102 APPLICABILITY**

- (1) Community clinics shall meet applicable federal and state statutes and regulations, including but not limited to:
  - (a) 6 CCR 1011-1, Chapter II.
  - (b) 6 CCR 1011-1, Chapter IX, Subchapter IX.A.
  - (c) 6 CCR 1011-1, Chapter IX, Subchapter IX.B, if the facility operates inpatient beds or is a community emergency center.
- (2) Contracted services shall meet the standards established herein.
- (3) When differing standards are imposed by federal, state, or local jurisdictions, the most stringent standard shall apply.
- (4) A community clinic that is part of a larger, corporate health care system may fulfill the administrative record requirements, the policies and procedures requirements, and the medical records requirements of this Chapter IX through a central system common to the entire organization, providing that the intent of the requirements of this Chapter is met and the specific policies applicable to the facility have been identified and made accessible to community clinic staff.

**Part 2. DEFINITIONS**

**2.101**

- (1) "Anesthetizing services" means conscious sedation, deep sedation, regional anesthesia, and general anesthesia used during the course of providing treatment.
- (2) "Clinic serving the uninsured or underinsured" means a nonprofit facility whose sole mission is the delivery of primary care to low-income and publicly insured patients regardless of ability to pay. Any charges assessed, whether a flat fee or on a sliding fee scale, shall be based on the patient's income and ability to pay.
- (3) "Community clinic" means:
  - (a) a health care facility that provides health care services on an ambulatory basis, is neither licensed as an on-campus department or service of a hospital nor listed as an off-campus location under a hospital's license, and meets at least one of the following criteria:
    - (i) operates inpatient beds at the facility for the provision of extended observation and other related services for not more than seventy-two hours.
    - (ii) provides emergency services at the facility.
    - (iii) is operated or contracted by the Department of Corrections.

- (iv) provides primary care services, is not otherwise subject to health facility licensure under Section 25-3-101, C.R.S. or Section 2-1.5-103, C.R.S., but opts to obtain licensure in order to receive private donations, grants, government funds, or other public or private reimbursement for services rendered.
- (b) The term “community clinic” does not mean:
  - (i) a federally qualified health center.
  - (ii) a rural health clinic.
  - (iii) a facility that functions only as an office for the practice of medicine or the delivery of primary care services by other licensed or certified practitioners. A health care facility is not required to be licensed as a community clinic solely due to the facility’s ownership status, corporate structure, or engagement of outside vendors to perform nonclinical management services. This section permits regulation of a physician’s office only to the extent the office is a community clinic as defined in this Section 2.101 (3)(a).
- (4) “Community emergency center” means a community clinic that delivers emergency services. The care shall be provided 24 hours per day, 7 days per week every day of the year, unless otherwise authorized herein. A community emergency center may provide primary care services and operate inpatient beds.
- (5) “Emergency services” means the treatment of patients arriving by any means who have medical conditions, including acute illness or trauma, that if not treated immediately could result in loss of life, loss of limb, or permanent disability.
- (6) “Inpatient beds” means the use of beds for the care of medically stable patients who present for primary care services but would benefit from monitoring by nurses and physicians for a period between 12 and 72 hours, except that the 72-hour limit shall not apply to prison clinics. Such inpatient beds are not meant to be used for routine preparation or recovery prior to or following diagnostic or surgical services; or to accommodate inpatient overflow from another facility.
- (7) “Federally qualified health center (FQHC)” means a facility that meets the definition under Section 1861 (aa)(4) of the federal “Social Security Act”, 42 U.S.C. Section 1395x (aa)(4) which provides for the delivery of comprehensive primary and after hours care in underserved areas.
- (8) “Governing body” means the board of trustees, directors, or other governing entity in whom the ultimate authority and responsibility for the conduct of the clinic is vested.
- (9) Reserved
- (10) “Preventive health services” means services provided to patients to prevent disease and interventions in patient behaviors designed to avert or ameliorate negative health consequences. Preventive health services may include, but are not limited to, nutritional assessment and referral, preventive health education, pre-natal care, well child services (including periodic screening), and immunizations.

- (11) “Primary care services” means outpatient health care provided for the entire body rather than a specific organ system that includes: comprehensive assessment at first contact; preventive health services; evaluation and treatment of health care concerns; referrals to specialists as appropriate; and planned continuing routine care including coordination with specialists.
- (12) “Rural health clinic” means a facility that meets the definition under Section 1861 (aa)(2) of the federal “Social Security Act”, 42 U.S.C. Section 1395x (aa)(2) which provides for the delivery of basic outpatient primary care in underserved, non-urban areas.

**Part 3. DEPARTMENT OVERSIGHT**

**3.100 APPLICATION FEES.**

- (1) For new license applications received or renewal licenses that expire on or after September 1, 2014, a non-refundable fee shall be submitted with the license application as follows:

<b>License Category</b>	<b>Initial license</b>	<b>Renewal license</b>	<b>Change of ownership</b>
Community emergency center	\$2,750	\$1,350	\$3,100
Clinic operating inpatient beds	\$2,750	\$1,350	\$3,100
Clinic operated under the auspices of the Department of Corrections	\$2,500	\$1,300	\$2,500
Optional licensure pursuant to Section 2.101 (3)(a)(iv).			
Clinic serving the uninsured or underinsured:	\$1,200	\$600	\$1,250
Other clinic:	\$2,400	\$1,200	\$2,500

**3.200 COMMERCIAL PROFESSIONAL LIABILITY INSURANCE**

- 3.201 Community clinics shall submit evidence to the Colorado Department of Public Health and Environment that they maintain at least \$300,000 professional liability insurance per incident and \$900,000 annual aggregate per year in order to demonstrate compliance with the Health Care Availability Act of 1988.

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**Part 4. PHYSICAL PLANT STANDARDS**

**4.101 COMPLIANCE WITH FGI STANDARDS**

Effective July 1, 2013, all community clinics and community clinics and emergency centers shall be constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention and Control (DFPC) at the Colorado Department of Public Safety. For construction initiated or systems installed on or after July 1, 2013, that affect patient health and safety and for which DFPC has no applicable standards, each facility shall conform to the relevant section(s) of the Guidelines for Design and Construction of Health Care Facilities, (2010 Edition), Facilities Guidelines Institute. The Guidelines for Design and Construction of Health Care Facilities, (2010 Edition), Facilities Guidelines Institute (FGI), is hereby incorporated by reference and excludes any later amendments to or editions of the Guidelines. The 2010 FGI Guidelines are available at no cost in a read only version at: [http://openpub.realread.com/rrserver/browser?title=/FGI/2010\\_Guidelines](http://openpub.realread.com/rrserver/browser?title=/FGI/2010_Guidelines)

**Part 5. FACILITY OPERATIONS**

5.100 Reserved.

**5.200 HOUSEKEEPING SERVICES**

**5.201 ORGANIZATION AND STAFFING**

- (1) Housekeeping services to ensure that the premises are clean and orderly at all times shall be provided.
- (2) Measures shall be in place to keep the facility free of insects, rodents, and other pests.

5.203 EQUIPMENT AND SUPPLIES. Reserved.

**5.204 FACILITIES**

- (1) There shall be separate clean and soiled utility rooms. Alternatively, clean and soiled equipment and supplies may be in the same area if they are separated in such a way as to prevent cross-contamination.

**5.300 MAINTENANCE SERVICES**

**5.301 ORGANIZATION AND STAFFING**

- (1) The community clinic shall be maintained to ensure the safety of patients, staff and visitors.

**5.302 PROGRAMMATIC FUNCTIONS**

- (1) A preventive maintenance program shall be implemented to ensure that all essential mechanical, electrical and patient care equipment is maintained in safe operating condition.

**5.400 WASTE DISPOSAL**

**5.401 ORGANIZATION AND STAFFING**

- (1) All wastes shall be disposed in compliance with local, state and federal laws.

- (2) As a condition of licensure, community clinics shall be in compliance with 6 CCR 1007-3, Colorado Hazardous Waste Regulations and 6 CCR 1007-2, Section 13 Medical Waste Regulations.

**Part 6. GOVERNANCE AND LEADERSHIP**

6.100 Reserved.

6.200 ADMINISTRATOR

6.201 ORGANIZATION AND STAFFING

- (1) The clinic shall have an administrator or a designated person who is principally responsible for directing the daily operation of the clinic.

6.202 PROGRAMMATIC FUNCTIONS

- (1) Policies and Procedures. The administrator shall be responsible for the development of policies and procedures for the operation of the facility. The policies and procedures shall be developed in conjunction with the provider staff, or a representative committee from the provider staff, as appropriate. The policies and procedures shall be reviewed periodically and revised as needed.
- (2) The administrator shall develop clear lines of authority and responsibility for the staff.
- (3) Emergency Evacuation Plan
  - (a) The community clinic shall have a written evacuation plan to be activated in the event of an emergency, such as fire, that indicates individual roles and responsibilities of employees.
  - (b) Employees shall be trained as to their responsibilities in the event of an emergency evacuation.
  - (c) Evacuation routes and exits shall be prominently posted.
- (4) The facility's hours of operation shall be posted in a manner clearly visible to the public.

**Part 7. PERSONNEL**

7.101 ORGANIZATION AND STAFFING

- (1) Personnel shall have qualifications as met by professional licensure, education, training, and experience necessary to meet the clinical needs of the patients. Licensed personnel shall have an active license in the state of Colorado and shall provide services within their scope of practice.
- (2) Services shall be provided in accordance with facility policy, state practice acts, and professional standards of practice.

7.102 PROGRAMMATIC FUNCTIONS

- (1) Personnel shall be oriented, trained and competent to provide the services they are assigned to do. Personnel shall be kept abreast of new health care services developments and new technology through in-services and other educational programs.

**Part 8. MEDICAL RECORDS**

8.101 ORGANIZATION AND STAFFING

- (1) The community clinic shall maintain a clinical medical record system as established by the facility's written policies and procedures. Medical records shall be systematically organized and easily accessible.
- (2) A designated member of the staff shall be responsible for maintaining medical records and for ensuring that they are complete.

8.102 PROGRAMMATIC FUNCTIONS

- (1) Content. Each patient's medical record shall contain the following:
  - (a) identification and social data.
  - (b) consent forms, when applicable.
  - (c) relevant medical history.
  - (d) assessment of the health status and health care needs of the patient.
  - (e) a brief summary of the episode, disposition, and instructions to the patient per visit.
  - (f) reports of physical examinations, diagnostic and laboratory test results, reports of x-rays, scans, and other radiological imaging studies, and consultative findings.
  - (g) all orders, reports of treatments and medications administered, and other information necessary to monitor the patient's progress.
  - (h) signatures, with dates and times, of the physician or other health care professionals making entries into the medical record.
  - (i) all medications ordered including the name; strength; dose; mode of administration; and date, time and signature of the practitioner that ordered.
- (2) Patient records shall be readily accessible.
- (3) Record Retention
  - (a) Medical records for adults (persons 18 years of age or over) shall be retained for no less than 10 years after the last patient usage. X-rays, films, scans, and other imaging records shall be maintained by the facility for a period of five years, if services are provided directly.
  - (b) Medical records for minors must be retained for the period of minority plus 10 years after the last patient usage.

- (4) Confidentiality. All necessary precautions shall be taken to protect the confidentiality of the information contained within.

**Part 9. INFECTION CONTROL**

9.101 ORGANIZATION AND STAFFING

- (1) The facility shall have an infection control program responsible for reducing the risk of acquiring or transmitting infections and infectious diseases in the facility.

9.102 PROGRAMMATIC FUNCTIONS

- (1) The facility shall develop and implement policies and procedures regarding:
- (a) training of clinical and non-clinical staff on infection control practices. The policy shall address training provided upon orientation to the facility as well as ongoing annual training.
  - (b) clean environment. The clinical environment shall be clean and free of clutter. Toys shall be visibly clean and wipeable or machine washable. Furnishings shall be in good repair and visibly clean with no evidence of soiling.
  - (c) hand hygiene. Hands shall be decontaminated before and after every patient contact.
  - (d) decontamination of equipment and exam tables. Equipment and exam tables used for more than one patient shall be decontaminated between patients. Decontamination includes cleaning and, as appropriate, disinfection and sterilization. Decontamination shall be conducted in accordance with manufacturer's instructions or national guidelines. Equipment that enters sterile tissue or the vascular system shall be subject to sterilization or disposed of after single use.
  - (e) safe injection practices and the management of injuries from sharps. Disposable needles and other sharps shall be discarded in a sharps container at the point of use by the user. Sharps containers must not be filled above the mark indicating they are full and then appropriately disposed.
  - (f) the prevention of communicable disease through respiratory hygiene/cough etiquette for patients and staff.
- (2) As a condition of licensure, the community clinic shall conduct disease reporting in accordance with 6 CCR 1009-1 Rules and Regulations Pertaining to Epidemic and Communicable Disease Control.

9.103 EQUIPMENT AND SUPPLIES

- (1) Adequate equipment and supplies for hand decontamination shall be accessible.

**Part 10. PATIENT RIGHTS**

As a condition of licensure, the community clinic shall be in compliance with 6 CCR 1011-1, Chapter II, Part 6.



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**Part 11. GENERAL PATIENT SERVICES**

11.101 ORGANIZATION AND STAFFING

- (1) The community clinic shall have an organized provider staff.
- (2) There shall be sufficient available medical, nursing and ancillary staff with the appropriate training and experience to meet the needs of the patient, in accordance with the scope of the services provided by the facility.

11.102 PROGRAMMATIC FUNCTIONS

- (1) Scope of Services. The facility shall define the scope of preventive, diagnostic and treatment services in writing. The scope shall include a description of those services furnished directly and through agreements with, or referrals to other health care service providers.
- (2) Care From Practitioners. Care shall be provided by practitioners qualified by education, training and experience to deliver such care.
- (3) Policies and Procedures. The facility's provider staff shall develop and implement written patient care policies that are reviewed and updated on a routine basis. The policies and procedures shall address:
  - (a) preventive health services.
  - (b) coordination of care with other facilities or health care service providers, including but not limited to the transfer of records to facilitate continuity of care.
  - (c) continuing care by the same health care practitioner, whenever possible.
  - (d) prompt follow-up of abnormal laboratory and physical findings.
  - (e) if the facility does not provide emergency services, the facility response to an individual who presents with or declares the need for emergency services to include when it is appropriate to:
    - (i) treat the patient within the clinic,
    - (ii) advise the individual to go to an emergency room, or
    - (iii) call 9-1-1 for the individual.

**Part 12. Reserved.**

**Part 13. PHARMACY**

13.101 ORGANIZATION AND STAFFING. Reserved.

13.102 PROGRAMMATIC FUNCTIONS

- (1) Where pharmaceuticals are dispensed other than by a licensed practitioner authorized to prescribe medications, the facility shall have a pharmacy or other outlet license in accordance with Board of Pharmacy regulations.

**Part 14. LABORATORY SERVICES**

14.101 ORGANIZATION AND STAFFING

- (1) Laboratory services shall be made available through referral or directly.

14.102 PROGRAMMATIC FUNCTIONS

- (1) As a condition of licensure, services shall be compliant with Clinical Laboratory Improvement Amendments (CLIA) standards (2012). The CLIA standards are hereby incorporated by reference in accordance with the provisions regarding incorporation by reference at the beginning of this chapter.

**Part 15. RADIOLOGICAL SERVICES**

15.101 ORGANIZATION AND STAFFING

- (1) Radiological services essential to the treatment and diagnosis of the patient shall be available directly or through referral.

15.102 PROGRAMMATIC FUNCTIONS

- (1) As a condition of licensure, services shall be compliant with Colorado Department of Public Health and Environment standards pertaining to radiation control (6 CCR 1007-1).

**SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR CLINICS WITH INPATIENT BEDS AND COMMUNITY EMERGENCY CENTERS**

**Part 1. STATUTORY AUTHORITY AND APPLICABILITY**

1.101 STATUTORY AUTHORITY. Reserved.

1.102 APPLICABILITY

- (1) Clinics that operate inpatient beds and community emergency centers shall meet the requirements established in Subchapter IX.A, as well as the requirements in this Subchapter IX.B. To the extent that these subchapters conflict, the more stringent requirements shall apply.

**Parts 2-4 Reserved.**

**Part 5. FACILITY OPERATIONS**

5.100 CENTRAL MEDICAL SURGICAL SUPPLY SERVICES. Reserved.

5.200 HOUSEKEEPING SERVICES. Reserved.

5.300 MAINTENANCE SERVICES. Reserved.

5.400 WASTE DISPOSAL. Reserved.

5.500 LINEN AND LAUNDRY.

This section 5.500 is applicable only if the community clinic uses linen during the provision of patient care services.

5.501 ORGANIZATION AND STAFFING

- (1) Laundry and linen services shall be provided by in-house staff or by contract.

5.502 PROGRAMMATIC FUNCTIONS. Reserved.

5.503 EQUIPMENT AND SUPPLIES. Reserved.

5.504 FACILITIES

- (1) Separate clean and soiled linen areas shall be provided and maintained.

**Part 6. GOVERNANCE AND LEADERSHIP**

6.100 GOVERNING BODY

6.101 ORGANIZATION AND STAFFING

- (1) The facility shall have a governing body that is responsible for the oversight of the organization and the provider staff.
- (2) The governing body shall meet as necessary.
- (3) The governing body shall adopt the general bylaws by which the clinic operates.

6.102 PROGRAMMATIC FUNCTIONS. The governing body shall:

- (1) define the scope of care and services in writing.
- (2) establish the community clinic's hours of operation and facilitate accessibility if the facility is closed, as specified below.
  - (a) General
    - (i) The clinic shall maintain regular hours for services.
    - (ii) The clinic shall post signage, on or near the front entrance indicating: hours of operation and an emergency referral number and/or a procedure for obtaining medical services when the clinic is not open.

- (b) Community Emergency Center. The community emergency center shall maintain operations on a 24-hour basis, every day of the year, except as authorized below.
  - (i) Service Interruption during a 24-hour Period. Community emergency centers in non-metropolitan areas that do not have the demand to support 24-hour services may interrupt operations for a part of the 24-hour period on a routinely scheduled basis. A facility that conducts such service interruptions shall develop and implement a written plan that addresses:
    - (A) reporting to the Department any changes in hours of operation.
    - (B) signage. The facility shall post signage visible from adjacent major roadways indicating the hours of operation.
    - (C) access to alternative emergency services during the service interruption. The facility shall establish a process for making services available within 30 minutes or sooner if medically necessary for persons who present at a closed facility. Clear directions at the front and/or emergency entrance to the facility that can be easily understood by persons approaching the community emergency center shall be posted in a conspicuous location with an appropriate communications device, such as a “hot phone” or “tip and ring phone” so that care can be summoned immediately and an appropriate emergency response occurs.
    - (D) how licensed ambulance services and other appropriate emergency response organizations will be alerted about the periods during which the facility is closed.
  - (ii) Seasonal Closures. a community emergency center in a non-metropolitan area that experiences seasonal population influx may choose to only operate each year during specified times. A facility that conducts seasonal closures shall develop and implement a written plan that addresses:
    - (A) reporting the seasonal closure to the Department at least 30 days prior to such closure and the resumption of services at least 30 days prior to such resumption.
    - (B) signage during the closure. The facility shall post signage visible from adjacent major roadways indicating that the facility is closed for the season. The facility shall remove any other signage that indicates that emergency services are available at the facility.

- (C) access to alternative emergency services during the closure. The facility shall establish a process for making services available within 30 minutes or sooner if medically necessary for persons who present at a closed facility. Clear directions at the front and/or emergency entrance to the facility that can be easily understood by persons approaching the community emergency center shall be posted in a conspicuous location with an appropriate communications device, such as a “hot phone” or “tip and ring phone” so that care can be summoned immediately and an appropriate emergency response occurs.
  - (D) how licensed ambulance services and other appropriate emergency response organizations will be alerted about the periods during which the facility is closed.
- (3) establish a patient transfer plan that includes:
- (a) agreements with hospital(s) that includes procedures for obtaining air or ground transportation, as appropriate.
  - (b) If a medically necessary transfer is needed, the patient shall be transferred to the most appropriate acute care hospital with the capacity to meet the needs of the patient and with consideration for transport time, unless either of the following dictate otherwise:
    - (i) regional trauma triage protocols; or
    - (ii) the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements codified at §1867 of the Social Security Act.
  - (c) transfer protocols to include:
    - (i) coordination with the local emergency medical services system and licensed ambulance services.
    - (ii) triage and stabilization to be initiated by on-duty staff.
    - (iii) transfer of relevant patient information with the patient.

6.200 ADMINISTRATOR

- (1) Emergency Management Plan. The community clinic shall adopt a written emergency management plan that addresses:
- (a) unanticipated interruption of utilities, including water and electricity within the facility.
  - (b) fire, explosion or other physical damage to the facility.
  - (c) local and widespread weather emergencies or natural disasters endemic to the region.

- (d) its role in pandemics or other emergency situations where the community's need for services exceeds the availability of beds and services regularly offered by area hospitals.

6.300 MEDICAL STAFF

6.301 ORGANIZATION AND STAFFING

- (1) Medical Director. The governing body of the clinic shall appoint a medical director for the facility. Such medical director shall be a physician, licensed under the laws of the state of Colorado, who is a member of the facility's staff. The medical director shall be responsible for the quality of medical care provided to patients in the facility.

**Parts 7-8. Reserved.**

**Part 9. INFECTION CONTROL**

9.101 ORGANIZATION AND STAFFING

- (1) At least one individual trained in infection control shall be employed by or regularly available to the facility.

9.102 PROGRAMMATIC FUNCTIONS

- (1) The facility shall develop written infection prevention policies and procedures appropriate to the services provided by the facility.

**Part 10. Reserved.**

**Part 11. GENERAL PATIENT CARE SERVICES**

11.101 ORGANIZATION AND STAFFING

- (1) Clinical services shall be under the medical direction of a physician who is a member of the facility's medical staff and who is qualified by education and experience to oversee the services provided by the facility.

11.102 PROGRAMMATIC FUNCTIONS

- (1) Care From Licensed Practitioner. Every patient shall be under the care of a physician, an advanced practice nurse with appropriate specialization, or a physician assistant with appropriate specialization.
- (2) The facility shall develop and implement policies and procedures that address:
  - (a) patient assessment, evaluation and treatment, and monitoring.
  - (b) patient isolation in response to communicable disease.
- (3) Unless transferred to another facility, the patient who receives anesthetizing or emergency services shall receive prior to discharge:
  - (a) a contact to call in case the patient has questions after discharge.

- (b) written instructions about self-care, follow up care, modified diet, medications, and signs and symptoms to be reported a practitioner, if relevant.

**Part 12. NURSING SERVICES**

12.101 ORGANIZATION AND STAFFING

- (1) The facility shall provide nursing services sufficient to meet the scope of services provided.

12.102 PROGRAMMATIC FUNCTIONS

- (1) There shall be written nursing procedures that establish the standards for performance for safe, effective nursing care of patients.

**Parts 13-15 Reserved.**

**Part 16. DIETARY SERVICES**

16.101 ORGANIZATION AND STAFFING

- (1) There shall be food service available to serve adequate meals to patients admitted to inpatient beds.
- (2) Persons assigned to food preparation and service shall have the appropriate training necessary to store, prepare and serve food in a manner that prevents foodborne illness.
- (3) Dietary or nutrition consultation shall be provided by a qualified person for routine dietary needs and on-call consultation available for special dietary needs.

16.102 PROGRAMMATIC FUNCTIONS

- (1) Meals shall be stored, prepared and served in a manner that prevents foodborne illness. All food shall be pre-packaged and require microwave heating only and disposable products for preparation and service shall be used unless the facility develops and implements policies and procedures for the safe storage, preparation and serving of foods.
- (2) Catering and alternative methods of meal provision shall be allowed if patient needs and the intent of this part of the regulations are met.

16.103 EQUIPMENT AND SUPPLIES. Reserved.

16.104 FACILITIES

- (1) The food service area shall be an area separate from the employee lounge or other areas used by facility personnel or the public.

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**Part 17. ANESTHESIA SERVICES**

17.101 ORGANIZATION AND STAFFING

- (1) Sedation/anesthesia shall only be administered by qualified practitioners in accordance with their scope of practice, nationally recognized practice standards, state practice acts and regulations, and clinical privileges granted by the facility. The qualifications and responsibilities of persons administering sedation/anesthesia, including the level of supervision required shall be delineated in writing.

17.102 PROGRAMMATIC FUNCTIONS

- (1) The facility shall develop and implement policies and procedures regarding:
  - (a) patient education and consent.
  - (b) patient assessment as appropriate to the patient and the level of sedation/anesthesia being used.
  - (c) patient monitoring during the provision of sedation/anesthesia.
  - (d) patient monitoring until the patient is stable.

**Part 18. EMERGENCY SERVICES**

18.101 ORGANIZATION AND STAFFING

- (1) At minimum, the following services for both adult and children shall be available at all times during operating hours: basic and advanced life support, IV therapy, oxygen therapy, respiratory assistance, and emergency obstetrics. At minimum, the following services shall be available onsite commensurate to scope of services provided: radiology, laboratory services, pharmacy, anesthesia, blood transfusion.
- (2) A physician shall be available to cover emergency services on-site or by telephone. Where coverage is provided by phone, the physician must be able to arrive in the emergency services area within 30 minutes of the need for physician services having been determined.
- (3) Nursing care shall be supervised by a registered nurse qualified by training and experience in emergency services. There shall be sufficient registered nurses with the adequate training and experience to meet the needs of the current patient census and acuity. At minimum, there shall be at least one registered nurse onsite during the hours of operation.
- (4) The clinic shall have at least one of the provider staff on duty at all times during operating hours who is qualified in basic cardiac life support and advanced cardiac life support.
- (5) There shall be procedures for accessing additional staff to meet unanticipated needs.

18.102 PROGRAMMATIC FUNCTIONS

- (1) The medical director shall be responsible for the development of policies and procedures related to the medical care provided. The policies and procedures shall be approved by the appropriate members of the medical staff and reviewed and updated as necessary.



- (2) The facility shall develop and implement policies and procedures for the following:
  - (a) duties and responsibilities of health care personnel delivering care, to include the training and experience required for assigned responsibilities and clearly defined lines of authority.
  - (b) an easily accessible centralized record on each individual presenting who is in need of emergency services and whether he or she refused treatment, was refused treatment, or whether the individual was transferred, admitted and treated, died, stabilized and transferred, or discharged.
  - (c) processing patients presenting for emergency services including procedures for initial assessment, prioritization for medical screening and treatment, and patient reassessment and monitoring. All patients presenting for emergency services shall receive medical screening. The provision of medical screening shall not be delayed in order to inquire about the individual's method of payment or insurance status.
  - (d) Provision of further medical examination and such treatment as may be required to stabilize or transfer the individual within the staff and facility's capabilities available at the clinic. The transferring clinic must provide the medical treatment, within its' capacity, which minimizes the risk to the individual; send all pertinent medical records available at the time of transfer; effect the transfer through qualified persons and transportation equipment; and obtain the consent of the receiving facility.
  - (e) notification of patient's personal physician and transmission of relevant reports.
  - (f) handling of patients who have mental illness, to include the procedures used to de-escalate agitation.
  - (g) handling of patients under the influence of drugs or alcohol.
  - (h) handling of patients in the aftermath of a hazardous materials incident.
- (3) Protocols shall be developed by the medical director to establish appropriate response times for on-call staff for differing emergent situations that would present themselves at the facility.
- (4) A current roster of physicians on emergency call, including alternates shall be kept posted in the emergency services area at all times.

#### 18.103 EQUIPMENT AND SUPPLIES

- (1) Community emergency centers shall provide at a minimum the following equipment, both adult and pediatric as applicable:
  - (a) airway control and ventilation equipment including laryngoscopes and endotracheal tubes of all sizes, bag mask resuscitators, and oxygen.
  - (b) pulse oximetry.
  - (c) end tidal CO<sub>2</sub> determination.
  - (d) suction devices.

- (e) 12-lead electrocardiogram monitoring with cardiac defibrillator or automated external defibrillator.
- (f) standard intravenous fluids and administration devices; including large bore intravenous catheters.
- (g) sterile surgical sets for:
  - (i) airway control/cryothyrotomy.
  - (ii) vascular access to include central line insertion and intraosseous access.
  - (iii) thoracostomy-needle and tube.
- (h) gastric decompression.
- (i) drugs for emergency services, including but not limited to drugs that support cardiac resuscitation, respiratory resuscitation, and those that support hemodynamic stability.
- (j) x-ray availability.
- (k) spinal immobilization equipment.
- (l) thermal control equipment for patient/fluids.
- (m) medication chart, tape or other system to assure ready access to information on proper dose-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients.

**Part 19. INPATIENT BEDS**

**19.101 ORGANIZATION AND STAFFING**

- (1) The following standards only apply to facilities that operate inpatient beds. A facility may provide services to patients for whom a determination has been made that transfer to another facility with a higher level of care is not immediately necessary because the needs of such patients can be met at the facility. "Meeting the needs of patients" shall include the provision of appropriate licensed provider staff, patient care services, equipment and supplies, and physical plant.
- (2) There shall be a physician onsite 24 hours per day, 7 days a week.
- (3) There shall be a registered nurse onsite 24 hours per day, 7 days a week.

**19.102 PROGRAMMATIC FUNCTIONS**

- (1) Admissions
  - (a) The community clinic shall develop admissions policies and procedures, to include but not be limited to appropriateness of admissions based on patient acuity.

- (b) Each patient shall have a visible means of identification placed securely on his or her person until discharge.
- (2) Care planning
  - (a) An individualized care plan shall be prepared for each patient, reviewed, and revised as needed.
- (3) Discharge Planning . The community clinic shall develop a discharge plan for each patient that is admitted to an inpatient bed.

19.103 EQUIPMENT AND SUPPLIES. Reserved.

19.104 FACILITIES

- (1) A community clinic that operates inpatient beds shall establish and maintain a patient care unit.
- (2) Patient Rooms
  - (a) Each patient room shall have adequate space to meet the needs of the patient. The standard shall be 100 square feet for each single patient room or 80 square feet per bed for multiple-bed rooms.
  - (b) Each patient room shall include sufficient illumination to meet patient needs for treatment.
  - (c) Each patient shall have direct access to a call system which signals the provider staff on duty.
- (3) Bathing Facilities. The facility shall provide patient bathing facilities for patients staying overnight.

**Part 20. OBSTETRICS**

20.101 ORGANIZATION AND STAFFING

- (1) A community clinic may provide for routine pre-natal care and for necessary emergency obstetrical services. However, the facility shall not provide services for the routine delivery of newborn infants and care of obstetrical patients and newborn infants unless the facility can meet the requirements for a birthing center in Chapter XXII of the regulations.

20.102 PROGRAMMATIC FUNCTIONS.

- (1) If emergency obstetrical services are provided, the facility shall develop and implement emergency triage policies and procedures.

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### **Editor's Notes**

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

### **History**

Chapter 9 Section 1.6 eff. 04/30/2009.

Chapter 9 Sections 1, 10, 13 eff. 06/30/2009.

Chapter 9 Sections 1.9 – 1.10, 13.8(c-d) eff. 12/30/2010.

Chapter 9 Sections 1.11, 13.11 eff. 05/30/2012.

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