CHAPTER 6
HOSPITAL AND MEDICAL FACILITIES

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Article 2. Ambulance and Emergency Medical Technician.

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Article 4. U.S. Public Health Service Act, and Health Resources and Services Administration (HRSA) Program Guidelines, Requirements and Regulations for Federally Qualified Community Health Centers.

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PUBLIC HEALTH AND SERVICES ACT
(NO RULES FILED.)

ARTICLE 2
AMBULANCE AND EMERGENCY MEDICAL TECHNICIAN

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NOTE: Rule-making authority cited for formulation and regulations for the Ambulance and Emergency Medical Technician Section of the Department of Public Health and Social Services, 10 GCA, § 84107, added by P. L. 14-11.

§ 6201. Declaration of Purpose.

Pursuant to the requirements of Public Law 14-11, it is the purpose of these regulations to promote safe and adequate pre-hospital care for victims of motor vehicle accidents, suspected coronary illnesses and other acute illnesses or trauma through the development of rules and regulations for licensing and inspection of facilities and personnel providing emergency medical care. To accomplish these purposes, these regulations set out standards governing, among other matters, the following: the licensing of ambulances and the certification of ambulance attendances (EMT-A's).

§ 6202. Definitions.

For the purpose of these and subsequent regulations, the following words and phrases shall have the following means unless the context clearly indicates otherwise:

(a) *Ambulance* means an emergency vehicle designed and used to transport the ill and injured and to provide facilities and equipment to treat patients before and during transportation.

(b) *Emergency Medical Technician - Ambulance (EMT-A)* means a person who has successfully completed a prescribed course of instruction and who has achieved a demonstrable level of performance and competence to treat victims of severe injury or other emergent conditions. (3) *Advanced First Aid* means such a prescribed course of instruction recognized by the American Red Cross, U.S. Department of Labor of the U.S. Bureau of Mines.

(c) *Standard First Aid* means such a prescribed course of instruction recognized by the American Red Cross, Department of Labor or the U.S. Bureau of Mines.

(d) *Ambulance Driver* means the person who drives an ambulance, and possesses a current valid chauffeur's license.

(e) *Ambulance Attendant* means a person who has responsibility for the care of patients both at the scene and during transportation.

(f) *Office of Emergency Medical Services* means the Administrative Office of Emergency Medical Services within the Department of Public Health and Social Services.

(g) *Shall* means compliance is mandatory.

(h) *Should* means a suggestion or recommendation but not a requirement.

(i) *Commission* means the Guam Emergency Medical Services Commission.

2019 NOTE: Subsection designations renumbered pursuant to the authority of 1 GCA § 1606.

§ 6204. License Expiration Dates.

The Office of Emergency medical Services shall issue initial ambulance licenses as necessary to stagger expiration dates throughout a one-year period so as to cause no more than two ambulance licenses to expire in any given month.

§ 6205. Denial, Suspension, Revocation of License - Hearings.

(a) The Office of Emergency Medical Services after consideration of the recommendation of the Commission is authorized to deny, suspend, or revoke any license issued pursuant to this chapter in any case in which is finds that there has been a failure to comply with the requirements of Public Law 14-11 and with the rules, regulations and standards established pursuant to the law.

(b) The Administrator of the Office of Emergency Services is authorized to institute legal proceedings in accordance with Chapter Two of the Administrative Adjudication Law to revoke, suspend or deny any certificate issued pursuant to this chapter. Any such hearing shall be presided over by an attorney acting as hearing officer and heard by the Commission as a whole. The Commission shall recommend a decision to be written in legal form by the hearing officer to the Administrator who shall then approve, modify or reject it.

2019 NOTE: Subsection designations added pursuant to the authority of 1 GCA § 1606.

§ 6206. Ambulance Vehicle.

(a) Identification: Ambulance vehicles' exteriors shall conform to Federal Government Specifications KKK-A-1822A as amended, COLOR, EMBLEMS, AND MARKINGS. The ambulance and the allied equipment furnished under this specification shall be the manufacturer's current commercial vehicle of the type and class specified. The ambulance shall be complete with the operating accessories as specified herein; furnished with such modifications and attachments as may be necessary and specified to enable the vehicle to function reliably and efficiently in sustained operation. The design of the vehicle and the specified equipment shall permit accessibility for servicing, replacement, and adjustment of component parts and accessories with minimum disturbance to other components and systems. The term "heavy-duty" as used to describe an item, shall mean in excess of the usual quantity, quality, or capacity that is normally supplied with the standard production vehicle, or component.

(b) All ambulances purchased after January 1, 1985 shall be either of three types:

(1) Type I Ambulance. Type I vehicle, class 1 or 2 shall be a chassis furnished with a two door conventional cab. Chassis- cab shall be suitable (containerized), transferable equipped ambulance body conforming to or exceeding the Federal Specifications KKK-A-1822A as amended.

(2) Type II Ambulance. Type II vehicle, class 1 or 2 shall be (truck) manufacturer's standard commercial, long wheelbase, forward control (FC), integral compact van. This van (body) vehicle shall be suitable for subsequent conversion/modification, and equipped as an ambulance in compliance with the Federal Specifications as amended.

(FC) is defined as a vehicle having the steering device forward of the front axle and an engine compartment which is partially located between the driver and the attendant.

(3) Type III Ambulance. Type III, class 1, 2 or 3 shall be a specialty van forward control (FC) style, utilized cab and body. The chassis or front section cab-chassis shall be suitable for the subsequent fabrication, conversion or modification into an ambulance incorporating the Federal Specification KKK-A-1822A as amended.

(c) In addition, all ambulances shall have the following physical characteristics:

(1) Tires, spare tire and tire changing tools shall meet the following requirements:

(A) Unless otherwise specified in the Federal Specification, tires shall be regular highway tread, chassis manufacturer's standard tires furnished for the vehicle. All tires furnished shall be alike and comply to th e Federal Motor Vehicle Safety Service (FMVSS) 120. To provide a softer riding quality of the loaded ambulance, the tires shall be inflated only to the minimum cold inflation air pressure absolutely necessary

to support the load on each tire measured at the ground (not necessarily the Government Vehicle Warranty Regulations) complying with Section 4.4.3. of the Federal Specification as amended. The manufacture shall provide instruction for the correct front and rear tires pressures required for the ambulance.

(B) One inflated spare wheel/tire assembly identical to those on the vehicle shall be furnished. The spare assembly shall be stored in an accessible weather protected compartment, or area. Minimum tools shall include a jack, jack handle, and wheel nut wrench. The jack shall be capable of raising any wheel of the loaded ambulance to an adequate height.

(2) Electrical systems shall be accepted automotive standards and designs workmanship and material.

There shall be reasonable access for checking and maintenance.

(A) Lighting, Ambulance Exterior and Interior. The basic exterior ambulance lighting shall comply with the Federal Specification KKK-A-1822A, and the requirements herein, and include: amber front and rear directional signals and hazard warning light (except on type II ambulance's rear signal lights if amber is not available from chassis manufacture), front and rear side marker lights that flash with the directional signals, backup light(s)/loading lights(s), clearance lamps when applicable, ambulance emergency lights, floodlights, and spotlights.

(B) Warning Indicators. The electrical system shall incorporate a warning light panel located in the driver's compartment. It shall provide indicator lights for showing: patient compartment door(s), (side and rear), are open and when applicable which battery(s) are selected by the selector switching system. The "door open" warning light shall be red, flash and have a raised lens approximately 1/2 inch in diameter, or

equal area. The battery indicator lights shall be green with a raised lens approximately 1/2 inch in diameter, or equal area. Warning indicators shall be identified and marked.

(3) The exhaust systems shall be equipped in accordance with Federal Motor Carrier Safety Regulations. The Exhaust system shall be suspended using not less than three (3) hangers. The exhaust shall discharge at the side(s) of the ambulance away from fuel tank filler pipe(s) and door(s), to minimize fumes and contaminants from entering the interior.

(4) Windshield wipers and washers shall be dual, electric multi-speed and maintained in good condition.

(5) Battery System. A dual 12 volt battery system with a labeled "battery selector device", shall be furnished. Unless otherwise specified, the identical batteries shall be either the high cycle life - no maintenance, or the low maintenance type. Performance ratings for each battery shall not be less than 450 cold cranking amps of 0_F with at least 125 minutes reverse capacity. If due to space restrictions, there is inadequate room for the 450 CCA batteries the next smaller CCA battery will be acceptable, but in no event shall batteries be furnished with less than 375 CCA, with 115 minutes reverse capacity.

(6) Seat belts shall comply with Federal Motor Vehicle Safety Standards. Restraints shall be provided in all seat positions in the vehicle, including the attendant station.

(7) Mirrors shall be provided on the left and right side of the vehicles. The location of the mounting must be such as to provide maximum rear vision from the driver's seated position. There may be an interior rear-view mirror to provide the driver with a view of occurrences in the patient compartment.

(8) One ABC 2-1/2 lbs. fire extinguisher shall be provided.

(9) Ambulance Body and Patient Compartment. The body of the ambulance shall be in compliance with the Federal Specification KKK-A1822A Sections 3.10.5, through 3.10.17 as amended.

(A) The ambulance body proper and patient compartment shall be sufficient in size to transport occupants as specified in the Federal Specification KKK-A-1822A, and accommodate and store all the stretchers, cots, and litters through the range of dimensions as specified in KKK-A-1822A. There shall be space around the patients to permit the technician to administer life support treatment to at least one patient during transit.

(B) The patient's compartment shall provide, but not be limited to, a minimum of 300 cubic feet of space, less than 10 percent allowance for cabinets, while complying with the following:

(i) Length: Length measured from the partition to the inside edge of the rear loading doors at the floor shall be at least 25 inches and not more than 30 inches of unobstructed space at the face of the backrest of the EMT seat to the forward edge of the style 1 cot.

(ii) Width: The Width of the compartment after installation of the cabinets shall provide at least 12 inches and a maximum of 18 inches of clear aisle walkway between the secured primary cot and the squad bench or cot.

(iii) Height: Minimum 60 inches. The patient compartment shall provide at least 60 inches height over the primary patient area measured from floor to ceiling, exclusive of cabinets, equipment, symmetrical corners, and edges.

(10) Cab and Body Access Between Compartments, Type I. The ambulance cab body bulkheads shall have an aligned window opening of at least 150 square inches.

Opening shall be provided with an adjustable shatterproof glass treated or located in the bulk-head(s) to prevent interfering with the driver's night vision.

2019 NOTE: Subsection designations altered pursuant to authority granted by 1 GCA § 1606.

§ 6207. Medical Equipment.

The following shall be considered the minimum required:

(a) Resuscitation equipment.

(1) An oxygen supply of at least 3,000 liter capacity shall be provided and be accessible for replacement, preferably from outside the patient compartment working space. The tanks must be securely mounted and restrained.

The oxygen cylinder(s) should be accessible from inside the vehicle, preferably from the technician's seat at the head of the patient, and also from the site where the cylinder change is accomplished.

(2) A portable oxygen unit of 300 liter capacity shall be carried. It shall be equipped with a yoke, pressure gauge, flow meter (not gravity dependent), delivering tube, nasal prongs or venturi flow through oxygen mask. The unit shall be capable of delivering an oxygen flow of at least ten liters/minute. An extra 300 liter capacity cylinder shall be available for reserve.

(3) Portable suction shall be provided.

(4) Suction shall be provided in the patient compartment which shall be powerful enough to provide an air flow of over 30 liters per minute at the end of the delivery tube and a vacuum of over 300 m.m... Hg to be reached within four seconds after tube is clamped. The suction force shall be controllable for use on children and intubated patients. Glass suction bottles shall not be used.

(5) Space near the patient's head shall be provided for the following required equipment and supplies:

(A) Self-inflating bag-valve mask unit capable of delivering 50 percent concentration oxygen.

(B) Venturi or flow through oxygen mask unit capable of delivering 25-35 percent oxygen.

(C) Rigid pharyngeal suction tip.

(D) Suction rinsing water bottle.

(E) Oral pharyngeal tubes (airways) two each, infant, child, adult.

(F) Tongue blades.

(G) Pediatric mask for bag valve mask unit.

(H) Sterile suction tips and catheters for nasotracheal suctioning.

(I) Celar mouth-face ventilating masks.

(b) Basic equipment and supplies which shall be carried:

(1) Each ambulance shall be provided with one, made-up, adjustable wheeled litter. Space requirements in the patient compartment for the wheeled litter is based upon the size of the litter and access space necessary to patient care in transit.

(2) Folding collapsible litters of sufficient number to accommodate patient carrying capacity of the ambulance.

(3) Linen supplies in addition to made-up litter described in (a) above:

(A) Sheets

(B) Blankets

(C) Emesis basins

(D) Bed pan

(E) Urinal

(F) Sandbags, minimum 4" x 6", filled, or comparable material.

(G) Aneriod blood pressure manometer.

(H) Stethoscope.

(c) For immobilization of fractures, the following shall be considered the minimum equipment and supplies requirement:

(1) One lower extremity traction splint.

(2) Boards, metal splints, or cardboard splint for upper and lower extremity fracture immobilization to include at least: two splints each for arm fractures, and two splints each for leg fractures. Inflatable upper and lower extremity splints may be provided but not substituted.

(3) Triangular bandages

(4) Long backboard with straps

(5) Scoop-type stretcher

(6) Cervical or extrication collars, small, medium and large.

(7) "Stair-Chair" litter or folding litter capable of being converted into a chair.

(8) Short backboard.

(d) Wound dressing - the following shall be provided:

(1) Sterile gauze pads 4x4

(2) Universal dressings 8" x 30"

(3) Soft roller, gauze

(4) Rolls 1" adhesive type

(5) Safety pins

(e) Emergency Child Birth - an obstetric kit shall be provided, sterile, packaged and in one unit. The following items may be substituted, if maintained in sterile condition:

(1) Large bandage scissors

(2) Umbilical cord clamps

(3) 18 inch umbilical cord tape

(4) 4x4 gauze sponges

(5) Safety pins

(6) "Peri" pads (sanitary napkins)

(7) Towels

(8) Syringe bulb

(9) Sterile sheet

(10) Sterile gloves

(f) Medical equipment shall be in good working order. The condition of medical equipment, which includes oxygen cylinders, resuscitators, suction units, splints, backboards, and other mandatory equipment shall be considered as basic, in the determination of mechanical adequacy.

(g) It shall be the responsibility of the ambulance driver and attendants to keep all equipment cleaned and disinfected.

2019 NOTE: Subsection designations renumbered pursuant to the authority of 1 GCA § 1606.

§ 6208. Extrication Equipment.

Each ambulance shall carry equipment for extricating the injured from automobiles and other entrapping conditions. Extrication equipment shall include:

(a) 12 inch wrench, with adjustable open end

(b) screwdriver, 12 inches long, with regular blade

(c) screwdriver, 12 inches long, with Phillips blade

(d) hacksaw with extra blades

(e) pliers, 10 inch, vise grip type

(f) five-pound hammer with 15 inch handle

(g) axe

(h) 24 inch wrecking bar

(i) crowbar, 51 inches, with pinch joint

(j) bolt cutter with 1-1/4 inch jaw operating

(k) shovel, pointed blade, collapsible

(l) double action tin ship, 8 inches minimum

(m) rope, 650 feet long, with breaking strength equal to 3/4 inch manila ropes

(n) one ABC 2-1/2 pound fire extinguisher

(o) One commercial extrication device (K-BAR-T tool or equivalent) may be substituted for items (h) and (i) above.

(p) 2 pairs of gloves (leather, gauntlet style)

(q) 2 pairs of goggles (clear, eye-protective)

(r) 2 hard hats

(s) 2 flashlights

§ 6209. Radio Communications Equipment.

(a) Ambulance vehicles shall be equipped with mobile radio equipment which meet the following minimum requirements:

(1) The equipment shall provide direct two-way radio communication between the ambulance vehicle and the systems control point of the vehicle (dispatch).

(2) Equipment shall provide direct two- way radio communication with all hospitals.

(b) Equipment shall meet Federal Communications Commission (FCC) rules and regulations.

(c) Mobile equipment shall be kept in good working order.

§ 6210. Inspection.

The Office of Emergency Medical Services from time to time but no less than quarterly shall conduct inspections of ambulances in order to determine adequacy of all ambulances and equipment.

§ 6211. Objective of the EMT-A Course.

(a) To teach students the overall roles and responsibilities of the EMT-A in performing both emergency care and operational aspects of his job.

(b) To develop student skill in diagnosis and all emergency treatment short of those rendered by physicians or by paramedical personnel under the direct supervision of a physician.

(c) To develop student skill in the use and care of all equipment required to accomplish his job.

§ 6212. Registration of Course.

In order for an Emergency Medical Technician Course to be approved by the Office of Emergency Medical Services, the following conditions must be met:

(a) The office of EMS must receive written notification of intent to conduct a Basic EMT training course at least 30 days prior to the course.

(b) Each EMT course must follow the U.S. Department of Transportation's (DOT) most current Basic Training Program for EMT-A as outlined in the "Course Guide."

§ 6213. Basic Course Requirements.

Minimum requirements for the Basic EMT-A Course shall be:

(a) Course Hours. At least 71 hours of classroom training. In addition, a minimum of 10 hours of in-hospital/clinical observation and training must be provided.

(b) Course Instructor. Both the classroom and clinical experience shall be under the direct supervision of a current licensed physician or registered nurse or an EMT approved by the Commission.

(c) Instructor Lesson Plans. Acceptable Instructor Lesson Plans must at a minimum meet the requirements of the most recent DOT/NHTSA publication.

(d) Text Books. Two text references reflecting current established principles of emergency medical care have been recommended for use in conjunction with training programs for EMT-A's, these are:

(1) "EMERGENCY CARE AND TRANSPORTATION OF THE SICK AND INJURED" by the Committee on Allied Health, American Academy of Orthopedic Surgeons (most current edition).

(2) "EMERGENCY CARE" by Harvey Grant and Robert Murray, published by Robert J. Bradley Company, Bowie, Maryland 20715 (most current edition).

(e) Reference Materials.

(1) "THE WONDERFUL HUMAN MACHINE" from the American Medical Association.

(2) Supplement to Journal of American Medical Association (JAMA) "Standards for Cardiopulmonary Resuscitation (CPR)" and "Emergency Cardiac Care (ECC)."

(3) Other materials deemed appropriate by the physician coordinator or EMT instructor upon approval of the Commission.

(f) Visual Aid Materials. Any audiovisual presentation of physician lectures must be accompanied by live physician and/or instructor support.

(g) Attendance. Rules regarding attendance shall be at the option of the Course Instructor.

§ 6214. Emergency Medical Technician Course Instructor.

(a) Requirements.

(1) Current licensed physician or registered nurse or an EMT approved by the Commission.

(2) Current certification as a CPR instructor by American Heart Association or the American Red Cross or have a qualified CPR instructor available to instruct CPR.

(b) Duties.

(1) Responsible for the overall supervision of the course.

(2) Responsible for arranging lessons requiring a physician instructor.

(3) Assist in arranging at least 10 hour internship of the training course at a hospital emergency room facility.

(4) Responsible for counseling students as needed and for allowing only those students who have successfully completed all of the requirements of the course to be admitted to the final written and practical examination.

(5) Use as a basis for the course, the 81 hours U.S. DOT course.

(6) Conduct the final practical and written examination. The names of those students who have successfully completed the Basic EMT Course shall be submitted to the Office of EMS for certification.

(7) The Course Instructor may recommend rejection of certification of any student to the Office of EMS when in his/her judgment the student is unable to function as an Emergency Medical Technician irrespective of successful completion of the course.

§ 6215. Instructor Aide.

(a) Requirements.

(1) Demonstrated skill and expertise in first aid and emergency medical procedures; and/or

(2) Previous experience in the teaching of first aid skills; and

(3) Certification as an Emergency Medical Technician.

(4) The nomination of a person for one of the Instructor Aide positions shall be made to the Course Instructor. The nomination with proof of qualifications shall be continuous except that any person who is inactive as an instructor aide for two years shall have his/her confirmation removed.

(5) Those persons selected for the work of Instructor Aides shall not assume any title other than the designation of Emergency Medical Technician (EMT).

(6) Exceptions to any of these requirements shall be approved by the Office of EMS after consultation with the Commission.

(b) Duties.

(1) Assist Course Instructor as needed.

(2) Be responsible for the conduct and scheduling of all non-physician instructors participating in an Emergency Medical Technician training program.

(3) Be responsible for the inventory, availability and maintenance of all materials required for the conduct of the course.

(4) Maintain all registration and other necessary forms for the enrolled students, including the record of attendance of students and instructors.

(5) Supervise the distribution of textbooks and other materials to the students.

(6) Assist the Course Instructor in scheduling students for the ten-hour internship portion of their training at a hospital emergency room facility.

(7) See that all written examinations are promptly corrected for the Course Instructor in the conduct of all practical examinations.

§ 6216. Minimum Requirements for Enrollment in The Basic EMT-A Course.

(a) Be at least 18 years of age at the beginning of the course enrollment;

(b) Have a high school diploma or equivalency qualifications;

(c) Possess a valid and current certificate reflecting completion of the "Standard First Aid and Personal Safety" course by the American Red Cross or equivalent training;

(d) Be an active member of an emergency/ambulance or rescue squad either volunteer or full time or have need for training pending employment in such emergency/ambulance or rescue squad. Enrollment priority shall be given to these people.

Selected members of special interest groups who do not actively participate in emergency care on a continuous basis may seek enrollment in an Emergency Medical Technician Course to fill vacant student positions when that group can demonstrate the need for additional training in order to provide emergency or related services at accident sites or recreational areas because of seasonal high density usage or for other reasons.

(e) Possess a current driver's license;

(f) Have the physical stamina to carry, lift, extricate, and perform similar maneuvers in a manner not detrimental to the patients, fellow workers or self; and

(g) At the time of application the prospective student shall be interviewed by appropriate instructional personnel and/or a selection committee. Such interview/shall be documented and determine:

(1) Aptitude for training;

(2) Ability to give and receive verbal and written directions and instructions;

(3) Leadership ability;

(4) Good judgment under stress;

(5) Emotional stability; and

(6) Ability to work with others.

If an interview was not done upon application, the student must be evaluated for these qualities during the course of his/her studies.

§ 6217. Waivers.

Any waivers of pre-requisites for enrollment shall be granted only by the Office of Emergency Medical Services in writing. Such waivers shall be granted pursuant to the requirements of Section 10.0 of these regulations.

§ 6218. Examinations.

(a) Examinations shall be constructed by the Course Instructor and approved by the Office of EMS. All copies of written examinations shall remain on file with the Office of EMS.

An overall average grade of 70 percent is required for certification. The Course Instructor, upon written approval by the Office of EMS, may adjust the score up to five percent for a student whose grade falls between 65-70 percent. This adjustment may be made for students who have performed exceptionally well in the practical examination. A letter of explanation in each case of score adjustment must be submitted to the Office of Emergency Medical Services.

(b) Practical Examination. This examination must meet minimum performance standards of the DOT/NHTSA Basic EMT-A Course and must be scored on an appropriate check list. Grading will be Pass or Fail. For exceptional performance, students may receive a High Pass grade.

§ 6219. Certification.

(a) It is the responsibility of the Office of EMS to certify students who have successfully completed the course and passed both the written and practical examination.

(b) The data of certification is the same date as the date the course was completed.

(c) The Administrator of the Office of EMS signs the certificate of certification. In the absence of the Administrator, the Chairman of the EMS Commission will sign the certificate.

(d) The Office of EMS will maintain records on all persons certified under these regulations.

(e) Two classifications of registry numbers will be used - one to designate students who are ambulance personnel and the other to designate special interest students.

Registry numbers will be assigned in sequence and will be permanently retained by the student unless there is a change in classification as referred to above.

§ 6220. Failures.

Upon recommendation by the Course Instructor, any student receiving a grade below 70 percent on the written examination or failing the practical examination may be retested within two months after completion of the course. If the student fails the retest, he must retake the full 81 hours (minimum) of instruction.

§ 6221. Reciprocity.

(a) Certification may be awarded to individuals who successfully complete an EMT Course in another state or territory provided that the training meets or exceeds the requirements of the Guam Office of EMS.

The procedures shall be:

(1) Submit a written application to the Office of EMS with a certified copy of the EMT certificate from the other state/territory.

(2) The Office of EMS will verify the applicant§ s certification.

(3) Upon determination of an acceptance in reciprocity a provisional reciprocity will be granted. The provisional certification is effective for six months from date of issue.

(4) Within the six month period, the applicant must satisfactorily pass the Guam EMT certification examinations.

(b) National Registry. Nationally Registered EMT's may receive Guam Certification only if they have completed an EMT-A Course equivalent to the Guam EMT-A course. Verification shall be as in item 10.0a above.

(c) Challenge Examinations. Training and education programs, other than those that meet or exceed the requirements of the DOT 81 hour Basic EMT-A course, will not be acceptable for entrance into the Guam Certification examination. Any applicant who receive his EMT-A certification in another state/territory will be conditionally certified. This type of applicant must take the Basic EMT-A Course prior to taking the Guam Certification examination.

§ 6222. Certification Requirements.

In any event, after January 1, 1985, no person shall be allowed to be an ambulance attendant whether voluntary or full-time unless he meets the minimum certification requirements established above.

§ 6223. Recertification.

(a) A Guam Emergency Medical Technician- Ambulance (EMT-A) certificate shall be valid for two years, and may be renewed upon proof that the holder has attended a refresher course recognize by DOT/NHTSA or upon passing an examination such as given to new applicants.

(b) In addition, all Guam certified EMT-A's wishing to renew their certification must have completed within the two year period 48 hours of physician directed or nurse supervised

training. This in-service training shall consist of at least two hours devoted to updating CPR skills, 12 hours of didactic information covering anatomy, physiology, patient examination, rationale of treatment, and other topics pertinent to emergency medical care as provided by EMT-A's. Training in hospital emergency departments, operating rooms, ICC-CCU, etc., will also be accepted for credit toward the 48 hour requirement. One hour of credit will be given for each two hours of hospital training. All training experiences must be certified in writing by those persons conducting the in-service training. All EMT's will keep their own record of training.

(c) EMT's must renew their CPR certification annually and must provide proof of such certification.

(d) Instructor Aides and other EMT's meeting the 48 hour requirements shall be permitted to take the final practical and written examinations of on-going Basic Emergency Medical Technician-Ambulance course to qualify for recertification. The written examination shall be the same final examination that is given to students in the 81 hour course.

§ 6224. Failure of Recertification.

(a) Written - If an EMT-A receives a grade below 70 percent on the written examination, he may be retested within two months. If the student fails the retest, he must complete an additional 20 hours of refresher. If the EMT fails after taking 20 hours refresher training, he must take the full basic EMT course again.

(b) Practical - If one skill is failed, the EMT will be examined in two months. If the EMT fails the same skill on the retest, or fails more than one skill on the initial recertification examination, the EMT must complete an additional 20 hours of refresher training. If the EMT fails after taking the additional 20 hours of refresher training, he must take the full basic EMT-A course over again.

§ 6225. Extensions.

Any EMT-A whose certification expires either prior to or during the recertification process shall have his Guam certification revoked until he/she passes the recertification examination. In extenuating circumstances whereby an individual who is an active EMT cannot obtain a recertification because of scheduling, an extension may be granted if, in the judgment of the Administrator, Office of EMS, it is determined that every effort has been made to obtain recertification. Such extension will be valid for the period of time within reason to obtain recertification. No renewals will be granted for this one time extension.

§ 6226. Revocation of Certification.

An EMT's certificate may be revoked or suspended by the Office of EMS upon proof that such EMT-A:

(a) has been guilty of misrepresentation in obtaining the certification;

(b) has engaged or attempted to engage in or represented himself as entitled to perform any service not authorized by the certificate;

(c) has demonstrated incompetence or has shown himself otherwise unable to provide adequate service; or

(d) has violated any of the regulations stated herein.

§ 6227. Procedures for Revocation.

The Administrator of the Office of Emergency Services is authorized to institute legal proceedings in accordance with Chapter Two of the Administrative Adjudication Law to revoke, suspend or deny any certificate issued pursuant to this chapter. Any such hearing shall be presided over by an attorney acting as hearing officer and heard by the Commission as a whole. The Commission shall recommend a decision to be written in legal form by the hearing officer to the Administrator who shall then approve, modify or reject it.

ARTICLE 3
NURSING HOMES AND NURSING HOME FEES

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§ 6335. Premises.
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§ 6337. Laundry Facilities.
§ 6338. Food Service.
§ 6339. Severability.

NOTE: Rule-making authority cited for formulation of regulations for the Nursing Homes and Nursing Home Fees of the Department of Public Health and Social Services 10 GCA § 7107.

These Rules and Regulations were filed with the Legislature Secretary on June 1, 1987.

INTERIM REGULATIONS GOVERNING NURSING HOMES.

§ 6301. Purpose.

The purpose of these rules and regulations is to protect the public health of nursing home clients through the enforcement of minimum requirements contained herein. For the care of patients and residents in convalescent or long-term care facilities, these regulations may also serve as an educational tool providing guidelines for qualified patient and residential care.

§ 6302. Authority.

Title 10 Guam Code Annotated, Guam Environmental Health Act, Chapter 20, § 20105 and Chapter 21, § 21102, authorizes the Department to establish rules and regulations governing “Nursing Homes” and to insure that all provisions of 10 GCA regarding permit issuance are carried out. These regulations are also established to meet the requirements of 10 GCA, Chapter 7, Section 7108 as related to Nursing Homes.

§ 6303. Definitions.

(a) Administrator (See definition for “Nursing Home Administrator” below).

(b) Construction Permit means an official document issued by the Department giving permission to construct a new facility or alter, modify or convert an existing structure to be used as a nursing home.

(c) Department shall mean the Guam Department of Public Health and Social Services.

(d) Director shall mean the Director of the Department, or his/her authorized representative.

(e) Employee shall mean all personnel who provide care to nursing home clients.

(f) Licensed Nurse shall mean a Registered Nurse or a Licensed Practical Nurse licensed to practice on Guam.

(g) Nursing Home shall mean a facility established for profit or nonprofit, which provides intermediate skilled nursing care and related medical services twenty-four (24) hours per day for two or more individuals because of illness, noncommunicable disease or mental infirmity of a nonviolent nature. It provides care for those persons not in need of hospital care but requiring nursing care or medical services, which medical services shall be prescribed by a professional nursing or physical therapist or an occupational therapist, depending upon the service required. if children are cared for, they shall be housed in a separate unit from the adults.

(h) Nursing Home Administrator shall mean a person who meets the definition of a nursing home administrator contained in 10 GCA, Chapter 15.

(i) Nurse Practitioner shall mean a person who meets the definition of a nurse practitioner contained in the "Guam Board of Nursing Examiner's Nurse Practice Act, Administrative Rules and Regulations."

(j) Occupational Therapist shall mean any occupational therapist currently registered with the American Occupational Therapy Association.

(k) Operator/Owner means the Licensee or designated responsible person approved by the Department who is responsible for the supervision of the nursing home and residents therein.

(l) Patient means any individual cared for in a nursing home.

(m) Physical Therapist shall mean any physical therapist

currently registered with the Department.

(n) Qualified shall mean a person who has the necessary knowledge, skills and abilities to carry out their responsibilities within the nursing home, and who has met the licensure, certification, or registration requirements of Guam as required by law and/or regulation.

(o) Responsible Agency shall mean any public/private agency that has responsibility for the health, welfare, or financial support of the resident.

§ 6304. Construction Permit.

(a) Any person, association, or corporation, before construction a new nursing home, or making major alteration, or converting an existing structure to be used as a nursing home shall first submit plans and specifications of such a facility to the Department.

(b) A construction permit shall not be issued until the detailed plans and specifications have been reviewed and approved by the Department.

(c) After issuance of the construction permit, job-site inspections shall be conducted so as to determine that all sanitary requirements and specifications as approved by the Director are carried out.

(d) The approval of the Department of the plans submitted does not relieve the operator/ owner of their responsibilities and obligations with other regulatory agencies such as the Department of Public Works, Guam Environmental Protection Agency, Public Utility Agency of Guam, the Guam Fire Department, or the Guam Health Planning and Development Agency.

§ 6305. Sanitary Permit.

(a) No person, association, or corporation shall directly or indirectly in any manner, conduct, control, manage, maintain, or operate a nursing home facility unless a valid sanitary permit issued by the Department to operate such a facility has been

obtained and posted.

(b) An application for a sanitary permit to operate a nursing home facility shall be made in writing on a form prescribed by the Department, signed by the applicant or his authorized agent, and shall contain such information that will determine that the facility and its operation are in compliance with the provisions of these regulations.

(c) Before the application for sanitary permit is approved, the Department shall verify that the facility meets all the minimum sanitary requirements and standards of these regulations which shall involve right of entry, inspection, and investigation.

(d) If upon inspection the Department is satisfied the nursing home facility meets all sanitary requirements and standards prescribed, a nontransferable sanitary permit designating the type of facility shall be issued. Said sanitary permit shall be posted in a conspicuous area designated by the Director. All new sanitary permits shall be valid until the first June 30 following their issuance. All renewed sanitary permits shall be valid for 12 months and shall be renewed on June 30 for each year.

(e) If the application or renewal indicates that the facility does not meet the minimum sanitary requirements and standards, the sanitary permit will be denied or terminated.

(f) An application for renewal of sanitary permit shall be filed 30 days prior to its expiration date, and upon approval by the Division of Environmental Health a new sanitary permit shall be issued.

§ 6306. Inspections.

(a) As often as may be deemed necessary for the enforcement of these regulations, but not less than once every three months, an inspection of the nursing home's facility shall be made by the Director.

(b) A representative of the Department shall, after proper presentation of credentials, have access to the nursing home

establishment at any reasonable time for the purpose of making inspections to determine compliance with these regulations. Denial of access shall be cause for suspension of the sanitary permit until access is freely given by the operator or owner.

(c) Whenever an inspection is made, the findings shall be recorded on a report form authorized by the Director, stating therein the demerit value for each violation and the corrective action to be taken. One copy of the inspection report shall be given to the operator or owner after it has been read and signed by him/her and the inspecting officer and shall be posted in a conspicuous area designated by the Director.

§ 6307. [Reserved.]

§ 6308. General Staff Requirements.

(a) Employees and all other personnel providing care shall have a medical examination by a physician, (including chest x-ray or tuberculin skin test, and a stool examination) which indicates the person is free of any communicable disease before contact with patients and annually thereafter. In accordance with 10 GCA, Chapter 22, and Chapter 25, all such employees shall obtain a Health Certificate from the Department. At the time of application, a copy of the most recent physical examination which is not more than one month old shall be presented.

(b) Employees with evidence of communicable or infectious disease shall be removed from the premises until they recover.

(c) Duties and responsibilities of all employees shall be clearly defined in writing and each shall be thoroughly instructed and oriented in all duties assigned to them.

(d) All in-service training and educational experience for employees and operators shall be currently documented.

§ 6309. General Operational Policy.

General policies shall be formulated in writing (typed or ink), and shall be least include the following admission requirements:

(a) types of services provided for the patient.

(b) Responsibility of the facility to the patient and family, guardian or responsible agency.

(c) The rates and visiting hours.

(d) A written agreement at the time of admission between the facility and the patient, guardian or responsible agency setting forth responsibilities for payment for service rendered to patient.

2019 NOTE: Subsection designations altered pursuant to the authority of 1 GCA § 1606.

§ 6310. Admission Policies.

(a) Admission to a nursing home shall be based on the nature and extent of the patient's needs for long term care, interim care, or supervised residential care.

(b) No nursing homes shall deny admission to any individual on account of race, color, religion, ancestry or national origin.

(c) The nursing home has the right to refuse a person for admission if the homes does not have the capability for providing appropriate care.

(d) The number of nursing home patients shall not exceed its licensed capacity.

§ 6311. Transfer and Discharge of Residents.

(a) Except in emergencies, the patient, next of kin, attending physician, and the responsible agency shall be consulted before transferring or discharging the patient and adequate, available arrangements shall be made to meet the patient's needs.

(b) When physical or mental changes necessitate services or care which cannot be regularly provided, affected patients shall be transferred to appropriate facilities according to physician's orders and proper notification of responsible persons.

§ 6312. Patient's Rights And Responsibilities.

(a) Patients shall be fully informed of the rights and responsibilities by signed acknowledgement, prior to or at the

time of admission and during stay, of these rights and of all Rules and Regulations governing patient conduct.

(b) Patients shall be fully informed, prior to or at the time of admission and during stay, of services available in or through the nursing home and of related charges including any charges for services not covered by the home.

(c) For the welfare of patients, and before a patient shall be transferred or discharged for medical reasons or for non-payment for their stay; patients shall be given reasonable advance notice to ensure orderly transfer or discharge; and such actions shall be documented in their health record.

(d) Patients shall be encouraged and assisted throughout their stay to exercise their rights as patients to voice grievances and shall be free from restraint, interference, coercion, discrimination or reprisal.

(e) Any home agreeing to manage the patient's personal financial affair must be bonded.

(f) Patients shall not be humiliated, harassed, or threatened and shall be free from chemical and physical restraints except in emergencies as authorized by a physician for a specified period of time. Phone orders shall be followed up in 24 hours by a written order from the physician ordering the emergency care.

(g) Patients shall have their personal and medical records kept confidential and subject to release only upon written consent of the patient, or if incompetent, the patient's guardian.

(h) Patients shall not be required to perform services for the care home that are not included for therapeutic purposes in their plan of care.

(i) Patients shall have the right to associate and communicate privately with persons of their choice, and to send and receive their personal mail unopened, unless medically contraindicated.

(j) Patients shall have the right to meet with and participate in activities of social, religious, and community groups at their

choice and discretion.

(k) If married, patients shall be assured privacy for visits by their spouse, and if both are patients in the home, they shall be permitted to share a room, unless medically contraindicated.

(l) Patients shall have daily visiting hours established.

(m) As needed, and to the extent possible, the home shall make available the services of a translator for those patients whose native language prohibits clear communication between nursing home personnel and the patient.

§ 6313. Responsibility of Patient to Care Facility.

(a) The care home has the right to discharge any patient with two (2) weeks notice to patient and family, guardian or responsible agency if the patient should fail to comply with the home policies (or if the facility cannot properly or adequately care of the patient).

(b) The patient or responsible agent shall sign an acknowledgment of understanding which clearly states the policies of the care facility with which to comply.

(c) The patient shall pay the care home promptly according to established rates.

(d) The patient shall cooperate with the care home staff in maintaining a healthful living, safety, rules of conduct and cooperative family living.

(e) The patient shall avoid repeated physical or vocal altercation with other patients and staff.

(f) The patient shall exercise promptness at prescribed care home meal hours and other planned group activities.

§ 6314. Patient Care Standards.

(a) The operator shall provide care within the facility's capabilities to the patient as prescribed by a physician.

(b) The operator should be able to recognize and record certain changes in a patient's health status, such as convulsions, fever, shortness of breath and other changes in behavior be it

physical or mental illness.

(c) The operator shall promptly report to the patient's physician of any changes in health status and to carry out properly the physician's orders.

(d) If the physician so orders, certain prescribed treatment and bedside care may be provided by care home operators and staff if they are qualified.

§ **6315. Medication Storage And Administration.**

(a) All medicine shall be properly and clearly labeled and stored in clean, well- lighted, designated to locked medicine cabinets, closets or store rooms, and shall be made accessible to authorized personnel only.

(b) Compartments shall be provided for each patient's medications and separated as to (a) external use only and (b) internal use only.

(c) All poisons shall be plainly labeled and stored separately in a locked cabinet.

(d) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that are stored in a refrigerator shall be properly labeled and kept in a separate locked container, or the refrigerator itself shall be kept locked

(e) Medication shall not be used by any patient other than the one for whom the medication is prescribed.

(f) Appropriate liquid medicine measuring devices shall be available and used.

(g) All verbal orders for medication shall be recorded and signed by the qualified person receiving such orders. A written confirmation by the attending physician is to be obtained within 72 hours.

(h) Only appropriately trained staff and/or operators shall be allowed to make prescribed medication available to patients.

(i) All medications when taken by patients shall be recorded

on their medication record, with the date, time, and dosage initialed by the responsible person.

(j) Self-administered medications may be kept by mentally competent patients in their bedside stands unless the physician indicates that such accessibility is a hazard to the patient or others.

(k) Discontinued medications shall be returned to the physician or pharmacies or disposed of according to approved methods. All such actions shall be recorded.

(l) In addition to the above requirements, all medications shall be handled in accordance with Guam regulations relative to pharmacological practice.

§ 6316. Personal Care And Cleanliness.

(a) Each patient shall be given proper daily personal attention and care including but not limited to skin, hair, nails, teeth and oral hygiene, in addition to special care ordered by physician.

(b) Patients shall be encouraged to perform health, hygiene and grooming practices, including but not limited to bathing, brushing teeth, shampooing, combing and brushing hair and others as independently as possible.

(c) Patients who are incontinent shall be bathed or cleaned immediately upon soiling and all soiled items shall be cleaned.

(d) Patients shall be dressed in clean, suitable, comfortable clothing at all times.

(e) Patients shall be encouraged to select appropriate clothing and dress themselves.

(f) Patients' clothing shall be appropriately labeled

§ 6317. Recreational Program.

(a) Planned recreational programs suited to the patient's needs and interests shall be offered, unless contraindicated by a physician's order.

(b) Patients shall be encouraged but not required to

participate in the activities.

§ 6318. Social Services.

(a) The medically related social and emotional needs of the patient shall be identified and services shall be provided to meet them, either by the qualified social services staff of the facility or through written procedures for referral to appropriate social services agencies.

(b) There shall be arrangements with qualified workers or recognized social agencies for consultation and assistance on a regularly scheduled basis as needed.

§ 6319. Dental Services.

(a) The facility shall have provisions to assist the patient in obtaining regular and emergency dental care.

(b) Daily oral hygiene shall be a part of patient's care.

§ 6320. Physical Environment.

(a) The building site shall be free from excessive noise, dust, odors or traffic disturbance and shall have good drainage.

(b) The building shall e provided with adequate sewage, garbage and refuse disposal; an approved water supply, and adequate electrical service.

(c) The facility shall be accessible by good roads and preferably near a means of public transportation.

§ 6321. Construction Finishes of Floors, Walls And Ceilings.

(a) Floors of all rooms shall be of such materials as to be easily cleanable, light in color.

(b) The floors shall be made from nonskid regular tile materials approved by the Department.

(c) Floors without carpeting shall be covered and sealed with a satisfactory floor sealer.

(d) Floors in toilet rooms shall be of impervious, easy to clean materials and graded to the floor drain.

(e) Walls and ceilings shall be kept clean and in good repair.

(f) Walls shall be finished with easily cleanable materials and light in color.

§ 6322. Fire Prevention Protection.

(a) Safety/fire drills shall be held every month. Each shift shall hold a fire drill at least once every quarter. Nursing homes staff shall be trained in how to proceed in the event of a fire, i.e., who to call, how to alert residents, how to operate fire extinguishing equipment, and how to evacuate injured or bedridden residents. A record of each drill, including time, date, and participating personnel shall be kept and made available to the Director, or the fire inspector.

(b) The facility shall install fire extinguisher to meet all recommendations of the appropriate fire authority and fire codes.

(c) All care homes shall install approved automatic smoke detectors, fire alarm systems and an appropriate sprinkler system.

(d) All exits in care homes shall be lighted from sunset to sunrise. All homes shall provide night lighting in hallways and bathrooms.

(e) Fire escapes, stairways and other exit equipment shall be maintained, operations, in good repair and free of obstruction.

(f) A written plan and directional diagram shall be established for the safe care and evacuation of patients and shall be posted in conspicuous locations within the care home.

§ 6323. Communication.

(a) There shall be an adequate system of communication to summon help in case of fire or other emergency. This shall at least include a telephone system and communication between floors within the care home.

(b) There shall be a patient call system which emits both sound and light in the hearing and direct visibility range of on-duty personnel. This system shall be readily accessible in each area used by patients, such as at the bedside, in bathrooms, in

toilet facilities and other areas where patients may be left alone.

§ 6324. Ventilation.

(a) The facility shall have adequate ventilation by means of windows, air conditioning or other mechanical means which shall provide adequate ventilation horizontally and vertically.

(b) Kitchens, bathrooms and service rooms shall be located and so ventilated that offensive odors are prevented from entering rooms, day rooms, and hallways.

(c) All rooms shall have sufficient ventilation to keep them free of excessive heat and undesirable odors.

(d) Ventilation systems shall be installed and operated according to law, vented to the outside and shall not create a harmful or unlawful discharge.

(e) Intake and exhaust air ducts shall be maintained to prevent the entrance of dust, dirt, vermin and other contaminants.

(f) Smoking shall be permitted only in approved areas, where proper ventilation, equipment and supervision is provided.

§ 6325. Lighting.

(a) Appropriate lighting fixtures, adequate in number, shall be provided for comfort and safety of patients and personnel.

(b) All furnished rooms, work centers such as medicine storage and dispensing or nurses' stations, and reading areas for patients shall have artificial lighting of at least 30 foot candles at three feet above the floor.

(c) All hallways, ramps, entrances or places of any change in floor level shall have adequate lighting.

(d) Emergency lighting facilities, whether standby or battery operated, shall be provided, maintained in good working condition and distributed so as to be readily available at all times to personnel on duty.

§ 6326. Emergency Power.

A standby electrical power generating system shall be

provided and shall be in such condition as to be automatically activated within ten (10) seconds in case of failure of the normal power supply.

§ 6327. Accommodations.

(a) Each patient shall be provided with a habitable sleeping room.

(b) Occupancy of sleeping rooms shall be arranged such that patients from other areas shall not be required to pass through another sleeping room to reach other areas of the home.

(c) All occupants of any sleeping room shall be of the same sex, except for designated semiprivate rooms which may be occupied by a married couple.

(d) Patients' sleeping rooms shall be adequate in size to allow:

(1) Free movement of persons in wheelchairs and walkers, and those using canes or crutches.

(2) Adequate space for nursing procedure.

(e) Minimum floor and bed space:

(1) The minimum floor space allowance shall be 70 square feet per bed in multiple sleeping rooms and 90 square feet per bed in a single sleeping room.

(2) Beds shall be placed at least three feet apart and three feet from walls at the side of a bed.

§ 6328. Bedroom Furnishings.

(a) Each patient shall be provided for their individual use a clean bed including springs with mattress or other comfortable sleeping surface which shall be at least 36" wide, of proper length and height for the patient and which will permit an individual in a wheelchair to get in and out of the bed unassisted. Special types of surface for beds may be required if ordered by the patient's physician.

(b) Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case and

an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the patient.

(c) A suitable bedspread shall be used on each patient bed.

(d) Conveniently located space for personal care items, and for equipment such as crutches and wheelchairs, shall be provided.

(e) There shall be a means of signaling attendants at bedside, in bathrooms, toilets, and in other areas where patients may be left alone.

(f) Each patient shall be provided clean drinking glasses or other suitable containers at their bedside.

§ 6329. Linen.

(a) The facility shall have available at all times a quantity of linen, essential for the proper care and comfort of patients.

(b) Linen shall be handled, stored and processed so as to control the spread of infections and odors.

(c) Clean linen and clothing shall be stored in clean, dry, and dust free area.

(d) Soiled linen shall be stored in separate, well ventilated areas, and shall not be permitted to accumulate in the facility.

§ 6330. Toilets and Bathing Facilities.

(a) Each nursing home shall provide at least one toilet, one lavatory, and bathtub or shower for each floor occupied by patients.

The minimum facilities shall be as follows:

(1) One toilet for every seven patients.

(2) One shower for every 14 patients.

(3) One lavatory for every 10 patients.

(b) Toilet rooms shall be completely enclosed, with tight-fitting, self-closing solid doors.

(c) Toilet rooms shall have adequate ventilation and the

odors shall be mechanically vented to the outside.

(d) Toilet fixtures shall be kept clean and in good repair. A supply of toilet tissue shall be provided at each toilet at all times.

(e) Access from each sleeping room to the bathroom or toilet shall be made without passing through another sleeping room.

(f) Lavatories, exclusively for use by those patients using wheelchairs, shall be set out on wall brackets eight inches from wall and shall provide 29 inches clearance form floor to lower edge of front.

(g) Showers shall have a minimum floor area of 16 square feet.

(h) Separate toilet and bathing facilities shall be provided for each sex, except when husband and wife occupy a private room.

(i) Sufficient hot water supply must be available within the facility.

§ 6331. Sewage.

(a) All sewage, including liquid waste, shall be disposed of by a public sewage system or by a sewage disposal system constructed and operated according to law.

(b) Proper disposal is required to prevent contamination of ground surfaces and water supplies or creation of other unsanitary conditions that may attract insects and other vermin.

§ 6332. Plumbing.

(a) Plumbing shall be sized, installed, and maintained according to law.

(b) There shall be no cross connection between the potable water supply and any non-potable or questionable water source nor any source of pollution through which the potable water supply might become contaminated.

(c) Devices shall be installed to protect against back-flow and back-siphonage on all fixtures and equipment where an air

gap at least twice the diameter of water supply inlet is not provided between the water supply inlet and fixture's flood rim.

§ 6333. Insect And Rodent Control.

(a) Outside openings shall be protected against the entrance of insects and rodents by tight-fitting, self-closing doors, closed windows, screening, controlled air currents, or other approved means.

(b) Screen doors shall be self-closing and screen for windows and other openings to the outside shall be free of breaks. Screening material shall not be less than 16 mesh to the inch.

§ 6334. Garbage And Refuse.

(a) Garbage and refuse shall be kept in durable, easily cleanable, insect proof and rodent proof containers that do not leak and do not absorb liquid. Plastic bags and wet-strength paper bags may be used to line these containers stored inside the home.

(b) Containers stored outside of the facility and dumpsters shall be provided with tight- fitting lids or covers and shall be kept covered when not in actual use.

(c) There shall be a sufficient number of containers to hold all the garbage and refuse that is generated.

(d) Garbage and refuse shall be disposed of often enough to prevent the development of odors and the attraction of insects and rodents.

§ 6335. Premises.

(a) Nursing homes and all parts of property used in connection with their operations shall be kept free of litter.

(b) The walking and driving surfaces of all exterior areas of nursing homes shall be surfaced with concrete or asphalt or similar material that shall be effectively maintained and minimizes dust.

(c) Only articles necessary for the operation and

maintenance of the facility shall be stored on the premises.

§ 6336. Animals.

(a) Live animals, including birds and turtles, shall be excluded from within nursing homes and from adjacent areas under their control except as specifically authorized by the Department. This does not apply to fish, or shell fish in aquariums.

(b) Patrol dogs accompanying security or police officers, or guide dogs accompanying blind persons, shall be permitted in nursing homes.

§ 6337. Laundry Facilities.

If a laundry is operated by the facility, it shall comply with the Rules and Regulations Governing Laundry and Dry Cleaning Establishments.

§ 6338. Food Service.

If a restaurant or food service function is operated by the facility, it shall comply with the Rules and Regulations Governing Eating and Drinking Establishments.

§ 6339.

Severability. Should any section of provision of these regulations be found unconstitutional or invalid, such decision shall not affect the validity of the remaining portions of these regulations.

INTERIM REGULATIONS RELATIVE TO LICENSURE
FEES FOR LONG TERM CARE FACILITIES
(NURSING HOMES)
PART I.
General.

Section 1. Authority. Title 10 Guam Code Annotated Chapter 7, Nursing Homes, §7121. Fees. (a)...requires any application for a nursing home to be accompanied by a fee; and which also requires such fee to be established by the Department of Public Health and Social Services.

Section 2. Purpose. These interim regulations are established to meet the requirements of 10 GCA, Section 7121 to allow the Department to issue operational licenses for Long Term Care Facilities until such time as comprehensive regulations are established which will include fee requirements.

Section 3. Definitions.

(a) Full Term License shall mean a license issued by the Department of Public Health and Social Services to a long term care facility to operate for one year from the date of issuance.

(b) Resident Capacity shall mean the total allowable number of patient beds for which the facility is licensed.

Section 4. Severability. If any phrase, sentence, section, subsection, provision, or part of these regulations or its application to any person or circumstance for any reason to be held unconstitutional or invalid, the remaining portion of these regulations or application of them to other person or circumstance shall not be affected.

Section 5. Repealer. These regulations supersede any previously passed regulations relative to the application fees to operate a long term care facility.

PART II.
FEES.

Section 1. License Categories. The following license fee categories shall be applied to fees accompanying any application to operate any long term care facility:

(a) Full Term - A full term license fee shall be submitted to the Department with the new or renewal application according to the following schedule:

(1) Filing Fee - A filing of $40.00, plus

(2) Resident Capacity Fee - $1.00 times the resident capacity.

(b) Provisional - A provisional license extension fee shall be submitted with a written application for extension of a

provisional license when the Department determines the issuance of such a license to be appropriate within the meaning of 10 GCA, Section 7106,

(c) ...The schedule for such a provisional license extension fee shall be as follows:

If the terms of the provisional license are not met within the time specified in the provisional license, a $5.00 per day charge shall be applied for each day the provisional license is extended beyond the original time, but in no case shall the time period of the provisional license exceed a total of ninety (90) days.

ARTICLE 4

U.S. PUBLIC HEALTH SERVICE ACT, AND HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PROGRAM GUIDELINES, REQUIREMENTS AND REGULATIONS FOR FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS

SOURCE: Entire chapter added by P.L. 32-231:4 (Dec. 30, 2014), and renumbered by the Compiler pursuant to the authority of 1 GCA § 1606.

2019 NOTE: When enacted by P.L. 32-231:4, these rules and regulations were attached as Exhibit A, which included annotations, including the following summary:

Summary of Key Health Center Program Requirements

Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. A summary of the key health center program requirements is provided below. For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b);
- Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for Community; and
- Migrant Health Centers Grants Regulations (45 CFR Part 74).

Annotations from Exhibit A will be designated as "Exhibit A Note" in these rules and regulations, to avoid confusion with Compiler annotations.

§ 6101. Needs Assessment.
§ 6102. Required and Additional Services.
§ 6103. Staffing Requirement.
§ 6104. Accessible Hours of Operation/Locations.
§ 6105. After Hours Coverage.
§ 6106. Hospital Admitting Privileges and Continuum of Care.
§ 6107. Sliding Fee Discounts.
§ 6108. Quality Improvement/Assurance Plan.
§ 6109. Key Management Staff.
§ 6110. Contractual/Affiliation Agreements.
§ 6111. Collaborative Relationships.
§ 6112. Financial Management and Control Policies.
§ 6113. Billing and Collections.
§ 6114. Budget.
§ 6115. Program Data Reporting Systems.
§ 6116. Scope of Project.
§ 6117. Board Authority.
§ 6118. Board Composition.
§ 6119. Conflict of Interest Policy.

§ 6101. Needs Assessment.

Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act).

§ 6102. Required and Additional Services.

Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act).

Exhibit A Note: Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services (Section 330(h)(2) of the PHS Act).

§ 6103. Staffing Requirement.

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act).

§ 6104. Accessible Hours of Operation/Locations.

Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act).

§ 6105. After Hours Coverage.

Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR Part 51c.102(h)(4)).

§ 6106. Hospital Admitting Privileges and Continuum of Care.

Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act).

§ 6107. Sliding Fee Discounts.

Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.

(a) This system must provide a full discount to individuals and families with annual incomes at or below 100% of the federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance

with a sliding discount policy based on family size and income.*

(b) No discounts may be provided to patients with incomes over 200% of the federal poverty guidelines.*

(c) No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived. (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)), and 42 CFR Part 51c.303(u)).

Exhibit A Note: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (Section 330(h)) and/or the Public Housing Primary Care (Section 330(i)) Programs.

§ 6108. Quality Improvement/Assurance Plan.

Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:

(a) a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;*

(b) periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall:*

(i) be conducted by physicians or by other licensed health professionals under the supervision of physicians;*

(ii) be based on the systematic collection and evaluation of patient records;* and

(iii) identify and document the necessity for change in the provision of services by the health center

and result in the institution of such change, where indicated.*

(Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2), (3) and 42 CFR Part 51c.303(c)(1-2))

Exhibit A Note: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (Section 330(h)) and/or the Public Housing Primary Care (Section 330(i)) Programs.

§ 6109. Key Management Staff.

Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR Part 51c.303(p) and 45 CFR Part 74.25(c)(2),(3)).

§ 6110. Contractual/Affiliation Agreements.

Health center exercises appropriate oversight and authority over all contracted services, including assuring that any sub-recipient(s) meets Health Center program requirements. (Section 330(k)(3)(I)(ii), 42 CFR Part 51c.303(n), (t)), Section 1861(aa)(4) and Section 1905(l)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a) (2)).

§ 6111. Collaborative Relationships.

Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers (Section 330 grantees and FQHC Look-Alikes) in the service area or provides an explanation for why such letter(s) of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act and 42 CFR Part 51c.303(n)).

§ 6112. Financial Management and Control Policies.

Health center maintains accounting and internal control systems appropriate to the size and complexity of the

organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR Parts 74.14, 74.21 and 74.26).

§ 6113. Billing and Collections.

Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act).

§ 6114. Budget.

Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25).

§ 6115. Program Data Reporting Systems.

Health center has systems which accurately collect and organize data for program reporting and which support management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act).

§ 6116. Scope of Project.

Health center maintains its funded scope of project (sites, services, service area, target population and providers), including any increases based on recent grant awards. (45 CFR Part 74.25).

§ 6117. Board Authority.

Health center governing board maintains appropriate authority to oversee the operations of the center, including:

(a) holding monthly meetings;

(b) approval of the health center grant application and budget;

(c) selection/dismissal and performance evaluation of the health center CEO;

(d) selection of services to be provided and the health center hours of operations;

(e) measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance;* and

(f) establishment of general policies for the health center.

(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304).

Exhibit A Note: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (Section 330(h)) and/or the Public Housing Primary Care (Section 330(i)) Programs.

In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)).

Upon a showing of good cause the Secretary may waive, for the length of the project period, the monthly meeting requirement in the case of a health center that receives a grant pursuant to Subsection (g), (h), (i), or (p). (Section 330(k)(3)(H) of the PHS Act).

§ 6118. Board Composition.

The health center governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:

(a) Governing board has at least 9, but no more than 25 members, as appropriate for the complexity of the organization.*

(b) The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. *

(c) The non-consumer board members may not derive more than 10% of their annual income from the health care industry. *

Exhibit A Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the patient majority requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p). (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304).

§ 6119. Conflict of Interest Policy.

(a) Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center.

(b) No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.*

(45 CFR Part 74.42 and 42 CFR Part 51c.304(b)).

Exhibit A Note: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (Section 330(h)) and/or the Public Housing Primary Care (Section 330(i)) Programs.