

State of Utah
Administrative Rule Analysis
Revised May 2026

NOTICE OF SUBSTANTIVE CHANGE

TYPE OF FILING: Amendment	Filing ID: OFFICE USE ONLY
Rule or section number:	R432-101
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

Title catchline:	Health and Human Services, Health Facility Licensing
Building:	Multi-Agency State Office Building
Street address:	195 N.1950 W.
City, state:	Salt Lake City, UT
Mailing address:	PO Box 141007
City, state and zip:	Salt Lake City, UT 84114-1007

2. Contact Persons

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Please address questions regarding information on this notice to the persons listed above.

3. General Information

A. Rule or section catchline:
R432-101. Specialty Hospital - Psychiatric
B. Purpose of the new rule or reason for the change:
The purpose of this amendment is to ensure compliance of the Office of Licensing (OL), under the Department of Health and Human Services (department), with multiple legislative actions from the 2026 General Session that impact this rule, including HB 380 and HB 417. The filing also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department. HB 380 requires any general acute hospital or specialty hospital, to track and report any workplace violence incident, including the development and implementation of a workplace violence policy and tracking system. This bill makes it necessary to add a workplace violence tracking system and policy requirement in this rule to align with these new requirements for any hospital regulated by OL. HB 417 defines terms related to non-medical transportation and requires any health facility to allow a patient to use non-medical transportation under specific circumstances. This bill also enacts the review and approval process of health facility to consider a patient request for non-medical transportation through a written notice, the admissions and billing process for the health facility that receives the patient, and specific liability protections for the health care facility and health care providers from the originating health facility. This bill makes it necessary to add a requirement for non-medical transportation for a interfacility transfer in this rule for any health care facility regulated by OL.
C. Summary of the new rule or change:
To support the implementation of legislation from the 2026 General Session, this amendment updates and adds content in this rule to reflect the required legislative actions impacting OL. To implement HB 380, the requirement for the development and implementation of a workplace violence incident tracking system is added to Section R432-101-14. Requirements for the regulated hospital to development, implement, and comply with a policy to govern the tracking system and provide onboarding and annual training for staff are also added to this section. Additionally, requirements for any regulated hospital to review and analyze data from the tracking system on a quarterly basis and share with hospital leadership of the facility and annual reporting requirement to OL are included in this section.

To implement HB 417, requirements for any regulated health care facility to allow a patient under certain circumstances to use non-medical transportation to another health care facility are added to Section R432-107-15.

The filing clarifies language related to requirements throughout the rule. Several sections are reorganized to align with other rules under the division. This filing updates the title catchline, combines the Authority and Purpose sections into one section, and adds a "Scope" section to include any applicable federal, state, or local law, rule, or ordinance the provider is required to comply with and removes those references throughout the rule.

The rule amendment also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

4. Legislative Action Information

A. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
B. If yes, any bill number and session:	HB 380 (General Session) and HB 417 (General Session)

5. Fiscal Information

Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 380 and HB 417 that relate to this rule amendment, there is no anticipated fiscal impact as OL already regulates this type of health facility and the department notified providers about the new requirements related to implementation of HB 380 and HB 417 in April 2026.

The department added the new requirements for this type of regulated health facility related to the implementation of HB 380 and HB 417 to each applicable department inspection checklist, which will not result in any measurable cost or savings to the state budget.

Any costs associated with the implementation of HB 380 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at <https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0380.fn.pdf>.

Any costs associated with the implementation of HB 417 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at <https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0417.fn.pdf>.

The department does not anticipate any fiscal impact on the state budget as a result of the style and formatting changes and clarifying language changes included in this rule amendment.

B. Local governments:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 380 and HB 417 that relate to this rule amendment, there is no anticipated impact on local governments' revenues or expenditures because these providers are regulated by OL and not local governments. There will be no change in local business licensing or any other item with which local government is involved. There are no fiscal impacts to local governments resulting from the changes in this rule content relating to these legislative actions.

The department also does not anticipate any fiscal impact on local governments as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

C. Small businesses ("small business" means a business employing 1-49 persons):

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on small-businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons):

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for non-small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for non-small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on non-small businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an **agency**):

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on other persons as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

F. Compliance costs for affected persons:

For implementation of HB 380 and HB 417, affected persons would be small and non-small businesses and persons other than small businesses, non-small businesses, state, or local government entities operating health facilities regulated by OL, under the department.

Providers who are affected persons must comply with the additional requirements outlined in HB 380. There may be a small compliance cost for health facilities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. . The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each hospital to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Providers who are affected persons must comply with the additional requirements outlined in HB 417. There may be a small compliance cost for regulated health facilities to implement the additional requirements of HB 417, which include allowing any patient who meets specific requirements in accordance with Section 26B-2-249 to use non-medical transport. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Additionally, OL, as the regulatory body for health and safety standards for regulated health care facilities, is affected by the amendment. Any cost for rule amendments has been identified and considered under the state budget in the fiscal notes for HB 380 and HB 417 (2026 General Session). The department has notified providers about the additional requirements related to HB 380 and HB 417 and the department does not anticipate any compliance cost for OL as these providers are already regulated by OL.

The department also does not anticipate any compliance cost as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

6. Regulatory Impact Summary Table

Enter the cost or savings in the relevant cell. If there is no cost or savings, enter, "\$0." If a cost or savings is inestimable, enter, "inestimable."

Fiscal Cost	FY2027	FY2028	FY2029	FY2030	FY2031
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Non-Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Other Persons	inestimable	inestimable	inestimable	inestimable	inestimable
Total Fiscal Cost	\$0	\$0	\$0	\$0	\$0
Fiscal Benefits	FY2027	FY2028	FY2029	FY2030	FY2031
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0	\$0	\$0

7. Regulatory Impact Analysis Approval

The Commissioner of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

8. Family Impact Information

A. The agency has considered this rule's impact on family health, stability, and formation: ☒

B. Summary of reasonable alternatives or modifications:

If there is a negative impact, summarize considered alternatives here. (Subsection 63G-3-301(6)(b))

9. Citation Information

Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-2-202	Section 26B-2-902	

10. Incorporation by Reference Information

Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

11. Public Notice Information

The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until: Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.):

Date:	Time (hh:mm AM/PM):	Place (physical address or URL):
Click or tap to enter a date.		

To the agency: If more than one hearing is planned to take place, continue to add rows.

12. Effective Date Information

This rule change MAY become effective on: (NOTE: This is the date the agency anticipates making the filing effective. It is NOT the effective date)	Click or tap to enter a date.
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13. Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or	Tracy S. Gruber, Commissioner	Date:	Click or tap to enter a date.
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designee and title:			
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R432. Health and Human Services, Health Care Facility Licensing.

R432-101. Specialty Hospital - Psychiatric.

R432-101-1. ~~[Legal]~~ Authority and Purpose.

(1) This rule is authorized by Section 26B-2-202.

(2) The rule provides the health and safety standards for licensure of patient care that apply to psychiatric hospital inpatient, outpatient, and satellite services.

~~[R432-101-2. Purpose.~~

~~The purpose of this rule is to promote the public health and welfare through establishment and enforcement of licensure standards for the operation of a psychiatric hospital. This rule outlines standards of patient care that apply to psychiatric hospital inpatient, outpatient, and satellite services. This rule applies to a licensee that chooses to be licensed as a psychiatric specialty hospital and whose single major service is psychiatric service. If a psychiatric specialty hospital licensee chooses to have a dual service, including psychiatric and substance abuse or chemical dependency, then both of the specialty hospital rules apply.~~

R432-101-3. Time for Compliance.

~~Each psychiatric specialty hospital obtaining initial licensure shall comply with this rule.]~~

R432-101-~~[4]~~2. Definitions.

~~[(1) The definitions outlined in Rule R432-1 apply to a psychiatric specialty hospital licensee in addition to the definitions in this section.] Terms used in this rule are defined in Rule R432-1 and Section 26B-2-201, Section 26B-2-245, and Section 26B-249.~~

Additionally:

~~[(2)]~~1) "Activity services" means therapies that involve the principles of art, dance, movement, music, occupational therapy, recreational therapy, and other disciplines.

~~[(3)]~~2) "Ancillary services" means services that support clinical services and are usually diagnostic in nature. Ancillary services do not require direct care or oversight by a nurse or physician including labs, radiology, cardiac testing, outpatient services, and diabetic teaching.

~~[(4)]~~3) "Clinical Services" means services provided by a licensed physician or nurse or under their direct care and supervision.

~~[(5) "Department" means Utah Department of Health and Human Services.~~

~~[(6)]~~4) "Investigational Drug" means a drug that is being investigated for human or animal use by the manufacturer or the Food and Drug Administration (FDA) and has not been approved for use by the FDA.

~~[(7)]~~5) "Partial Hospitalization" means a time-limited, ambulatory, active treatment program that offers therapeutically intensive, coordinated and structured clinical services where the daily stay lasts no more than 23 hours with the goal of stabilizing the patient to avert inpatient hospitalization or reducing the length of a hospital stay.

~~[(8)]~~6) "Physical restraint" means an involuntary intervention employing any device intended to control or restrict the physical movement of a patient, whether applied directly to the patient's body or applied indirectly to act as a barrier to voluntary movement. A simple safety device is a type of physical restraint.

~~[(9)]~~7) "Plan for Patient Care Services" means a written plan that ensures the care, treatment, rehabilitation, and habilitation services provided are appropriate to the needs of the patient population served and the severity of the disease, condition, impairment, or disability.

~~[(10)]~~8) "Residential Treatment" means a 24-hour group living environment for four or more individuals unrelated to the owner or provider. Individuals are assisted in acquiring the social and behavioral skills necessary for living independently.

~~[(11)]~~9) "Seclusion" means an involuntary intervention employing a procedure that isolates the patient in a specific room or designated area to temporarily remove the patient from the therapeutic community and reduce external stimuli.

~~[(12)]~~10) "Secure hospital" means a hospital where access in and out of the hospital setting is controlled to maintain safety for both patients and the community.

~~[(13)]~~1) "Specialty Hospital" means a facility with the following:

(a) a governing body with overall administrative and professional responsibility;

(b) an organized medical staff that provides 24-hour inpatient care;

(c) a chief executive officer to whom the governing body delegates the responsibility for the operation of the hospital;

(d) a distinct nursing unit of at least six inpatient beds;

(e) current and complete medical records;

(f) continuous registered nursing supervision and other nursing services;

(g) in-house basic services including:

(i) laboratory;

(ii) pharmacy;

- (iii) emergency services and provision for interim care of traumatized patients coordinated with an appropriate emergency transportation service;
 - (iv) specialized diagnostic and therapeutic facilities, medical staff, and equipment required to provide the type of care in the recognized specialty or specialties provided by the hospital; and
 - (v) provide on-site all basic services required of a general hospital that are needed for the diagnosis, therapy and treatment offered or required by patients admitted to or cared for in the specialty hospital.
- (1[4]2) "Stable" means a patient is no longer a danger to self or others, and is able to function and demonstrate the ability to maintain improvements outside the hospital setting.
- (1[5]3) "Time out" means isolating a patient for a period of time, on a voluntary basis in an unlocked room and is based on hospital policy, as a procedure designed to remove the patient who is exhibiting a specified behavior from the source of stimulation or reinforcement.

~~[R432-101-5. Licensure.~~

~~Licensure is required in accordance with Rule R432-2.]~~

R432-101-[6]3. ~~[General Construction Rules]~~Scope.

Each licensee shall comply with:

(1) any applicable federal, state, or local law, rule, or ordinance, including:

(i) Rule R432-4;

(ii) Rule R432-7; and

(iii) this rule.

~~[In addition to the General Construction Rule, R432-4, Rule R432-7 additionally applies to the construction of a psychiatric specialty hospital.]~~

R432-101-[7]4. Organization.

- (1) Section R432-100-[6]5 additionally applies to the governing body of a psychiatric specialty hospital.
- (2) The governing body shall develop through its officers, committees, medical and other staff, a mission statement that includes a plan for patient care services.
- (3) The licensee shall provide:
 - (a) current and complete medical records;
 - (b) continuous registered nursing supervision and other nursing services;
 - (c) basic in-house services to include:
 - (i) laboratory;
 - (ii) pharmacy;
 - (iii) emergency services;
 - (iv) interim care of traumatized patients coordinated with an appropriate emergency transportation service;
 - (v) specialized diagnostic and therapeutic facilities; and
 - (vi) medical staff and equipment required to provide the type of care in the recognized specialty the hospital provides; and
 - (d) any basic on-site services required of a general hospital that are needed for the diagnosis, therapy, and treatment offered or required by patients admitted to or cared for in the psychiatric specialty hospital.

R432-101-[8]5. Administrator.

- (1) Section R432-100-[7]6 additionally applies to the administrator of a psychiatric specialty hospital.
- (2) The administrator shall organize and staff the hospital according to the nature, scope and extent of services offered.

R432-101-[9]6. Professional Staff.

- (1) The licensee shall ensure the psychiatric services of the hospital are organized, staffed and supported according to the nature, scope and extent of the services provided.
- (2) Section R432-100-[8]7 additionally applies to professional staff of a psychiatric specialty hospital.
- (3) The medical direction of the psychiatric care and services of the hospital shall be under a licensed physician who is a member of the medical staff, appointed by the governing body, and certified or eligible for certification by the American Board of Psychiatry and Neurology.
- (4) Section R432-100-1[4]5 additionally applies to nursing staff of a psychiatric specialty hospital.
- (5) The licensee shall provide enough qualified, and competent health care professional and support staff to assess and address patient needs within the plan for patient care services.
- (6) The licensee may employ qualified professional staff members or retain by contract.
- (7) The licensee shall ensure professional staff are assigned or assume specific responsibilities on the treatment team as

qualified by training and educational experience and as permitted by hospital policy and the scope of the professional license.

R432-101-[10]7. Personnel Management Service.

- (1) The licensee shall provide licensed, certified, or registered personnel who are able and competent to perform their respective duties, services, and functions.
- (2) The licensee shall ensure written personnel policies and procedures include:
 - (a) job descriptions for each position, including:
 - (i) job title;
 - (ii) job summary;
 - (iii) responsibilities;
 - (iv) minimum qualifications; and
 - (v) required skills, licenses, and physical requirements; and
 - (b) a method to handle and resolve grievances from the staff.
- (3)(a) The licensee shall ensure each staff member has access to hospital policy and procedure manuals, a copy of their position description, and other information necessary to effectively perform duties and carry out responsibilities.
- (b) The licensee shall conduct a criminal background check with the Department of Public Safety for each employee before beginning employment.
- (c) The licensee shall maintain the security and confidentiality of any information obtained in the criminal background check.
- (4)(a) The licensee shall orient each employee to job requirements and personnel policies, and be provided job training beginning the first day of employment.
- (b) The licensee shall document, with signatures of the employee and supervisor, completion of basic orientation during the first 30 days of employment.
- (c) The licensee shall ensure registered nurses, licensed practical nurses, and psychiatric technologists receive additional orientation to the following:
 - (i) concepts of treatment provided within the hospital;
 - (ii) roles and functions of nurses in the treatment programs; and
 - (iii) psychotropic medications.
- (d) The licensee shall hold in-service training sessions at least quarterly and ensure they are available to each employee.
- (e) The licensee shall establish a policy to outline in-service training attendance standards.
- (f) The licensee shall ensure licensed professional staff shall receive continuing education to keep informed of significant new developments and to be able to develop new skills.
- (g) The licensee shall ensure the following in-service training topics are addressed annually:
 - (i) fire prevention;
 - (ii) review and drill of emergency procedures and evacuation plan;
 - (iii) prevention and control of infections;
 - (iv) training in the principles of emergency medical care and cardiopulmonary resuscitation for physicians, licensed nursing personnel, and others as appropriate;
 - (v) proper use and documentation of restraints and seclusion;
 - (vi) patients' rights, in accordance with Section R432-101-1[5]2;
 - (vii) confidentiality of patient information;
 - (viii) reporting abuse, neglect or exploitation of adults or children; and
 - (ix) provision of age appropriate care to the population being served.
- (5)(a) The licensee may utilize volunteers in the daily activities of the hospital but volunteers may not be included in the licensee's staffing plan in place of hospital employees.
- (b) The administrator or designee shall screen volunteers and ensure they are supervised according to hospital policy.
- (c) The licensee shall ensure volunteers are familiar with the hospital's policies and procedures on volunteers, including patient rights and facility emergency procedures.
- (6)(a) The licensee shall ensure that any hospital personnel are licensed, registered, or certified as required by the Utah Department of Commerce.
- (b) The licensee shall maintain copies of the current license, registration or certification shall be in the personnel files.
- (c) The licensee's failure to ensure that the individual is appropriately licensed, registered or certified may result in sanctions to the facility license.

R432-101-[11]8. Quality Assurance.

- (1) The licensee shall have a well-defined quality assurance plan designed to improve the delivery of patient care through evaluation of the quality of patient care services and resolution of identified problems.
- (2) The licensee shall ensure that the quality assurance plan is consistent with the plan for patient care services and is

implemented and include methods for:

- (a) identification and assessment of problems, concerns, or opportunities for improvement of patient care;
- (b) eliminating identified problems where possible;
- (c) improving patient care;
- (d) documentation of corrective actions and results; and
- (e) reporting findings and concerns to the medical, nursing, and allied health care staff[s], the administrator, and the governing board.

- (3) The licensee shall maintain documentation of minutes of meetings for department review.

R432-101-1[42]9. Infection Control.

(1)(a) The licensee shall develop and implement ~~have~~ a written plan to effectively prevent, identify, report, evaluate and control infections.

(b) The infection control plan shall include a method to collect and monitor data and carry out necessary follow-up actions.

(c) The licensee shall document infection control actions consistent with the requirements of the plan and in accordance with department requirements and standards of medical practice.

(d) The licensee shall provide in-service education and training to employees for each service and program component of the hospital.

(e) The licensee shall ensure the infection control plan is reviewed and revised as necessary, but at least annually.

(2) The licensee shall implement an employee health surveillance program and infection control policy that meets the requirements of Section R432-100-~~[9]~~12 and includes:

(a) requirement to complete, an employee health inventory at the time of hire that:

(i) identifies conditions that may predispose the employee to acquiring or transmitting infectious diseases; and

(ii) identifies conditions that may prevent the employee from satisfactorily performing assigned duties.

(b) development of an employee health screening and immunization components of personnel health programs in accordance with Rule R386-702, regarding communicable diseases;

(c) requires employee skin testing by the Mantoux Method or other FDA approved in-vitro serologic test and follow-up for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis;

(d) ensures that all employees are skin tested for tuberculosis within two weeks of:

(i) initial hiring;

(ii) suspected exposure to a person with active tuberculosis; and

(iii) development of symptoms of tuberculosis;

(iv) exempts any employee with a known positive reaction to skin tests from the required testing;

(e) requires a report of any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3, regarding reportable diseases; and

(f) complies with the Occupational Safety and Health Administration's Bloodborne Pathogen Standard.

R432-101-1[3]0. Patient Security.

(1) The licensee shall provide enough internal and external security measures consistent with the plan for patient care services.

(2) The licensee shall provide supervision and control of the patient populations at all times to ensure patient and public safety.

(3) If a licensee offers more than one treatment program or serves more than one age group, patient population, or program, the patients may not be co-mingled.

(4) The licensee shall provide enough supervision to ensure a safe and secure living environment as defined in the plan for patient care services.

R432-101-1[4]1. Special Treatment Procedures.

(1) The license shall develop and implement policies ~~policy~~ regarding the use of special treatment procedures to include the use of seclusion and restraint in accordance with Section R432-101-2[3]1.

(2) The licensee shall ensure special treatment policies and procedures address:

(a) the use of convulsive therapy including electroconvulsive therapy;

(b) the use of psychosurgery or other surgical procedures for the intervention or alteration of a mental, emotional or behavioral disorder;

(c) the use of behavior modification with painful stimuli;

(d) the use of unusual, investigational and experimental drugs;

(e) the use of drugs associated with abuse potential and those having substantial risk or undesirable side effects;

(f) an explanation as to whether the hospital will conduct research projects involving inconvenience or risk to the patient;

and

(g) involuntary medication administration for emergent and ongoing treatment.

R432-101-1[5]2. Patients' Rights.

(1) The licensee shall provide each patient care and treatment in accordance with the standards and ethics accepted under Title 58, Occupations and Professions, for licensed, registered or certified health care practitioners.

(2) The administrator shall appoint a committee that consists of:

- (a) members of the facility staff;
- (b) patients or family members, as appropriate;
- (c) other qualified persons with knowledge of the treatment of mental illness; and
- (d) at least one person who has no ownership or vested interest in the facility.

(3) The committee outlined in Subsection [~~R432-101-15~~](2) shall:

(a) review, monitor and make recommendations concerning individual treatment programs established to manage inappropriate behavior, and other programs that the committee considers to involve risks to patient safety or restrictions of a patient's rights;

(b) review, monitor and make recommendations concerning facility practices and policies as they relate to:

- (i) drug usage,;
- (ii) restraints, seclusion and time out procedures;
- (iii) applications of painful or noxious stimuli;
- (iii) control of inappropriate behavior;
- (iv) protection of patient rights; and
- (v) any other area that the committee identifies as risks to patient protection and rights;
- (c) maintain minutes of each meeting and communicate the findings to the administrator for appropriate action;
- (d) designate a person to act as a patient advocate, to be available to respond to questions and requests for assistance from

the patients and to bring to the attention of the committee any issues or items of interest that concern the rights of the patients or their care and status;

(e) recommend written policies with regard to patient rights that are consistent with state law; and

(f) once adopted, the licensee shall post the policies outlined in Subsection [~~R432-101-15~~](3)(e) in areas accessible to patients, and made available upon request to the patient, family, next of kin, or the public.

(4)(a) The licensee shall ensure the individual treatment plan and clinical orders address the patient rights in this section to ensure patients are permitted communication with family, friends and others.

(b) The patient rights or ethics committee shall review any restrictions to a patient's rights.

(c) The licensee may establish limitations to the rights identified in Subsections [~~R432-101-15~~](5)(a) through (d) to protect the patient, other patients, or staff or where prohibited by law.

(5) The licensee shall ensure that each patient has the right to:

- (a) send and receive unopened mail;
- (b) reasonable access to a telephone to make and receive unmonitored telephone calls;
- (c) receive authorized visitors and to speak with them in private;
- (d) attend and participate in social, community and religious groups;
- (e) voice grievances and recommend changes in policies and services to hospital staff and outside representatives of personal choice, free from restraint, interference, coercion, discrimination, or reprisal;
- (f) communicate via sealed mail with the department, the Disability Law Center, legal counsel and the courts;
- (g) communicate with and visit with legal counsel and clergy of choice; and
- (h) participate in the planning of their care and treatment.

(6) The licensee shall document the patient's participation in the treatment planning process in the medical record.

(7) The licensee shall ensure that each patient:

(a) receives an explanation of treatment goals, methods, therapies, alternatives and associated costs;

(b) is able to refuse care and treatment, as permitted by law, including experimental research and any treatment that may result in irreversible conditions;

(c) is informed of their medical condition, upon request, unless medically contraindicated, if contraindicated, the licensee shall document the circumstances in the patient record;

(d) is free from mental and physical abuse and free from chemical and physical restraints except as part of the authorized treatment program, or when necessary to protect the patient from injury to himself or to others;

(e) is given the opportunity to exercise any civil rights, including voting, unless the patient has been adjudicated as incompetent and not restored to legal capacity;

(f) is not required to perform services for the hospital that are not included for therapeutic purposes in the plans of care;

(g) is not required to participate in publicity events, fund raising activities, movies or anything that would exploit the patients;

(h) is permitted to exercise religious beliefs and participate in religious worship services without being coerced or forced into

engaging in any religious activity;

(i) is permitted to retain and use personal clothing and possessions as space permits, unless doing so would infringe upon rights of other patients or interfere with treatment; and

(j) is permitted to manage personal financial affairs, or to be given at least a monthly accounting of financial transactions made on their behalf if the licensee accepts a patient's written delegation of this responsibility.

R432-101-1[6]3. Emergency and Disaster.

(1) The licensee shall ensure the safety and well-being of patients and provide for a safe environment in the event of an emergency or disaster including utility interruption of gas, water, sewer, fuel or electricity, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.

(2) The administrator or designee shall develop a plan, coordinated with state and local emergency or disaster offices, to respond to emergencies or disasters that is:

(a) documented in writing and lists the coordinating authorities by name and title;

(b) distributed or made available to any hospital staff to ensure prompt and efficient implementation;

(c) reviewed and updated as necessary in coordination with local emergency or disaster management authorities; and

(d) available for review by the department.

(3) The administrator shall take charge of operations during any significant emergency. If not on the premises, the administrator shall make every reasonable effort to get to the hospital to relieve subordinates and take charge of the situation.

(4) The licensee shall hold and document the response to disaster drills, in addition to fire drills, on a semi-annual basis for staff.

(5) The licensee shall identify and prominently post:

(a) the name of the person in charge;

(b) the names and telephone numbers of emergency medical personnel or agencies;

(c) emergency transport systems; and

(d) appropriate communication with the entities listed in this subsection.

(6) The licensee shall ensure the emergency response procedures addresses the following:

(a) evacuation of occupants to a safe place within the hospital or to another location;

(b) delivery of essential care and services to hospital occupants by alternate means regardless of setting;

(c) delivery of essential care and services when additional persons are housed in the hospital during an emergency;

(d) delivery of essential care and services to hospital occupants when staff is reduced by an emergency; and

(e) maintenance of safe ambient air temperatures within the hospital in accordance with Subsection [432-101-16](7).

(7)(a) The licensee shall maintain an ambient temperature of 58 degrees Fahrenheit(F) or 14 degrees Celsius(C) within the hospital.

(b) A temperature any lower than 58 degrees F or 14 degrees C may constitute a danger to the health and safety of the patients in the hospital and the person in charge shall take immediate and appropriate action when the temperature meets the minimum threshold.

(c) The licensee shall ensure the local fire department approves emergency heating.

(8) The licensee shall ensure the emergency plan delineates and includes:

(a) the person with decision-making authority for fiscal, medical, and personnel management;

(b) on-hand personnel, equipment, and supplies and instructions on how to acquire additional help, supplies, and equipment after an emergency or disaster;

(c) assignment of personnel to specific tasks during an emergency;

(d) methods of communicating with local emergency agencies, authorities, and other appropriate individuals;

(e) the individuals to be notified in an emergency in order of priority;

(f) method of transporting and evacuating patients and staff to other locations; and

(g) conversion of hospital facilities for emergency use.

(9)(a) The licensee shall schedule and hold at least one fire drill per shift per quarter and document the date and time the drill was held, including a brief description of the event and participants.

(b) The evacuation of patients during a drill is optional

(c) The licensee shall maintain documentation of fire drills for review by the department.

(10)(a) The licensee shall have an emergency evacuation plan, written in consultation with qualified fire safety personnel.

(b) The licensee shall post a physical plant evacuation diagram delineating evacuation routes, location of fire alarm boxes and fire extinguishers, and emergency telephone numbers of the local fire department in exit access ways throughout the hospital.

(c) The written plan shall include fire-containment procedures and how to use the hospital alarm systems and signals.

R432-101-14. Workplace Violence Reporting System.

(1)(a) The licensee shall develop a reporting system for any incident of workplace violence.

(b) The reporting system shall:

- (i) keep documentation of any voluntarily reported incident of workplace violence by any staff for two years;
- (ii) document information in accordance with Subsection 26B-2-245(3)(a) for any workplace violence incident; and
- (iii) support the prevention of workplace violence, in accordance with Subsection 26B-2-245(3)(d);
- (2)(a) The licensee shall develop, implement, and comply with a policy for the reporting described in Subsection (1).
- (b) The policy shall include how the facility will prevent any discrimination or retaliation of a staff for reporting an incident or the staff's participation in an investigation of an incident.
- (3)(a) The licensee shall ensure staff receive upon hire and on an annual basis, information on the process to report any incident of workplace violence to:
 - (i) a staff's supervisor;
 - (ii) the facility;
 - (iii) any applicable security agency that contracts with the facility; and
 - (iv) any applicable law enforcement agency.
- (b) The licensee shall provide any staff with the policy described in Subsection (2) and notify staff of any update to the policy.
- (4)(a) The licensee shall review and analyze the workplace violence data on a quarterly basis and develop a quarterly report.
- (b) The licensee shall submit the quarterly report to the chief medical officer and chief nursing officer of the facility.
- (5) The licensee shall annually report to OL the number of workplace violence incidents.

R432-101-1[7]5. Admission and Discharge.

- (1) The license shall develop and implement written admission, exclusion, and discharge policies consistent with the plan for patient care services and the utilization review plan. These policies shall be available to the public upon request.
- (2) The licensee shall ensure the following are available to the public and each potential patient:
 - (a) the various services provided;
 - (b) methods and therapies used by the hospital; and
 - (c) associated costs of services.
- (3) The licensee shall ensure admission criteria is clearly stated in writing in hospital policies.
- (4) The licensee shall assess each potential patient before admission to ensure the facility is the least restrictive to meet the patient's needs.
- (5) The licensee shall screen and evaluate each potential patient's history of criminal and violent behavior before admission.
- (6)(a) The licensee shall admit a patient for treatment and care only if the hospital is properly licensed for the treatment required and has the staff and resources to meet the medical, physical, and emotional needs of the patient.
- (b) The licensee shall admit a patient and ensure the patient remains under the care of a member of the medical staff.
- (c) The licensee shall ensure there is a written order for admission and care of the patient at the time of admission. []A documented telephone order is acceptable.
- (d) The licensee shall develop and implement procedures to govern the referral of ineligible patients to alternate sources of treatment where possible.
- (e) A licensee conducting an involuntary commitment shall ensure it is done in accordance with Section 26B-6-608.
- (f) The licensee shall process and monitor any out of state adjudicated delinquent juveniles admitted to the hospital only in accordance with Title 80, Chapter 6 Interstate Compact for Juveniles.
- (7)(a) The licensee shall discharge a patient when the licensee is no longer able to meet the patient's identified needs, when care can be delivered in a less restrictive setting, or when the patient no longer needs care.
- (b) The licensee shall ensure a member of the medical staff creates an order for patient discharge, except as indicated in Subsection [R432-101-17][~~(6)~~](7)(c).
- (c) In cases of discharge against medical advice, AMA, the licensee shall ensure the attending physician or qualified designee is contacted and the response documented in the patient record.
- (d) The licensee shall ensure discharge planning is coordinated with the patient, family, and other parties or agencies who are able to meet the patient's needs.
- (e) Upon discharge of a patient, the licensee shall surrender any money and valuables of that patient that have been entrusted to the hospital to the parties listed in Subsection [R432-101-17](7)(d) in exchange for a signed receipt.

R432-101-1[8]6. Transfer Agreements.

- (1) The licensee shall maintain a written transfer agreement with at least one general acute hospital to facilitate the placement of patients and transfer of essential patient information in case of medical emergency.
- (2) The licensee may not refer a patient to another facility without first contacting that facility.
- (3) The licensee shall allow a patient to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met.
 - (2)(a) A patient may request the licensee to determine if the patient is eligible for a non-medical transport for an interfacility transfer.

(b) For any request from a patient to use non-medical transportation for an interfacility transfer, the licensee shall provide a written notice to the patient addressing each item in Subsection 26B-2-249(4).

(4)(a) If a patient arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the patient for any admission or readmission cost, except as provided in (4)(b).

(b) The receiving center may charge the insurance or health benefit plan of the patient if upon arrival, the medical staff document a change in the medical condition or mental condition of the patient.

(5) A receiving facility shall hold and reserve the specific bed offered to the patient upon discharge from the originating facility if the patient arrives within adequate time.

(6) To ensure compliance with Subsection 26B-2-249(6), the originating facility shall document the following in the medical record of the patient prior to discharge:

(a) formal clinical assessment of the medical or mental condition of the patient is stable and does not require ambulance or medically supervised transportation;

(b) the specific type of non-medical transportation that will be used to transport the patient; and

(c) the expected arrival window communicated to the receiving facility.

R432-101-1[9]7. Pets in Hospitals.

(1) If a licensee permits pets in the facility, the licensee shall develop and implement a written policy in accordance with this rule and local ordinances.

(2) Household pets, such as dogs, cats, birds, fish, and hamsters, may be permitted if the licensee ensures the following:

(a) pets are clean and disease free;

(b) the immediate environment of pets is kept clean;

(c) small pets, including birds and hamsters are in appropriate enclosures;

(d) pets not confined in enclosures are hand held, under leash control, or under voice control; and

(e) pets that live at the hospital or are frequent visitors have current vaccinations, including rabies, as recommended by a licensed veterinarian.

(3) The licensee shall develop and ~~[follow]~~ implement written policies and procedures for pet care.

(4)(a) The administrator or designee shall determine which pets may be brought into the hospital.

(b) A patient's family member may bring the patient's pet to visit if they have approval from the administrator and offer reasonable assurance that the pet is clean, disease free, and vaccinated as appropriate.

(5) If a licensee permits birds, they shall develop and ~~[follow]~~ implement procedures that protect patients, staff, and visitors from psittacosis and ensure:

(a) procedures outline minimum handling of droppings; and

(b) droppings are placed in a plastic bag for disposal.

(6) If a licensee permits pets to be kept overnight, they shall develop and ~~[follow]~~ implement written policies and procedures for the care, feeding, and housing of pets and for proper storage of pet food and supplies.

(7) The licensee may not permit pets in food preparation or storage areas.

(8) The licensee may not permit pets in any area where their presence would create a significant health or safety risk to others.

(9) The licensee shall ensure that a person caring for any pets does not have patient care or food handling responsibilities.

R432-101-[20]18. Inpatient Services.

(1) Upon admission, a physician or qualified designee shall document the need for admission in accordance with hospital policy to include a brief narrative of the patient's condition that includes:

(a) the nurse's admitting notes;

(b) temperature;

(c) pulse;

(d) respiration levels;

(e) blood pressure; and

(f) weight.

(2)(a) A physician or qualified designee shall assess each patient's physical health and conduct a preliminary psychiatric assessment within 24 hours of admission.

(b) The physician or designee's history and physical exam shall include:

(i) appropriate laboratory work-up;

(ii) a determination of the type and extent of special examinations, tests, or evaluations needed; and

(iii) when indicated, a thorough neurological exam.

(3) A psychiatrist or psychologist or qualified designee shall assess each patient's mental health within 24 hours of admission and ensure there is a written emotional or behavioral assessment of each patient entered in the patient's record.

(4) The licensee shall ensure there is a written assessment of the patient's legal status to include:

- (a) a history with information about competency, court commitment, criminal convictions, and any pending legal actions;
- (b) the urgency of the legal situation; and
- (c) how the individual's legal situation may influence treatment.
- (5)(a) The licensee shall ensure a written individual treatment plan is initiated for each patient upon admission and completed and implemented no later than ~~[7]~~seven working days after admission.
- (b) The licensee shall ensure the individual treatment plan is based on the information resulting from the assessment of patient needs, as required in Subsection ~~[R432-101-20]~~(1).
- (c) The licensee shall ensure the person responsible for the patient's care signs the individual treatment plan and ~~[administers]~~provides service according to the individual treatment plan.
- (d) The licensee shall ensure that each individual treatment plan is reviewed on a weekly basis for the first three months, and thereafter at intervals determined by the treatment team, not to exceed every other month.
- (e) The licensee shall ensure the written individual treatment plan for each patient is based on a comprehensive functional assessment as outlined in Subsection ~~R432-101-22~~19(7).
- (f) The licensee shall invite the patient and family to participate in the development and review of the individual treatment plan.
- (g) The licensee shall document patient and family participation, or reasons why it is inappropriate.
- (h) The licensee shall ensure the individual treatment plan is available to any personnel who provide care for the patient.
- (6)(a) The Utah State Hospital is exempt from the time frames required in Subsection ~~[R432-101-20]~~(4)(a) and Subsection ~~[R432-101-20]~~(4)(d) time frames for initiating and reviewing the individual treatment plan.
- (b) The Utah State Hospital administrator shall ensure that an individual treatment plan is initiated for each patient admitted within 14 days and the plan is reviewed on a monthly basis.
- (7) The licensee shall ensure that all orders issues by an ordering practitioner are implemented without delay.

~~R432-101-24~~19. Adolescent or Child Treatment Program.

- (1)(a) A licensee that admits adolescents or children for care and treatment shall ensure it is organized with staff and space to meet the specialized needs of this specific group of patients.
- (b) The licensee shall consider children between ages ~~[5-12]~~five through 12 and adolescents between the ages of 13 ~~[-]~~through 18.
- (c) If a child is considered for admission to an adolescent program, the licensee shall assess and document that the child's developmental growth is appropriate for the adolescent program.
- (d) The licensee may permit an adolescent patient who reaches their eighteenth birthday while residing in the program to complete the treatment program.
- (2) A mental health professional with training in adolescent or child psychiatry, or adolescent or child psychology, as appropriate, shall be responsible for the treatment program.
- (3) The licensee shall ensure adolescent or child nursing care is under the direction of a registered nurse qualified by training, experience, and ability to effectively direct the nursing staff.
- (4) The licensee shall ensure each nursing staff is trained in the special needs of adolescents or children.
- (5) The licensee shall provide education to any school age patients who are in the hospital for over one month.
- (6) The licensee may admit an adolescent to an adult unit when specifically ordered by the attending member of the medical staff, but may not permit them to remain there more than three days, unless the clinical director approves an order for the adolescent to remain on the adult unit.
- (7) The licensee shall ensure specialized programs for adolescents or children are flexible enough to meet the needs of the population being served.
- (8) The licensee shall maintain the following in writing:
 - (a) a statement of philosophy, purposes and program orientation including short-term and long-term goals;
 - (b) the types of services provided and the characteristics of the adolescent or child population being served that is available to the public on request;
 - (c) description of the program's overall approach to family involvement in the care of patients;
 - (d) a policy regarding visiting and other forms of patient communication with family, friends and significant others;
 - (e) a plan of basic daily routines that is available to all staff and revised as necessary;
 - (f) a complaint process for adolescents or children in clear and simple language that identifies how to make a complaint without fear of retaliation; and
 - (g) a comprehensive guide of preventive, routine, and emergency medical care for any adolescent or child in the program, including policies and procedures regarding the use and administration of psychotropic and other medication.
- (9) The licensee shall maintain a complete health record for each adolescent or child including:
 - (a) immunizations;
 - (b) medications;
 - (c) medical examination;

- (d) vision and dental examination, if indicated by the medical examination;
- (e) a complete record of treatment for each specific illness or medical emergency;
- (f) documents related to the referral of the child to the program;
- (g) documentation of the adolescent or child's current parental custody status or legal guardianship status;
- (h) the adolescent or child's court status, if applicable;
- (i) cumulative health records, where possible; and
- (j) education records and reports.

(10) The licensee shall ensure the use of emergency medication is specifically ordered by a physician or other person licensed to prescribe and is related to a documented medical need.

(11) The licensee shall ensure adolescent or children's programs within a secure, locked treatment facility maintain:

- (a) a statement in the adolescent or child's record identifying the specific security measures employed and demonstrating that these measures are necessary to provide appropriate services to the adolescent or child;
- (b) evidence that the staff and the adolescent or child are aware of the hospital's emergency procedures and the location of emergency exits;
- (c) a method for unlocking the rooms simultaneously from a central point or upon activation of a fire alarm system if adolescents or children are locked in their rooms during sleeping hours; and
- (d) a recreational program offering a wide variety of activities suited to the interests and abilities of the adolescents or children in care.

R432-101-2[2]0. Residential Treatment Services.

(1) If offered, the licensee shall organize the residential treatment service as a distinct part of the hospital service as either free-standing or as part of the licensed facility.

(2) The licensee shall ensure residential treatment services are under the direction of the medical director or designee.

(3) The hospital administrator shall appoint a program manager responsible for the day-to-day operation and patient supervision.

(a) The administrator shall clearly define the program manager's responsibilities in the job description.

(b) When the manager is absent, the administrator shall ensure a substitute manager is appointed.

(4) The licensee shall ensure residential treatment staff have specialized training in the area of psychiatric treatment and consist of:

- (a) a licensed physician;
 - (b) a certified or licensed clinical social worker;
 - (c) a licensed psychologist;
 - (d) a licensed registered nurse; and
 - (e) any unlicensed staff who are trained to work with psychiatric patients and are supervised by a health care practitioner.
- (5)(a) The licensee shall ensure that a program that admits adolescents or children continues their education through grade

12.

(b) The licensee shall ensure any curricula used are approved by the Utah Office of Education.

(c) The licensee shall provide education services that are accredited by the Utah State Board of Education or Board Northwest Association of School and Colleges.

(d) The licensee shall ensure teachers are certified by the Utah State Board of Education and additionally certified in special education to supervise or carry out educational curricula.

(6) The licensee shall ensure an individual treatment plan:

- (a) is developed by an interdisciplinary team that encourages the patient's attendance in the interdisciplinary team meetings;
- (b) is initiated for each patient upon admission;
- (c) is completed in writing and is placed in the patient record within seven days;
- (d) identifies the patient's needs, as described by the comprehensive functional assessment outlined in Subsection ~~[R432-101-22](7)~~;

(e) includes the licensee's participation of the patient, their responsible party, if available, and facility staff in the planning of treatment; and

(f) sets goals and objectives stated in terms of desirable behavior that prescribes an integrated program of activities, therapies, and experiences necessary for the patient to reach their goals and objectives.

(7) The licensee shall ensure the comprehensive functional assessment considers the patient's age and the implications for treatment and identifies:

- (a) the presenting problems and disabilities and, where possible, their cause;
- (b) specific individual strengths;
- (c) special behavioral management needs;
- (d) physical health status to include:
- (i) a history and physical exam performed by a physician or nurse practitioner that includes appropriate laboratory work-up;

and

- (ii) a determination of the type and extent of special examinations, tests or evaluations needed.
- (e) alcohol and drug history;
- (f) degree of psychological impairment and measures to be taken to relieve treatable diseases;
- (g) the capacity for social interaction and habilitation and rehabilitation measures to be taken; and
- (h) the emotional or behavioral status based on an assessment of:
 - (i) a history of previous emotional or behavioral problems and treatment;
 - (ii) the patient's current level of emotional or behavioral functioning;
 - (iii) an evaluation by a psychiatrist, psychologist or qualified designee within 30-days before admission, or within 24 hours after admission; and
 - (iv) if indicated, psychological testing that includes intellectual and personality testing.
- (8) The licensee shall amend the comprehensive assessment to reflect any changes in the patient's condition.
- (9) The licensee shall ensure an individual treatment plan is implemented that provides services:
 - (a) to improve the patient's condition; and
 - (b) in an environment that encompasses physical, interpersonal, cultural, therapeutic, rehabilitative, and habilitative components.
- (10) The licensee shall encourage the patient to participate in professionally developed and supervised activities, experiences or therapies in accordance with the individualized treatment plan.
- (11) Section R432-101-2[3]1[-Physical Restraints, Seclusion, and Behavior Management] additionally applies to a psychiatric specialty hospital licensee.

R432-101-2[3]1. Physical Restraints, Seclusion, and Behavior Management.

- (1) The licensee shall ensure physical restraints, including seclusion are only be used to protect the patient from injury to themselves or to others or to assist patients to attain and maintain optimum levels of physical and emotional functioning.
- (2) The licensee shall ensure restraints are not used for the convenience of staff, for punishment or discipline, or as substitutes for direct patient care, activities, or other services.
- (3) Each hospital shall develop and comply with written policies and procedures that govern the use of physical restraints and seclusion and shall ensure the major focus of these policies is to provide patient safety and ensure civil and patient rights.
- (4) The licensee shall ensure policies incorporate and address the following:
 - (a) examples of the types of restraints and safety devices that are acceptable for use and possible patient conditions dictating when the restraint may be used; and
 - (b) guidelines for periodic release and position change or exercise, with instructions for documentation of this action.
- (5) The licensee may not use bed sheets or other linens as restraints.
- (6) The licensee shall ensure restraints do not unduly hinder evacuation of the patient in the event of fire or other emergency.
- (7)(a) A member of the medical staff shall authorize restraints in writing every 24 hours.
- (b) A licensee may not use PRN or as-needed orders for a restraint.
- (c) If a physical restraint is used in behavior management, the licensee shall develop and follow an individualized behavior management program and an ongoing monitoring system to assure effectiveness of the treatment.
- (d) The licensee shall ensure the use of restraints is reviewed routinely in the interdisciplinary team meeting, as the order is renewed by the member of the medical staff, and on a daily basis as care is delivered. This is an ongoing process that the licensee shall ensure is documented in the patient's record.
- (e) The licensee may use physical restraints, including simple safety devices, only if a specific hazard or need for restraint is present.
- (f) The physician order shall indicate the type of physical restraint or safety device that may be used and the length of time it may be used.
- (g) The licensee shall develop and follow a restraint policy addressing Subsections [R432-101-23](7)(a) through (f) and included in the patient care plan.
- (8) The licensee shall ensure physical restraints are:
 - (a) applied by properly trained staff to ensure a minimum of discomfort, allowing sufficient body movement to ensure that circulation will not be impaired;
 - (b) not used or applied in a manner that causes injury or the potential for injury;
 - (c) are each monitored and assessed by staff; and
 - (d) are released or the patient's position changed at least every two hours, unless written justification is provided for why such restraint release is dangerous to the patient or others.
- (9) Physical restraints may be used in an emergency, if there is an obvious threat to life or immediate safety, as follows:
 - (a) verbal orders may be given by the physician to a licensed nurse by telephone;
 - (b) a licensed health care professional, identified by policy, may initiate the use of a restraint, only if verbal or written approval from the physician is obtained within one hour;

- (c) a physician shall sign any verbal order within 24 hours; and
- (d) staff members document the circumstances necessitating emergency use of the restraint and the patient's response in the patient record.
- (10) The licensee shall ensure seclusion is used in accordance with hospital policy and authorized by a member of the medical staff.
- (11)(a) If seclusion is used for behavior management, the licensee shall ensure there is an individualized behavior management program and an ongoing monitoring system to assure effectiveness of the treatment.
- (b) The licensee shall ensure the use of seclusion is reviewed routinely in the interdisciplinary team meeting, as the order is renewed by the member of the medical staff, and on a daily basis as care is delivered. This is an ongoing process that the licensee shall ensure is documented in the patient's record.
- (c) The licensee shall ensure staff monitors a patient in seclusion for adverse effects and documents the monitoring evaluations in the patient record.
- (12) The licensee shall ensure time out is used in accordance with hospital policy and may be used without authorization by a member of the medical staff for each use.
- (13) The licensee shall ensure the use of time out is included in the patient care plan and documented in the patient record.
- (14) The licensee shall ensure behavior management policy:
 - (a) establishes criteria for admission and retention of patients who require behavior management programs;
 - (b) specifies the data required and the location of the data in the clinical record;
 - (c) is developed by the interdisciplinary team;
 - (d) provides an opportunity for involvement of the patient, next of kin or designated representative in the interdisciplinary team; and
 - (e) describes the team leader's approval process of a behavior management program for a patient.
- (15) The licensee shall ensure the behavior management program:
 - (a) employs the least restrictive methods to produce the desired outcomes and incorporate a process to identify and reinforce desirable behavior;
 - (b) includes consent for use of any behavior management program that employs aversive stimuli from the patient, next of kin, or designated representative;
 - (c) is incorporated into the patient care plan; and
 - (d) is reviewed routinely by an interdisciplinary team, as the order is renewed by the member of the medical staff, and on a daily basis as care is delivered. This is an ongoing process that the licensee shall ensure is documented in the patient's record.
- (16) The licensee shall ensure behavior management documentation in the patient's record includes:
 - (a) a behavior baseline profile, including a description of the undesirable behavior, as well as a statement whether there is a known history of previous undesirable behaviors and previous treatment;
 - (b) conditions when the behavior occurs;
 - (c) interventions used and their results;
 - (d) a behavior management program including specific measurable behavioral objectives, time frames, names, titles, and signature of the person responsible for conducting the program and monitoring and evaluation methods; and
 - (e) summaries and dates of the evaluations and reviews by the interdisciplinary team.

R432-101-2[4]2. Involuntary Medication Administration.

- (1) The licensee shall develop and comply with a policy and procedure for patients who refuse a prescribed medication that includes the following requirements:
 - (a) staff document the refusal of medications in the individual care plan; and
 - (b) the interdisciplinary team reviews and assesses the patient's refusal of medication, ensuring that the patient's rights are protected.
- (2) If a physician, or licensed physician, orders involuntary medication and the interdisciplinary team determines that a patient needs the involuntary medication as part of the behavior management program, emergency management, or clinical treatment, the facility staff may issue the involuntary medication and document the physician's order in the individual treatment plan.
- (3) If a patient is administered involuntary medications, the facility staff shall review the administration of medications in an interdisciplinary team meeting each time the physician renews the medication order, and on a day-to-day basis as care is delivered.
- (4) The facility staff shall evaluate and assess the patient for adverse side effects to medications and document the evaluation and assessment in the patient record.

R432-101-2[5]3. Outpatient Emergency Psychiatric Services.

- (1)(a) If the hospital offers outpatient emergency psychiatric services, the service shall be organized as a service specifically designated for this purpose and under the direction of the medical director or designee.
- (b) The licensee shall ensure services are available 24 hours a day to individuals presenting themselves for assistance.
- (c) If the licensee does not offer emergency outpatient psychiatric services, the licensee shall have a written plan for referral

of persons making inquiry regarding such services or presenting themselves for assistance.

(2) The licensee shall ensure the outpatient service is supported by policies and procedures including admission and treatment procedures, and medical and psychiatric reference materials.

(3) The licensee shall ensure involuntary detention of an individual is according to applicable hospital policy and in compliance with Sections 26B-5-3 through 26B-5-5.

R432-101-2[6]4. Emergency Services.

(1)(a) Each licensee shall provide physician and registered nurse coverage 24 hours a day and ensure nursing and other allied health professional staff are readily available in the hospital.

(b) Staff may have collateral duties elsewhere in the hospital, but shall be able to respond when needed without adversely affecting patient care or treatment elsewhere in the hospital.

(c) The licensee shall ensure there are trained staff to triage emergency care for each patient, staff and visitor, to stabilize the presenting condition, and transfer to an appropriately licensed facility.

(2) The licensee shall ensure there is:

(a) an emergency area that includes a treatment room;

(b) storage for supplies and equipment;

(c) provisions for reception and control of patients;

(d) a convenient patient toilet room; and

(e) communication hookup and access to a poison control center.

(3) If the licensee offers additional or expanded emergency services, the licensee shall additionally comply with Section R432-100-1[8]7.

(4) The licensee shall develop protocols for contacting local emergency medical services.

R432-101-2[7]5. Clinical Services.

(1) If the licensee provides the following services, the licensee shall comply with [the applicable sections of Rule R432-100 shall additionally apply]:

(a) ~~[Surgical Services,]~~Section R432-100-1[6]7, Surgical Services;

(b) ~~[Critical Care Unit,]~~Section R432-100-1[5]6, Critical Care Unit; and

(c) ~~[Hospice Rule]~~Rule R432-750.

(2) If chemical dependency or substance abuse services are provided, Rule R432-102 ~~[Specialty Hospital—Chemical Dependency/Substance Abuse]~~ additionally applies to a psychiatric specialty hospital licensee.

R432-101-2[8]6. Laboratory.

(1) Each psychiatric specialty hospital shall have a Clinical Laboratory Improvement Amendments (CLIA) certificate. If an outside lab is contracted for providing services, the licensee shall ensure the outside lab has a CLIA certificate.

(2) If outside laboratory services are secured through contract, the licensee shall maintain an in-house ability to collect, preserve and arrange for delivery to the outside laboratory for testing.

(3) The licensee shall comply with the appropriate subsections of Section R432-100-2[4]5 for any additional laboratory services provided.

R432-101-2[9]7. Pharmacy.

(1) Each psychiatric specialty hospital shall provide basic services including storage, dispensing, and administration of medication in-house.

(2) The licensee shall ensure any pharmacy services comply with the appropriate subsections of Section R432-100-2[6]7.

(3) The licensee shall ensure the board and medical staff approve the policy regarding the use of investigational drugs.

R432-101-3[0]8. Social Services.

(1)(a) The licensee shall provide social services to assist staff, patients, and patients' families to understand and cope with a patient's social, emotional, and related health problems.

(b) The licensee shall ensure social services are under the direction of a licensed clinical social worker.

(c) The social worker shall ensure the role and function of social services is listed in policy documents and meets generally accepted practices of the Mental Health Professional Practice Act.

(d) The licensee shall ensure that social services personnel serve as a patient advocate to:

(i) provide services to maximize each patient's ability to adjust to the social and emotional aspects of their situation, treatments, and continued stay in the hospital;

(ii) participate in ongoing discharge planning to ensure continuity of care for the patient;

(iii) initiate referrals to official agencies when the patient needs legal or financial assistance;

(iv) act as liaison with the family or other responsible persons concerning the patient's placement and rights; and

- (v) preserve the dignity and rights of each patient.
- (2) Each licensee shall develop social services policies and procedures that include the following:
 - (a) a system to identify, plan, and provide services according to the social and emotional needs of patients;
 - (b) job descriptions, including title and qualifications of any person who provides social services; and
 - (c) a method to refer patients to outside social services agencies when the hospital cannot resolve a patient's problems.
- (3) The social service director shall participate in any pertinent quality assurance activities of the hospital.

R432-101-34[29]. Activity Therapy.

- (1)(a) The licensee shall provide activity therapy services to meet the physical, social, cultural, recreational, health maintenance and rehabilitation needs of patients as outlined in the patient care plan.
- (b) The licensee shall ensure the activity therapy service has policies that describe the organization of the service and provision for services to the patient population that ensure:
 - (i) program goals and objectives are stated in writing;
 - (ii) appropriate activities are provided to patients during the day, in the evening, and on the weekend;
 - (iii) patient participation in planning is sought, when possible; and
 - (iv) activity schedules are posted in places accessible to patients and staff;
- (c) activity therapy is incorporated into the patient care plan;
- (d) patients are permitted leisure time and encouraged to use it in a way that fulfills their cultural and recreational interests and their feelings of human dignity; and
- (e) the activity therapy service is supervised.
- (2) The licensee shall provide enough space, equipment, and facilities, that are compliant with any applicable federal, state and local requirements for safety, fire prevention, health and sanitation, to meet the needs of the patients.

R432-101-32[0]. Other Services.

- (1) If the licensee provides the following services, the applicable sections of Rule R432-100 shall additionally apply:
 - (a) ~~[Anesthesia Services,]~~Section R432-100-1[6]8, Anesthesia Services;
 - (b) ~~[Rehabilitation Therapy Services,]~~Section R432-100-2[+]3, Rehabilitation Therapy Services;
 - (c) ~~[Radiology,]~~Section R432-100-2[2]4, Radiology; and
 - (d) ~~[Respiratory Care Services,]~~Section R432-100-2[0]2, Respiratory Care Services.
- (2) ~~If the licensee shall comply with the following if provid[es]ing the following ancillary services[, the applicable sections of Rule R432-100 shall additionally apply]:~~
 - (a) ~~[Central Supply,]~~Section R432-100-3[6]7, Central Supply Services;
 - (b) ~~[Dietary,]~~Section R432-100-3[3]4, Dietary Service;
 - (c) ~~[Laundry,]~~Section R432-100-3[7]8, Laundry Service;
 - (d) ~~[Maintenance Services,]~~Section R432-100-[39]40, Maintenance Services; and
 - (e) ~~[Housekeeping,]~~Section R432-100-3[8]9, Housekeeping Services.

R432-101-33[1]. Medical Records.

- (1) The licensee shall ensure medical records additionally comply with Section R432-100-3[4]6.
- (2) The license shall ensure that patient records contain:
 - (a) a description of physical, social, and mental health status at the time of admission;
 - (b) a description of services provided;
 - (c) a description of progress reports;
 - (d) status at the time of discharge; and
 - (e) data on standardized forms that includes:
 - (i) patient name;
 - (ii) home address;
 - (iii) date of birth;
 - (iv) gender;
 - (v) next of kin;
 - (vi) marital status; and
 - (vii) date of admission;
 - (f) involuntary commitment status, including relevant legal documents;
 - (g) date the information was gathered, and names and signatures of the staff members gathering the information;
 - (h) signed orders by physicians and other authorized practitioners for medications and treatments;
 - (i) relevant physical examination, medical history, and physical and mental diagnoses using a recognized diagnostic coding system;
 - (j) information on any unusual occurrences, such as treatment complications, accidents, or injuries to or inflicted by the

patient, and procedures that place the patient at risk;

- (k) documentation of patient and family involvement in the treatment program;
 - (l) progress notes written by the psychiatrist, psychologist, social worker, nurse, and others significantly involved in active treatment;
 - (m) temperature, pulse, respirations, blood pressure, height, and weight notations, when indicated;
 - (n) reports of laboratory, radiologic, or other diagnostic procedures, and reports of medical or surgical procedures when performed;
 - (o) correspondence with signed and dated notations of telephone calls concerning the patient's treatment;
 - (p) a written plan for discharge including an assessment of patient needs;
 - (q) documentation of any instance when the patient was absent from the hospital without permission; and
 - (r) the patient care plan.
- (3) The licensee shall ensure there is a discharge summary signed by the attending member of the medical staff and entered into the patient record within 30 calendar days from the date of discharge. In the event a patient dies, the licensee shall ensure the discharge statement includes a summary of events leading to the death.
- (4) The licensee shall ensure the patient record contains evidence of informed consent or the reason it is unattainable.
- (5) The licensee shall ensure the patient record contains consent for release of information, the date the information was released, and the signature of the staff member who released the information and evidence the patient was informed of the release of information as soon as possible.
- (6) The licensee may release pertinent information to personnel responsible for the individual's care without the patient's consent under the following circumstances:
- (a) in a life-threatening situation;
 - (b) when an individual's condition or situation precludes obtaining written consent for release of information;
 - (c) when obtaining written consent for release of information would cause an excessive delay in delivering essential treatment to the individual.

R432-101-3[4]2. Partial Hospitalization Services.

- (1) If the licensee offers a partial hospitalization program, the following services may be included:
- (a) crisis stabilization or the provision of intensive, short-term, daily programming, that averts psychiatric hospitalization or offers transitional treatment back into community life to shorten an episode of acute inpatient care; and
 - (b) intermediate term treatment that provides more extended, daily, goal directed clinical services for a population at high risk for hospitalization or readmission due to the serious or persistent nature of their psychiatric, emotional behavioral, or addictive disorder.
- (2) If the licensee offers partial hospitalization services, the licensee shall establish policies and procedures to address the following:
- (a) criteria for admission indicating a DSM V Mental disorder;
 - (b) assessment;
 - (c) treatment planning;
 - (d) active treatment;
 - (e) coordination of care; and
 - (f) discharge criteria.

R432-101-3[5]3. Penalties.

Any person [~~in noncompliance with any part of~~]who violates this rule may be subject to the penalties [~~enumerated in Sections 26B-2-208, 26B-2-216 and R432-3-8~~]in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.

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