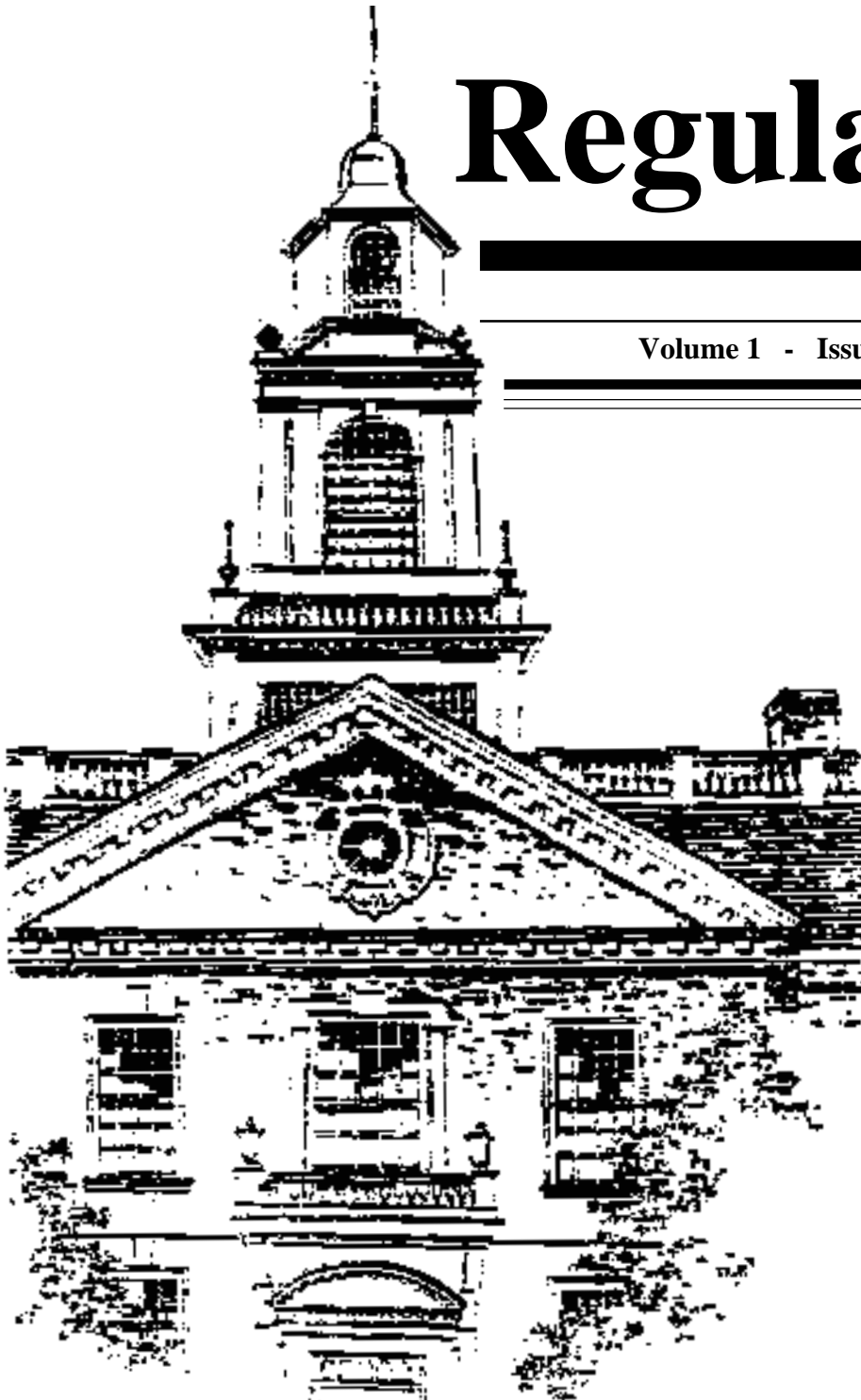

Delaware Register of Regulations



Issue Date: August 1, 1997

Volume 1 - Issue 2

Pages 82 - 205

IN THIS ISSUE:

Regulations:

Proposed

Final

Governor

Appointments

Calendar of Events &

Hearing Notices



Pursuant to 29 Del.C. Chapter 11, Subchapter III, this issue of the Register contains all documents required to be published, and received on or before July 15, 1997.

INFORMATION ABOUT THE DELAWARE REGISTER OF REGULATIONS

DELAWARE REGISTER OF REGULATIONS

The Delaware Register of Regulations is an official State publication established by authority of 69 Del. Laws, c. 107 and is published on the first of each month throughout the year.

The Delaware Register will publish any regulations that are proposed to be adopted, amended or repealed and any emergency regulations promulgated.

The Register will also publish some or all of the following information:

Governor's Executive Orders

Governor's Appointments

Attorney General's Opinions in full text

Agency Hearing and Meeting Notices

Other documents considered to be in the public interest.

CITATION TO THE DELAWARE REGISTER

The Delaware Register of Regulations is cited by volume, issue, page number and date. An example would be:

1 1:1 **Del. R.** 35 - 37 (July 1, 1997) refers to Volume 1, Issue 1, pages 35 - 37 of the Delaware Register issued on July 1, 1997.

SUBSCRIPTION INFORMATION

A yearly subscription for the Delaware Register of Regulations costs \$80.00 per year for 12 issues. Single copies are available at a cost of \$7.00 per issue, including postage. For more information contact the **Division of Research at 302-739-4114 or 1-800-282-8545 in Delaware.**

CITIZEN PARTICIPATION IN THE REGULATORY PROCESS

Delaware citizens and other interested parties may participate in the process by which administrative regulations are adopted, amended or repealed, and may initiate the process by which the validity and applicability of regulations is determined.

Under 29 **Del.C.** §10115 whenever an agency proposes to formulate, adopt, amend or repeal a regulation, it shall file notice and full text of such proposals, together with copies of the existing regulation being adopted, amended or repealed, with the Registrar for publication in the Register of Regulations pursuant to §1134 of this title. The notice shall describe the nature of the proceedings including a brief synopsis of the subject, substance, issues, possible terms of the agency action, a reference to the legal authority of the agency to act, and reference to any other regulations that may be impacted or affected by the proposal, and shall state the manner in which persons may present their views; if in writing, of the place to which and the final date by which such views may be submitted; or if at a public hearing, the date, time and place of the hearing. If a public hearing is to be held, such public hearing shall not be scheduled less than 20 days following publication of notice of the proposal in the Register of Regulations. If a public hearing will be held on the proposal, notice of the time, date, place and a summary of the nature of the proposal shall also be published in at least 2 Delaware newspapers of general circulation; The notice shall also be mailed to all persons who have made timely written requests of the agency for advance notice of its regulation-making proceedings.

The opportunity for public comment shall be held open for a minimum of 30 days after the proposal is published in the Register of Regulations.

INFORMATION ABOUT THE DELAWARE REGISTER OF REGULATIONS

At the conclusion of all hearings and after receipt within the time allowed of all written materials, upon all the testimonial and written evidence and information submitted, together with summaries of the evidence and information by subordinates, the agency shall determine whether a regulation should be adopted, amended or repealed and shall issue its conclusion in an order which shall include: (1) A brief summary of the evidence and information submitted; (2) A brief summary of its findings of fact with respect to the evidence and information, except where a rule of procedure is being adopted or amended; (3) A decision to adopt, amend or repeal a regulation or to take no action and the decision shall be supported by its findings on the evidence and information received; (4) The exact text and citation of such regulation adopted, amended or repealed; (5) The effective date of the order; (6) Any other findings or conclusions required by the law under which the agency has authority to act; and (7) The signature of at least a quorum of the agency members.

The effective date of an order which adopts, amends or repeals a regulation shall be not less than 10 days from the date the order adopting, amending or repealing a regulation has been published in its final form in the Register of Regulations, unless such adoption, amendment or repeal qualifies as an emergency under §10119.

Any person aggrieved by and claiming the unlawfulness of any regulation may bring an action in the Court for declaratory relief.

No action of an agency with respect to the making or consideration of a proposed adoption, amendment or repeal of a regulation shall be subject to review until final agency action on the proposal has been taken.

When any regulation is the subject of an enforcement action in the Court, the lawfulness of such regulation may be reviewed by the Court as a defense in the action.

Except as provided in the preceding section, no judicial review of a regulation is available unless a complaint therefor is filed in the Court within 30 days of the day the agency order with respect to the regulation was published in the Register of Regulations.

CLOSING DATES AND ISSUE DATES FOR THE DELAWARE REGISTER OF REGULATIONS

ISSUE DATE	CLOSING DATE	CLOSING TIME
SEPTEMBER 1	AUGUST 15	4:30 P.M.
OCTOBER 1	SEPTEMBER 15	4:30 P.M.
NOVEMBER 1	OCTOBER 15	4:30 P.M.
DECEMBER 1	NOVEMBER 15	4:30 P.M.
JANUARY 1	DECEMBER 15	4:30 P.M.

DIVISION OF RESEARCH STAFF:

William S. Montgomery, Director,
Division of Research; **McDonald T. Coker**, Deputy
Director; **Kathleen K. Amalfitano**, Secretary;
Walter G. Feindt, Legislative Attorney; **Jeffrey W.
Hague**, Registrar of Regulations; **Marlynn H.
Hedgecock**, Administrative Officer; **Maryanne
McGonegal**, Research Analyst; **Ruth Ann Melson**,
Legislative Librarian; **Deborah J. Messina**,
Graphics Specialist; **Deborah A. Porter**,
Administrative Secretary; **Virginia L. Potts**, Bill
Service Clerk; **Thom Shiels**, Legislative Attorney;
Marguerite P. Smith, Public Information Clerk;
MaryJane Starkey, Senior Secretary; **Marvin L.
Stayton**, Printer; **William G. Weller**, Print Room
Supervisor; **Rochelle Yerkes**, Senior Secretary.

NOTICE

Legislative Hall is closed to the public from July 7, 1997 to January 2, 1998 for renovations, which include asbestos abatement.

Due to health and safety concerns, all tours of the interior of the hall have been discontinued. We regret any inconvenience this may cause you.

The **Legislative Council, Division of Research** is temporarily relocated to the first floor of the Tatnall Building, directly across William Penn Street at the south end of Legislative Hall. **For copies of legislation or other public information, please visit us there Monday through Friday from 8:00 a.m. to 4:30 p.m. or call us at 739-4114 or 1-800- 282-8545.** The Tatnall Building is handicap accessible.

The **Secretary of the Senate, Bernard Brady**, and his immediate staff are also temporarily located in the Tatnall Building.

Visitors seeking the **Chief Clerk of the House, JoAnn Hedrick**, or other members of the **House** staff may enter the rear door of the north wing of Legislative Hall. Visitors seeking the **Senate** staff or the **Office of the Controller General** may enter the rear door of the south wing of the hall. Both of these entrances are on the east side of the building adjacent to the amphitheater.

None of these offices will be handicap accessible during this construction phase.

For further information, please contact Bill Montgomery, Director of the Division of Research at 739-6174.

TABLE OF CONTENTS

PROPOSED REGULATIONS

DEPARTMENT OF EDUCATION

School Bus Regulations	87
Visual & Performing Arts Graduation Requirements	88
Visual & Performing Arts Content Standards	90

DEPARTMENT OF AGRICULTURE

Harness Racing Comm.	92
Delaware Thoroughbred Racing Comm.	100

DEPARTMENT OF ADMINISTRATIVE SERVICES DIVISION OF PROFESSIONAL REGULATION

Board of Physical Therapy	101
---------------------------------	-----

DEPARTMENT OF HEALTH & SOCIAL SERVICES DIVISION OF PUBLIC HEALTH

Trauma System Rules	110
---------------------------	-----

FINAL REGULATIONS

PUBLIC SERVICE COMMISSION

PSC Regulation Docket No. 47 Notice of Final Rule making Concerning Intrastate Discounts for Schols and Libraries	139
---	-----

DEPARTMENT OF ADMINISTRATIVE SERVICES DIVISION OF PROFESSIONAL REGULATION

Nursing Home Administrators	141
Board of Nursing	146

DEPARTMENT OF EDUCATION

State Content Standards	151
Agriscience Education Framwork	154
Foreign Language Content Standards	156
Glossary of Terms, Manual for Certification of Professional School Personnel	158
Manual for Certification of Professional School Personnel	163

Satellite School Agreements	170
DSSAA Requirements	172

DEPARTMENT OF HEALTH & SOCIAL SERVICES DIVISION OF PUBLIC HEALTH

Public Pools	174
--------------------	-----

DELAWARE STATE FIRE PREVENTION COMMISSION

1997 State Fire Prevention Regulations	197
--	-----

GOVERNOR

Appointments & Nominations, January - July 1997	200
---	-----

CALENDAR OF EVENTS

DEPARTMENT OF AGRICULTURE

Thoroughbred Racing Commission Public Hearing Notice & Comment Period	203
Harness Racing Commission Public Hearing Notice & Comment Period	203

DEPARTMENT OF TRANSPORTATION

Statewide Access Public Hearing Notice & Comment Period	203
--	-----

DEPARTMENT OF HEALTH & SOCIAL SERVICES DIVISION OF PUBLIC HEALTH

Delaware State Trauma Regulations	204
---	-----

DEPARTMENT OF ADMINISTRATIVE SERVICES DIVISION OF PROFESSIONAL REGULATION

Board of Physical Therapy Public Hearing Notice & Comment Period	204
---	-----

PUBLIC SERVICE COMMISSION

Notice and solicitation of comments concerning restructur- ing the electric utility industry in Delaware	204
---	-----

Symbol Key

Roman type indicates the text existing prior to the regulation being promulgated. Underlined text indicates new text. Language which is ~~stricken~~ through indicates text being deleted.

Proposed Regulations

Under 29 **Del.C.** §10115 whenever an agency proposes to formulate, adopt, amend or repeal a regulation, it shall file notice and full text of such proposals, together with copies of the existing regulation being adopted, amended or repealed, with the Registrar for publication in the Register of Regulations pursuant to §1134 of this title. The notice shall describe the nature of the proceedings including a brief synopsis of the subject, substance, issues, possible terms of the agency action, a reference to the legal authority of the agency to act, and reference to any other regulations that may be impacted or affected by the proposal, and shall state the manner in which persons may present their views; if in writing, of the place to which and the final date by which such views may be submitted; or if at a public hearing, the date, time and place of the hearing. If a public hearing is to be held, such public hearing shall not be scheduled less than 20 days following publication of notice of the proposal in the Register of Regulations. If a public hearing will be held on the proposal, notice of the time, date, place and a summary of the nature of the proposal shall also be published in at least 2 Delaware newspapers of general circulation; The notice shall also be mailed to all persons who have made timely written requests of the agency for advance notice of its regulation-making proceedings.

DEPARTMENT OF EDUCATION

**Statutory Authority: 14 Delaware Code,
Section 122 (d) (14 Del.C. 122)**

DEPARTMENT OF EDUCATION**EDUCATIONAL IMPACT ANALYSIS PURSUANT
TO 14 DEL. C. SECTION 122(d)****A. TYPE OF REGULATORY ACTION REQUESTED**

Amendment to Existing Regulation

**B. SYNOPSIS OF SUBJECT MATTER OF
REGULATION**

This is a revision of the manual of standards for school buses so that manufacturers, distributors, contractors, and educational personnel can have an officially sanctioned document governing school bus body and chassis specifications. It was written to reflect the 1995 National Standards for School Buses and School Bus Operations and all Federal Motor Vehicle Safety Standards. Delaware laws, regulations, and policies superseded the recommended standards where applicable. Two major objectives, safety and economy served as guideposts for making decisions on these standards and in arriving at sound and common agreement.

C. IMPACT CRITERIA

1. Will the regulation help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

No. This is a manual of standards for school buses.

2. Will the regulation help ensure that all students receive an equitable education? (If so, how? If not, why?)

No. This is a manual of standards for school buses.

3. Will the regulation help to ensure that all students' health and safety are adequately protected? (If so, how? If not, why?)

This will help ensure pupils are transported on safe, economical vehicles. It encompasses all factors relating to school bus construction which may directly or indirectly affect the safety and welfare of pupils transported.

4. Will the regulation help to ensure that all students' legal rights are respected? (If so, how? If not, why?)

No. This is a manual of standards for school buses.

5. Will the regulation preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

This does not change the authority and flexibility of decision makers at the local board and school level. It updates previous standards which were last approved in 1988.

6. Will the regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

This does not change the reporting and administrative requirements or mandates upon decision makers at the local board and school levels. It updates the current manual of standards.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

This will not change the decision making authority and accountability for addressing school bus standards. The responsibility for setting these standards has been delegated to the Secretary of Education with approval by the State Board of Education. This document updates previous standards.

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

This will not change state educational policies. It is an update of the current manual of standards for school buses.

9. Is there a less burdensome method for addressing the purpose of the regulation? (If so, why is it appropriate to adopt the regulation?)

No. This is the only document that provides standards for school buses.

10. What is the cost to the state and local school boards of compliance with the regulation?

There is only a cost to the state during its annual purchase of school buses and indirectly to the state in its depreciation allowance to school bus contractors who will also need to comply with this new regulation.

This proposed amendment of an existing regulation will be presented to the State Board of Education at its meeting of August 21, 1997

DEPARTMENT OF EDUCATION

EDUCATIONAL IMPACT ANALYSIS PURSUANT TO 14 DEL. C., SECTION 122(d)

A. TYPE OF REGULATORY ACTION REQUESTED

Amendment to Existing Regulation

B. SYNOPSIS OF SUBJECT MATTER OF THE AMENDMENT

When the graduation requirements were adopted in August of 1996, the State Board indicated their commitment to visual and performing arts programs as essential components of quality education by including the arts as one of the requirements for graduation. One credit in the visual and performing arts was approved for the graduating class of 2001, pending adoption of the State of Delaware Visual and Performing Arts Content Standards and review by the SBE prior to June 1998. The Visual and Performing Arts Content Standards are being submitted for adoption this month; therefore, the graduation requirements need to be amended accordingly.

C. IMPACT CRITERIA

1. Will the amendment help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

This amendment to the graduation requirements simply removes the caveat requiring the approval of the visual and performing arts content standards prior to the actual implementation of the proposed arts graduation requirement. The arts standards delineate what students should know and be able to do in music, visual arts, theatre, and dance. The standards will serve as the foundation for curriculum development and, therefore, will have a positive impact on instruction and student achievement. Furthermore, research indicates that study in the arts has a positive impact on achievement in content areas throughout the curriculum.

2. Will the amendment help ensure that all students receive an equitable education? (If so, how? If not, why?)

The amendment ensures that all students will receive an education in the arts, one of the six content areas identified in the National Educational Goals as "challenging subject

matter” in the core curriculum. Visual and performing arts courses taught throughout the state must be aligned with arts content standards thereby ensuring equitable curriculum content for arts education.

3. Will the regulation help to ensure that all students’ health and safety are adequately protected? (If so, how? If not, why?)

This amendment does not address health and safety issues specifically; it addresses curriculum issues. However, the arts standards include content related to the safe and responsible use of materials and equipment.

4. Will the regulation help to ensure that all students’ legal rights are respected? (If so, how? If not, why?)

This amendment does not address students’ legal rights, it addresses curriculum issues.

5. Will the amendment preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

The amendment will not change the impact of the original regulation for graduation requirements concerning the necessary authority and flexibility of decision making at the local Board and school level.

6. Will the amendment place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

The amendment does not place any unnecessary reporting or administrative mandates upon decision makers at the local Board and school level beyond the scope of the original regulation for graduation requirements.

7. Will decision making authority and accountability for addressing the subject to be amended be placed in the same entity? (If not, why?)

The amendment does not change the decision making and accountability issues identified in the original regulation for graduation requirements.

8. Will the amendment be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

The amendment will not alter the impact of the

original regulation for graduation requirements. Furthermore, research indicates that study in the arts has a positive impact on achievement in content areas throughout the curriculum.

9. Is there a less burdensome method for addressing the purpose of the amendment? (If so, why is it appropriate to amend the regulation?)

No. the amendment is needed to bring the regulation into line with the adoption of the visual and performing arts content standards.

10. What is the cost to the state and local school boards of compliance with the amendment?

The amendment, in and of itself, does not have a cost. The cost of implementing the content standards was addressed in the Impact Statement which accompanied the Visual and Performing Arts Content Standards document were presented for adoption on this month’s agenda.

GRADUATION REQUIREMENTS VISUAL AND PERFORMING ARTS

It is recommended that the State Board of Education amend section IV.A.2. of the *Handbook for K-12 Education* by deleting the numeral 2 which appears after the words Visual and Performing Arts; and further amend said section by deleting the paragraph which begins with the numeral 2 and ends with 1996); and further amend said section by deleting the numeral 3 in the next to the last paragraph thereof and substituting in lieu thereof the numeral 2. This amendment serves to remove the section which required the State Board to reconsider the issue of Visual and Performing Arts credit for graduation.

2. CREDIT REQUIREMENTS

a. Graduation Requirements for the Graduating Class of 1997 Through 2001.

Applies To Students Graduating in:

	1997	1998	1999	2000	2001
Traditional Academic English Language Arts	4	4	4	4	4
Social Studies	3	3	3	3	3
Mathematics 2		2	2	3	3
Science	2	2	2	3	3
Computer Literacy ¹			1	1	1
Supporting Coursework					
Physical education	1	1	1	1	1
Health	1/2	1/2	1/2	1/2	1/2

PROPOSED REGULATIONS

Visual and Performing Arts ²				1	
Career Pathways					
Academic, Visual and Performing Arts, Foreign Language or Vocational-Technical Education program.	NA	NA	NA	3	3
Additional Academic Coursework					
Additional Academic, Visual and Performing Arts, Foreign Language and/or Vocational Technical Education program (includes Junior ROTC as an option).	NA	NA	NA	3 1/2	2 1/2
Electives	6 1/2	6 1/2	6 1/2	NA	NA
Units of Credit	19	19	20	22	22

¹Computer Literacy. The intent of the requirement is to ensure that all Delaware high school graduates are proficient with the productive uses of computers. The skills may be learned in a formal course or may be gained through activities and projects integrated into other courses. For the class of 1999 each student must have a unit of credit in Computer Literacy. If the student receives a waiver from the district because the student is computer literate, the student shall need a unit of credit in another course to meet the graduation requirements.

~~²One credit in the visual and performing arts will be required beginning with the graduating Class of 2001 reducing the "additional academic, visual and performing arts, foreign language or vocational education" coursework category to 2 1/2 credits. This requirement will take effect following the adoption of the content standards for the Visual and Performing Arts and pending a review of this credit requirement by the State Board of Education before June, 1998. (Approved State Board of Education August, 1996.)~~

²Career Pathways and Additional Academic, Visual and Performing Arts, Foreign Language and/or Vocational Technical Education Coursework. A "career pathway" is a planned program of sequenced or specialized courses designed to develop knowledge and skills in a particular career area. Students may use the Additional Academic, Visual and Performing Arts, Foreign Language and/or Vocational Technical Education Coursework (including Junior ROTC as an option) to pursue individual academic interests. The credits in these two categories will eventually replace the elective credits.

It is expected that all students will develop a graduation plan as part of their 8th grade experience.

b. Graduation Requirements Set by Local School

Boards

Local school boards may establish requirements over and above the minimum credits prescribed by the State Board of Education.

c. Carnegie Unit of Credit

A minimum of 135 hours of actual classroom instruction or a demonstration of competency is required for one Carnegie unit of credit.

This proposed amendment of an existing regulation will be presented to the State Board of Education at its meeting of August 21, 1997

DEPARTMENT OF EDUCATION

EDUCATIONAL IMPACT ANALYSIS PURSUANT TO 14 DEL. C., SECTION 122(d)

A. TYPE OF REGULATORY ACTION REQUESTED

New Regulation

B. SYNOPSIS OF SUBJECT MATTER OF THE REGULATION

Since November 1994, the 49 member Visual and Performing Arts Curriculum Framework Commission has worked to formulate content standards in music, the visual arts, theatre, and dance. To provide automatic connections for teachers, vignettes or teaching examples were included in the document to illustrate how the standards might be delivered in classrooms throughout Delaware. More than half of the Commission members were classroom teachers (including special education) with the rest consisting of school administrators; school board members; higher education faculty; parents; students; and representatives of business, the arts, and the community at large. Multiple drafts were disseminated for review by national content experts, state educators, and the public. The State of Delaware Visual and Performing Arts Content Standards are in alignment with the National Standards for Arts Education and are mandatory for all visual and performing arts programs of study, K-12.

C. IMPACT CRITERIA

1. Will the regulation help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

The arts standards delineate what students should know and be able to do in music, visual arts, theatre, and dance. The standards will serve as the foundation for curriculum development and, therefore, will have a positive

impact on instruction and student achievement. Furthermore, research indicates that study in the arts has a positive impact on achievement in content areas throughout the curriculum.

2. Will the regulation help ensure that all students receive an equitable education? (If so, how? If not, why?)

The regulation ensures that all students will receive an education in the arts, one of the six content areas identified in the National Educational Goals as “challenging subject matter” in the core curriculum. Visual and performing arts courses taught throughout the state must be aligned with arts content standards thereby ensuring equitable curriculum content for arts education.

3. Will the regulation help to ensure that all students’ health and safety are adequately protected? (If so, how? If not, why?)

This regulation does not address health and safety issues specifically; it addresses curriculum content. However, the arts standards include content related to the safe and responsible use of materials and equipment.

4. Will the regulation help to ensure that all students’ legal rights are respected? (If so, how? If not, why?)

This regulation does not address students’ legal rights, it addresses educational policy.

5. Will the regulation preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

The regulation will not change requirements concerning the necessary authority and flexibility of decision making at the local Board and school level.

6. Will the regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

The regulation does not place any unnecessary reporting or administrative mandates upon decision makers at the local Board or school levels.

7. Will decision making authority and accountability for addressing the subject to be amended be placed in the same entity? (If not, why?)

The adoption of the arts standards will not change decision making and accountability at the local board and school levels.

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

The adoption and implementation of the arts standards will present no impediments to other educational policies or to student achievement in mathematics, science, language arts and social studies. The visual and performing arts are one of the six content areas identified in the National Educational Goals as “challenging subject matter” in the core curriculum. The arts standards delineate what students should know and be able to do in music, visual arts, theatre, and dance and will serve as the foundation for curriculum development. Therefore, their adoption and implementation will have a positive impact on instruction and student achievement. Furthermore, research indicates that study in the arts has a positive impact on achievement in content areas throughout the curriculum.

9. Is there a less burdensome method for addressing the purpose of the regulation? (If so, why is it appropriate to adopt the regulation?)

No. The regulation formalizes the adoption of the State of Delaware Visual and Performing Arts Content Standards.

10. What is the cost to the state and local school boards of compliance with the regulation?

Districts will bear the costs of implementing the standards at the local level. Actual costs will vary across districts depending on the extent of programs that are currently in place. *The Status of the Visual and Performing Arts Report* and *Implementation Plan* delineate various options for districts.

This proposed new regulation will be presented to the State Board of Education at its meeting of August 21, 1997

**DELAWARE HARNESS RACING
COMMISSION**

Statutory Authority: 3 Delaware Code,
Section 10027 (3 **Del.C.** 10027)

PROPOSED RULE AMENDMENTS

The Commission proposes these amendments pursuant to 3 Del. C. section 10027 and 29 Del. C. section 10115. The proposed Rule amendments are as follows:

1. Amendment to Chapter I, paragraph 34 by clarifying the definition of a “maiden” horse.

2. Amendment to Chapter III, Rule II-H-2 by expanding the class of horses eligible to be placed on the Steward’s list. This amendment would allow the State Steward to place horses with positive tests for high blood gas on the list of horses unfit to race.

3. Amendment to Chapter IV, Rule II-A-2 by adding language requiring the licensee conducting a meet to obtain medical insurance equal to the amount of the average daily purse account.

4. Amendment to Chapter V, Rule II-C by adding language which provides that clarifies that a lease of a horse for an indefinite term is terminable at the will of either party.

5. Amendment to Chapter VI, Rule II-B-5 by adding a new provision to allow for calculation of the present value of a bonus to determine a horse’s earnings.

6. Amendment to Chapter VI, Rule III-B-7 by reducing the time from 45 to 30 days on the time during which a mare which has been bred can be declared in a claiming race.

7. Amendment to Chapter VI, Rule III-b-7 by clarifying the procedure for voiding the claim of a mare that is found to be pregnant.

8. Amendment to Chapter VI, Rule IV-D-23 by adding a sentence to establish a procedure for selection of horses in a final heat when the entered horses are unable to finish due to an accident.

9. Amendment to Chapter VII, Rule VI-M-15 to revise the definition of improper whipping and the penalties for violations.

10. Amendment to Chapter VII, Rule VI-M-18 to require

the racing officials to inspect horses after each race for any evidence of excessive whipping.

11. Amendment to Chapter II, Rule VII-1 to allow the new created Commission investigator to issue subpoenas for attendance of witnesses or production of documents.

12. Amendment to Chapter III, Rule I-A by adding the position of Commission investigator as a racing official under the Commission’s jurisdiction.

13. Amendment to Chapter III, by adding a new subsection XIV which details the general authority of the new Commission investigator position.

14. Amendment to Chapter V, Rule III-A by adding a new subsection “3” to establish requirements for persons to be listed as trainers of record. The new subsection also provides that all trainers are equally liable for rule violations.

15. Amendment to Chapter X, Rule III-C-1 by adding language to allow the Commission investigator to summarily suspend a licensee in cases of immediate danger to the public health, safety, of welfare.

16. Amendment to Chapter VIII, Rule IV by adding a new subsection C which would allow for the taking of a secondary or split samples from horses for testing. The proposed rule would allow an owner or trainer to have a secondary sample tested for illegal substances after the primary sample has revealed a positive test.

17. Amendment to Chapter X, Rule II-I-2 by deleting the existing section and adding a new subsection. The new subsection would change the amount of the appeal bond from \$100 to \$250. This proposed increase is consistent with the appeal bond currently used by the Thoroughbred Racing Commission.

18. Amendment to Chapter VIII, Rule III-c-3(c) by adding language to the existing definition of “prohibited substance”. The proposed amendment specifies the illegal carbon dioxide level for horses racing with and without furosemide.

The proposed Rules will be considered by the Commission at its next regularly scheduled meeting on August 22, 1997 at 9:00 a.m. at the Department of Agriculture Office, 2320 S. DuPont Highway, Dover, DE. Copies of the proposed rule may be obtained from the Commission. Comments may be submitted in writing to the Commission Office on or before 4:00 p.m. on August 30, 1997 and/or in person at the hearing. The Commission Office is located at 2320 South DuPont Highway, Dover, DE 19901 and the

phone number is (302)739-4811.

PROPOSED CHANGES TO
DELAWARE HARNESS RACING COMMISSION
RULES

The following changes follow the 1997 Bylaws Rules and Regulations changes adopted by the United States Trotting Association effective May 1, 1997, and are proposed by the Delaware Harness Racing Commission in accordance with 3 Del. C. §10027:

1. AMEND Chapter I, paragraph 34, by adding the following at the end of the paragraph:

34. "Maiden" is a stallion, mare or gelding that has never won a heat or race at the gait at which it is entered to start and for which a purse is offered; provided, however, that other provisions of these Rules notwithstanding, races and/or purse money awarded to a horse after the 'Official Sign' has been posted shall be considered winning performance and effect status as a maiden, and in such cases a horse placed first by virtue of disqualification shall acquire a win race record only if such horse's actual time can be determined by photo finish or electronic timing in accordance with the provisions of Chapter VII, Rule II.A. of these Rules.

2. AMEND Chapter III, Rule II.H.2., by inserting, following the phrase "to qualify for races at the meeting" and before the phrase "or otherwise unfit to race", the phrase "scratched as a result of a high blood gas test".

H. Steward's List

1. The judges shall maintain a Steward's List of the horses which are ineligible to be entered in a race.

2. A horse that is unfit to race because it is dangerous, unmanageable or unable to show a performance to qualify for races at the meeting scratched as a result of a high blood gas test, or otherwise unfit to race at the meeting may be placed on the Steward's List by the Presiding Judge and declarations and/or entries on the horse shall be refused. The owner or trainer shall be notified of such action and the reason shall be clearly stated. When any horse is placed on the Steward's List, the clerk of the course shall make a note on the eligibility certificate of such horse, showing the date the horse was put on the Steward's List the reason and the date of removal if the horse has been removed.

3. All horses scratched by a veterinarian for either lameness or sickness will be put on the Steward's List and may not be removed for seven (7) days from the date of the race from which they were scratched. No entries will be accepted on these horses until the seven-day period has

expired.

4. No Presiding Judge or other official at a fair meeting shall have the power to remove from the Steward's List and accept as an entry any horse which has been placed on a Steward's List and not subsequently removed therefrom for the reason that he/she is dangerous or an unmanageable horse. Such meetings may refuse declarations and/or entries on any horse that has been placed on the Steward's List and has not been removed therefrom.

5. No horse shall be admitted to any racetrack facilities in this jurisdiction without having had a negative official test for equine infectious anemia within twelve (12) months.

6. The judges may put any horse on the Steward's List for performance when such horse shows a reversal of form or does not race near its own capabilities. Such horse shall qualify in a time comparable to its known capabilities from one to three times, at the discretion of the judges, before being allowed to start.

7. Any horse put on the Steward's List as unmanageable or dangerous must qualify in a satisfactory manner for the judges at least two times.

8. The judges may put any horse on the Steward's List for being noncompetitive or unfit to race at the meeting.

9. The judges may place a horse on the Steward's List when there exists a question as to the exact identification, ownership or management of said horse.

10. A horse which has been placed on the Steward's List because of questions as to the exact identification or ownership of said horse, may be removed from the Steward's List when, in the opinion of the judges, proof of exact identification and/or ownership has been established.

11. A horse may not be released from the Steward's List without the permission of the judges.

3. AMEND Chapter IV, Rule II.A.2., by adding the following at the end of the rule:

II. FINANCIAL REQUIREMENTS

A. Insurer of the Race Meeting

1. Approval of a race meeting by the Commission does not establish the Commission as the insurer or guarantor of the safety or physical condition of the association's facilities or purse of any race.

2. In accordance with §10043 of the Act, an association shall timely provide the Commission with a certificate of liability insurance, in an amount approved by the Commission, with premium prepaid. The insurance shall provide a minimum of medical expense coverage equal to the average daily purse account raced for at the previous meeting conducted by the association.

3. An association shall maintain in an approved depository, those amounts deducted from the pari-mutuel handle for distribution for the purposes specified in the Act and Commission rules.

4. An association is responsible to ensure that the amounts retained from the pari-mutuel handle are distributed according to the Act and Commission rules and not otherwise.

5. An association shall ensure that all purse monies, disbursements and appropriate nomination race monies are available to make timely distribution in accordance with the Act, Commission rules, association rules and race conditions, and with any contractual arrangements with the horsemen's association recognized for purposes related to the allocation of purses, if applicable.

4. AMEND Chapter V, Rule II.C., by adding the following sentence at the end of the rule:

C. Lease Agreements

A horse may be raced under lease provided a completed breed registry or other lease form acceptable to the Commission is attached to the certificate of registration and on file with the Commission. The lessor and lessee shall be licensed as horse owners. For purposes of issuance of eligibility certificates and/or transfers of ownership, a lease for an indefinite term shall be considered terminable at the will of either party unless extended or reduced to a term certain by written documentation executed by both lessor and lessee.

5. AMEND Chapter VI, Rule II.B.5, by adding at the end of the rule:

B. Conditions

1. Conditions may be based only on:

- a) horses' money winnings in a specified number of previous races or during a specified previous time;
- b) horses' finishing positions in a specified number of previous races or during a specified period of time;
- c) age;
- d) sex;
- e) number of starts during a specified period of time;
- f) special qualifications for foreign horses that do not have a representative number of starts in the United States or Canada;
- g) the exclusion of schooling races; or
- h) any one or more combinations of the qualifications herein listed.

2. Conditions shall not be written in such a way that any horse is deprived of an opportunity to race in a normal preference cycle. Where the word preference is used in a condition, it shall not supersede date preference as provided in the rules. Not more than three also eligible conditions shall be used in writing the conditions for overnight events.

3. The Commission may, upon application from the racing secretary, approve conditions other than those listed above for special events.

4. In the event there are conflicting published conditions and neither one nor the other is withdrawn by the association, the one more favorable to the declarer shall govern.

5. For the purpose of eligibility, a racing season or racing year shall be the calendar year. All races based on winnings will be programmed Non-Winners of \$301 or Winners over \$1,001. Additional conditions may be added. When recording winnings, gross winnings shall be used and cents shall be disregarded. In the case of a bonus, the present value of the bonus shall be credited to the horse as earnings for the race or series of races for which it received the bonus. It shall be the responsibility of the organization offering the bonus to report the present value of the bonus to the United States Trotting Association in a timely manner.

6. Records, time bars shall not be used as a condition of eligibility.

7. Horses must be eligible when declarations close subject to the provision that:

- a) Wins and winnings on or after the closing date of declarations shall not be considered;
- b) Age allowances shall be given according to the age of the horse on the date the race is contested.
- c) In mixed races, trotting and pacing, a horse must be eligible under the conditions for the gait at which it is stated in the declaration the horse will perform.

8. When conditions refer to previous performances, those performances shall only include those in a purse race. Each dash or heat shall be considered as a separate performance for the purpose of condition races.

9. In overnight events, not more than one trailer shall be permitted, regardless of the size of the track except with the approval of the Commission. At least eight feet per horse must be provided the starters in the front tier.

10. The racing secretary may reject the declaration to an overnight event of any horse whose past performance indicates that it would be below the competitive level of other horses declared to that particular event.

6. AMEND Chapter VI, Rule III.B.7., by striking the figure "45" where it appears in the second line and substituting in lieu thereof the figure "30".

6. FURTHER AMEND Chapter VI, Rule III.B.7., by adding the following at the end of the last sentence of the rule:

B. Prohibitions on Claims

1. A person shall not claim directly or indirectly his/her own horse or a horse trained or driven by him/her or cause such horse to be claimed directly or indirectly for his/her own account.

2. A person shall not directly or indirectly offer, or directly or indirectly enter into an agreement, to claim or not to claim or directly or indirectly attempt to prevent another

person from claiming any horse in a claiming race.

3. A person shall not have more than one claim on any one horse in any claiming race.

4. A person shall not directly or indirectly conspire to protect a horse from being claimed by arranging another person to lodge claims, a procedure known as protection claims.

5. No qualified owner or his agent shall claim a horse for another person.

6. No person shall enter in a claiming race a horse against which there is a mortgage, bill or sale, or lien of any kind, unless the written consent of the holder thereof shall be filed with the Clerk of the Course of the association conducting such claiming race.

7. Any mare which has been bred shall not be declared into a claiming race for at least ~~45~~ 30 days following the last breeding of the mare, and thereafter such a mare may only be declared into a claiming race after a veterinarian has pronounced the mare not to be in foal. Any mare pronounced in foal shall not be declared into a claiming race. Where a mare is claimed out of a claiming race and subsequently proves to be in foal from a breeding which occurred prior to the race from which she was claimed, the claim may be voided by the judges at the option of the successful claimant provided the mare is subjected to a pregnancy examination within 18 days of the date of the claim, and is found pregnant as a result of that pregnancy examination. A successful claimant seeking to void the claim must file a petition to void said claim with the judges within 10 days after this pregnancy examination and shall thereafter be heard by the judges after due notice of the hearing to the parties concerned.

8. AMEND Chapter VI, Rule IV.D.23., by adding the following:

D. Nominations, Fees and Purses

23. The number of horses allowed to qualify for the final heat of an event conducted in elimination heats shall not exceed the maximum number permitted to start in accordance with the rules. In any elimination dash where there are horses unable to finish due to an accident and there are fewer horses finishing than would normally qualify for the final, the additional horses qualifying for the final shall be drawn by lot from among those unoffending horses not finishing.

9. AMEND Chapter VII, Rule V.I.M.14., by adding the following additional paragraphs at the end of the rule:

10. AMEND Chapter VII, Rule VI.M.18, by adding the following at the end of the rule:

M. Conduct of the Race

14. Drivers will be allowed to use whips not to exceed

three feet, nine inches in length plus a snapper not to exceed six inches in length.

The use of the whip shall be confined to an area above and between the sulky shafts and the outside wheel discs. Drivers shall keep a line in each hand from the start of the race until the head of the stretch finishing the race.

The mandatory minimum penalty for a whipping violation, including a violation of subsections 18 and 19 of this section, shall be a fine in the amount of \$100.00 and a 3-day suspension from driving for a first offense, and for each subsequent violation the mandatory minimum penalty shall increase by the amount of \$100.00 and 3 additional days of suspension (e.g., \$200.00 and a 6-day suspension for a second offense, \$300.00 and a 9-day suspension for a third offense, etc.).

15. The use of any goading device, or chain, or spur, or mechanical or electrical device other than a whip as allowed in the rules, upon any horse, shall constitute a violation.

16. The possession of any mechanical or electrical goading device on the grounds of an association shall constitute a violation.

17. The judges shall have the authority to disallow the use of any equipment or harness that they feel is unsafe or not in the best interests of racing.

18. Brutal or excessive or indiscriminate use of a whip, or striking a horse with the butt end of a whip, or striking a wheel disc of a sulky with a whip, shall be a violation. At extended pari-mutuel meetings, under the supervision of the judges, there shall be a mandatory visual inspection of each horse following each race for evidence of excessive or brutal use of the whip. At all other meetings, the judges shall have the authority to order and/or to conduct such visual inspections at their discretion.

PLEASE NOTE that the Commission is not proposing to adopt certain rule changes adopted by the United States Trotting Association because they pertain either to membership in the USTA or to the registration of horses, which the Delaware Harness Racing Commission does not regulate. These USTA rule changes which are not proposed for adoption in Delaware include a new Rule 1 §4 pertaining to reciprocity of membership between the USTA and the Canadian Standardbred Horse Society, a change to Rule 26 §27 pertaining to Embryo Transfer, a new Rule 26 §30 pertaining to reciprocity of registration of horses, and changes to Rule 26 §§7, 24, 28 and 29 pertaining to DNA testing for blood typing of foals for 1998 and thereafter.

In addition to the foregoing, the Commission proposes the following changes to the Delaware Harness Racing Commission Rules and Regulations:

11. AMEND Chapter II, Rule VII.1 by inserting the phrase “the Commission Investigator”, following the phrase “the State Steward or judges,” and before the phrase “the presiding officer of a Commission proceeding”.

VII. SUBPOENAS

1. A member of the Commission, the Director of Poultry and Animal Health, the State Steward or judges, the Commission Investigator, the presiding officer of a Commission proceeding or other person authorized to perform duties under the Act may require by subpoena the attendance of witnesses and the reproduction of books, papers and documents. Subpoenas as authorized by such persons shall be issued in blank under the hand of any Commissioner and over the seal of the Commission to any party.

2. A member of the Commission, the Director of Poultry and Animal Health, a presiding officer of a Commission proceeding or other person authorized by the Commission may administer an oath or affirmation to a witness appearing before the Commission or a person authorized by the Commission.

3. If any person refuses to obey any subpoena requiring the person to appear, to testify, or to produce any books, papers and documents, the Commission may apply to the Superior Court of the county in which the Commission is sitting, and, thereupon, the Court shall issue its subpoena requiring the person to appear and to testify, or to produce the books, papers and documents.

12. AMEND Chapter III, Rule I.A., by deleting the word “and” where it appears at the end of subparagraph 14, renumbering subparagraph 15 and “16”, and adding a new subparagraph 15 as follows:

I. GENERAL PROVISIONS

A. Racing Officials

Officials at a race meeting may include the following, as determined by the Commission:

1. State Steward;
2. board of judges;
3. racing secretary;
4. paddock judge;
5. horse identifier and equipment checker;
6. clerk of the course;
7. official starter;
8. official charter;
9. official timer;
10. photo finish technician;
11. patrol judge;
12. program director;
13. State veterinarian;
14. LASIX veterinarian; ~~and~~

15. Investigator; and

~~±5.~~ 16. any other person designated by the Commission.

13. AMEND Chapter III by renumbering Section XIV as “XV” and adding a new Section XIV as follows:

“XIV. INVESTIGATOR

General Authority

The Commission may appoint an investigator to assist the State Steward and judges, and the Commission, in the enforcement of these Rules.

Subject to the approval of the Commission, and under the direction of the State Steward, the Investigator may be delegated one or more of the following responsibilities:

1. Supervising the licensing function of the Commission, including performing background checks and fingerprinting applicants for licensure, and facilitating the Commission’s participation in a uniform, multi-jurisdictional, reciprocal licensing scheme;
2. Consulting with track security and with law enforcement agencies both within and outside of Delaware;
3. Supervising the human and equine drug-testing programs provided for in these Rules;
4. Conducting vehicle and stall searches;
5. Intelligence gathering and dissemination;
6. Responding to patron complaints regarding the integrity of racing; and
7. Where appropriate, presenting complaints to the Commission for disposition, including complaints seeking disciplinary action against licensees of the Commission.”

~~XIV.~~ XV. ANY OTHER PERSON DESIGNATED BY THE COMMISSION

The Commission may create additional racing official positions, as needed. Persons selected for these positions shall be considered racing officials and shall be subject to the general eligibility requirements outlined in Section I of this chapter.

14. AMEND Chapter V, Rule IIIA., by adding a new subsection as follows:

III. TRAINERS

A. Eligibility

1. A person shall not train horses, or be programmed as trainer of record at extended meetings, without first having obtained a trainer license valid for the current year by meeting the standards for trainers, as laid down by the United State Trotting Association, and being licensed by the Commission. The “trainer of record” shall be any individual who receives compensation for training the

horse. The holder of a driver's license issued by the United States Trotting Association is entitled to all privileges of a trainer and is subject to all rules respecting trainers.

2. Valid categories of licenses are:

- a) "A," a full license valid for all meetings and permitting operation of a public stable.; and
- b) "L," a license restricted to the training of horses while owned by the holder and/or his or her immediate family at all race meetings.

"3. If more than one person receives any form of compensation, directly or indirectly, for training the horse, then the principal trainer or trainers must be listed as "trainer of record". It shall be a violation for the principal trainer or trainers of a horse not to be listed as "trainer of record", and, if such unlisted principal trainer or trainers are licensees of the Commission, then he, she or they shall be subject to a fine and/or suspension for such violation. In addition, it shall be a violation for a person who is not the principal trainer of the horse to be listed as "trainer of record", and such person shall be subject to a fine and/or suspension for such violation. Principal trainers and programmed trainers shall be equally liable for all rule violations. For purposes of this rule, the Steward and judges shall use the following criteria in determining the identity of the principal trainer or trainers of a horse:

a) The identity of the person who is responsible for the business decisions regarding the horse, including, but not limited to, business arrangements with and any payments to or from owners or other trainers, licensed or otherwise, veterinarians, feed companies, hiring and firing of employees, obtaining workers' compensation or proof of adequate insurance coverage, payroll, horsemen's bookkeeper, etc.;

b) The identity of the person responsible for communicating, or who in fact does communicate, with the racing secretary's office, stall manager, association and track management, owners, etc. regarding racing schedules and other matters pertaining to the entry, shipping and racing of the horse;

c) The identity of the person responsible for the principal conditioning of the horse;

d) The identity of the person responsible for race day preparation including, but not limited to, accompanying the horse to the paddock or ship-in barn, selection of equipment, authority to warm up the horse before the public, discussion with the driver of race strategy, etc.; and

e) The identity of the person who communicates on behalf of the owner with the Steward, judges and other Commission personnel regarding the horse, including regarding any questions concerning the location or condition of the horse, racing or medication violations, etc.

15. AMEND Chapter X, Rule III.C.1., by inserting the phrase "the Commission Investigator," following the phrase

"the State Steward or judges," and before the phrase "the presiding officer of a Commission proceeding".

C. Summary Suspension

1. If the State Steward or judges determine that a licensee's actions, other than those of a licensed association, constitute an immediate danger to the public health, safety or welfare, the State Steward or judges the Commission Investigator, may summarily suspend the license pending a hearing.

2. A licensee whose license has been summarily suspended is entitled to a hearing on the summary suspension not later than the third racing day after the license was summarily suspended. The licensee may waive his/her right to a hearing on the summary suspension within the three-day limit.

3. The State Steward or judges shall conduct a hearing on a summary suspension in the same manner as other disciplinary hearings. At a hearing on a summary suspension, the sole issue is whether the licensee's license should remain suspended pending a final disciplinary hearing and ruling.

16. AMEND Chapter VIII, Rule IV by adding a new subsection to read as follows.

C. Procedure for Taking Specimens

(1) Horses from which specimens are to be drawn shall be taken to the detention area at the prescribed time and remain there until released by the Commission veterinarian. Only the owner, trainer, groom, or hotwalker of horses to be tested shall be admitted to the detention area without permission of the Commission veterinarian.

(2) Stable equipment other than equipment necessary for washing and cooling out a horse shall be prohibited in the detention area.

(a) Buckets and water shall be furnished by the Commission veterinarian.

(b) If a body brace is to be used, it shall be supplied by the responsible trainer and administered only with the permission and in the presence of the Commission veterinarian.

(c) A licensed veterinarian shall attend a horse in the detention area only in the presence of the Commission veterinarian.

(3) One of the following persons shall be present and witness the taking of the specimen from a horse and so signify in writing:

(a) The owner;

(b) The responsible trainer who, in the case of a claimed horse, shall be the person in whose name the horse raced; or

(c) A stable representative designated by such owner or trainer.

PROPOSED REGULATIONS

(4) (a) All urine containers shall be supplied by the Commission laboratory and shall be sealed with the laboratory security seal which shall not be broken, except in the presence of the witness as provided by subsection (3) of this section.

(b) Blood vacutainers will also be supplied by the Commission laboratory in sealed packages as received from the manufacturer.

(5) Samples taken from a horse, by the Commission veterinarian or his assistant at the detention barn, shall be collected and in double containers and designated as the "primary" and "secondary" samples.

(a) These samples shall be sealed with tamper-proof tape and bear a portion of the multiple part "identification tag" that has identical printed numbers only. The other portion of the tag bearing the same printed identification number shall be detached in the presence of the witness.

(b) The Commission veterinarian shall:

1. Identify the horse from which the specimen was taken.
2. Document the race and day, verified by the witness; and
3. Place the detached portions of the identification tags in a sealed envelope for delivery only to the stewards.

(c) After both portions of samples have been identified in accordance with this section, the "primary" sample shall be delivered to the official chemist designated by the Commission.

(d) The "secondary" sample shall remain in the custody of the Commission veterinarian at the detention area and urine samples shall be frozen and blood samples refrigerated in a locked refrigerator/freezer.

(e) The Commission veterinarian shall take every precaution to ensure that neither the Commission chemist nor any member of the laboratory staff shall know the identity of the horse from which a specimen was taken prior to the completion of all testing.

(f) When the Commission chemist has reported that the "primary" sample delivered contains no prohibited drug, the "secondary" sample shall be properly disposed.

(g) If after a horse remains a reasonable time in the detention area and a specimen can not be taken from the horse, the Commission veterinarian may permit the horse to be returned to its barn and usual surroundings for the taking of a specimen under the supervision of the Commission veterinarian.

(h) If one hundred (100) milliliters (ml.) or less of urine is obtained, it will not be split, but will be considered the "primary" sample and will be tested as other "primary" samples.

(i) Two (2) blood samples shall be collected in twenty (20) milliliters vacutainers, one for the "primary" and

one for the "secondary" sample.

(j) In the event of an initial finding of a prohibited drug or in violation of these Rules & Regulations, the Commission chemist shall notify the Commission, both orally and in writing, and an oral or written notice shall be issued by the Commission to the owner and trainer or other responsible person no more than twenty-four (24) hours after the receipt of the initial finding, unless extenuating circumstances require a longer period, in which case the Commission shall provide notice as soon as possible in order to allow for testing of the "secondary" sample.

1. If testing of the "secondary" sample is desired, the owner, trainer, or other responsible person shall so notify the Commission in writing within 48 hours after notification of the initial positive test or within a reasonable period of time established by the Commission after consultation with the Commission chemist. The reasonable period is to be calculated to insure the integrity of the sample and the preservation of the alleged illegal substance.

2. Testing of the "secondary" samples shall be performed at a referee laboratory selected by representatives of the owner, trainer, or other responsible person from a list of not less than two (2) laboratories approved by the Commission.

(k) The Commission shall bear the responsibility of preparing and shipping the sample, and the cost of preparation, shipping, and testing at the referee laboratory shall be assumed by the person requesting the testing, whether it be the owner, trainer, or other person charged.

1. A Commission representative and the owner, trainer, or other responsible person or a representative of the persons notified under these Rules and Regulations may be present at the time of the opening, repackaging, and testing of the "secondary" sample to ensure its identity and that the testing is satisfactorily performed.

2. The referee laboratory shall be informed of the initial findings of the Commission chemist prior to making the test.

3. If the finding of the referee laboratory is proven to be of sufficient reliability and does not confirm the finding of the initial test performed by the Commission chemist and in the absence of other independent proof of the administration of a prohibited drug of the horse in question, it shall be concluded that there is insubstantial evidence upon which to charge anyone with a violation.

(l) The Commission veterinarian shall be responsible for safeguarding all specimens while in his possession and shall cause the specimens to be delivered only to the Commission chemist as soon as possible after sealing, in a manner so as not to reveal the identity of a horse from which the sample was taken.

(m) If an Act of God, power failure, accident, strike or other action beyond the control of the Commission occurs, the results of the primary official test shall be accepted as prima

facie evidence.

17. AMEND Chapter X, Rule II-I-2 by deleting the existing section and substituting a new section to provide as follows:

I. Appeals

1. A person aggrieved by a ruling of the State Steward or judges may appeal to the Commission except as provided in subdivision 6 of this subsection. A person who fails to file an appeal by the deadline and in the form required by this section waives the right to appeal.

~~2. An appeal under this section must be filed with the State Steward not later than 48 hours after the ruling. The appeal must be accompanied by a deposit in the amount of \$100, together with a check or money order payable to a court reporter designated by the Commission in the amount charged for the reporter's attendance at and recording of the hearing before the Commission on the appeal. Unless the Commission determines the appeal to be meritorious, either by reversing the decision of the State Steward or judges or by reducing the penalty imposed, the appeal deposit shall not be repaid to the appellant. In no event shall the advance payment of the court reporter's fee be refunded.~~

An appeal under this section must be filed with the State Steward not later than 48 hours after the ruling. The appeal must be accompanied by a deposit in the amount of \$250, together with a check or money order payable to a court reporter designated by the Commission in the amount charged for the reporter's attendance at and recording and transcribing of the hearing before the Commission on the appeal. Unless the Commission determines the appeal to be meritorious, either by reversing the decision of the State Steward or judges or by reducing the penalty imposed, the appeal deposit shall not be repaid to the appellant. In no event shall the advance payment of the court reporter's fee be refunded.

3. An appeal must be in writing on a form prescribed by the Commission. The appeal must include:

- a) the name, address, telephone number and signature of the person making the appeal; and
- b) a statement of the basis for the appeal.

4. On notification by the Commission that an appeal has been filed, the State Steward or judges shall forward to the Commission the record of the proceeding on which the appeal is based.

5. If a person against whom a fine has been assessed timely files an appeal of the ruling that assesses the fine, the person need not immediately pay the fine in accordance with these rules.

6. A notice of appeal filed with the Commission pursuant to these rules may be accompanied by a request for a stay pending a final decision by the Commission. In his discretion the State Steward may approve such stay requests

unless he determines that granting the stay would be adverse to the best interests of racing or inimical to the integrity of the sport. If the State Steward denies a stay request, the appellant may submit a written request to the Commission, in which case the Chairman of the Commission in his discretion may grant or deny the request.

18. AMEND TO Chapter VIII, Rule III-C-3(c) by adding the following language to the existing rule:

C. Medication Restrictions

1. Drugs or medications in horses are permissible, provided:

a) the drug or medication is listed by the Association of Racing Commissioners International's Drug Testing and Quality Assurance Program; and

b) the maximum permissible urine or blood concentration of the drug or medication does not exceed the published limit.

2. Except as otherwise provided by this chapter, a person may not administer or cause to be administered by any means to a horse a prohibited drug, medication, chemical or other substance, including any restricted medication pursuant to this chapter during the 48-hour period before post time for the race in which the horse is entered. Such administration shall result in the horse being scratched from the race and may result in disciplinary actions being taken.

3. A finding by the official chemist of a prohibited drug, chemical or other substance in a test specimen of a horse is prima facie evidence that the prohibited drug, chemical or other substance was administered to the horse and, in the case of a post-race test, was present in the horse's body while it was participating in a race. Prohibited substances include:

a) drugs or medications for which no acceptable levels have been established;

b) therapeutic medications in excess of established acceptable levels;

c) substances present in the horse in excess of levels at which such substances could occur naturally and such prohibited substances shall include a total carbon dioxide level of 37 mmol/L or serum in a submitted blood sample from a horse or 39 mmol/L if serum from a horse which has been administered furosemide in compliance with these rules; and

d) substances foreign to a horse at levels that cause interference with testing procedures.

4. The tubing, dosing or jugging of any horse for any reason within 24 hours prior to its scheduled race is prohibited unless administered for medical emergency purposes by a licensed veterinarian, in which case the horse shall be scratched. The practice of administration of any substance via a naso-gastric tube or dose syringe into a horse's stomach within 24 hours prior to its scheduled race is considered a

violation of these rules and subject to disciplinary action, which may include fine, suspension and revocation or license.

DELAWARE THOROUGHBRED RACING COMMISSION

Statutory Authority: 3 Delaware Code
Section 10103, 10128(m)(1)
(3 Del.C. 10103, 10128(m)(1))

PROPOSED RULE AMENDMENT

The Commission proposed this amendment to Rule 15.10 pursuant to 3 Del.C. sections 10103 and 10128(m)(1), and 29 Del.C. section 10115. The proposed Rule 15.10 would allow for the taking of secondary or split samples from horses for testing. The proposed rule 15.10 would allow an owner or trainer to have a secondary sample tested for illegal substances after the primary sample has revealed a positive test. The primary samples are sent to the Commission's laboratory for testing for illegal substances. The proposed rule was promulgated in response to requests by horsemen to allow for an opportunity to challenge the validity of the primary test result. The proposed Rule will be considered by the Commission at its next regularly scheduled meeting on August 27, 1997 at 11:00 a.m. at Delaware Park, Stanton, DE. Copies of the proposed rule may be obtained from the Commission. Comments may be submitted in writing to the Commission Office on or before 4:00 p.m. on August 30, 1997 and/or in person at the hearing. The Commission Office is located at 2320 South DuPont Highway, Dover, DE 19901 and the phone number is (302)739-4811.

EXISTING RULE

15.10 Procedure for Taking Specimens:

~~Licensee's Veterinarian, with the approval of the Stewards, shall prescribe the procedures for taking specimens:~~

AMENDMENT OF RULE 15.10 OF RULES AND REGULATIONS FOR DELAWARE STATE THOROUGHBRED RACING COMMISSION

15.10 Procedure for Taking Specimens

(1) Horses from which specimens are to be drawn shall be taken to the detention area at the prescribed time and remain there until released by the Commission veterinarian. Only the owner, trainer, groom, or hotwalker of horses to be tested shall be admitted to the detention area without permission of the Commission veterinarian.

(2) Stable equipment other than equipment necessary for washing and cooling out a horse shall be prohibited in the detention area.

(a) Buckets and water shall be furnished by the Commission veterinarian.

(b) If a body brace is to be used, it shall be supplied by the responsible trainer and administered only with the permission and in the presence of the Commission veterinarian.

(c) A licensed veterinarian shall attend a horse in the detention area only in the presence of the Commission veterinarian.

(3) One of the following persons shall be present and witness the taking of the specimen from a horse and so signify in writing:

(a) The owner;

(b) The responsible trainer who, in the case of a claimed horse, shall be the person in whose name the horse raced; or

(c) A stable representative designated by such owner or trainer.

(4) (a) All urine containers shall be supplied by the Commission laboratory and shall be sealed with the laboratory security seal which shall not be broken, except in the presence of the witness as provided by subsection (3) of this section.

(b) Blood vacutainers will also be supplied by the Commission laboratory in sealed packages as received from the manufacturer.

(5) Samples taken from a horse, by the Commission veterinarian or his assistant at the detention barn, shall be collected and in double containers and designated as the "primary" and "secondary" samples.

(a) These samples shall be sealed with tamper-proof tape and bear a portion of the multiple part "identification tag" that has identical printed numbers only. The other portion of the tag bearing the same printed identification number shall be detached in the presence of the witness.

(b) The Commission veterinarian shall:

1. Identify the horse from which the specimen was taken.

2. Document the race and day, verified by the witness; and

3. Place the detached portions of the identification tags in a sealed envelope for delivery only to the stewards.

(c) After both portions of samples have been identified in accordance with this section, the "primary" sample shall be delivered to the official chemist designated by the Commission.

(d) The "secondary" sample shall remain in the custody of the Commission veterinarian at the detention area

and urine samples shall be frozen and blood samples refrigerated in a locked refrigerator/freezer.

(e) The Commission veterinarian shall take every precaution to ensure that neither the Commission chemist nor any member of the laboratory staff shall know the identity of the horse from which a specimen was taken prior to the completion of all testing.

(f) When the Commission chemist has reported that the "primary" sample delivered contains no prohibited drug, the "secondary" sample shall be properly disposed.

(g) If after a horse remains a reasonable time in the detention area and a specimen can not be taken from the horse, the Commission veterinarian may permit the horse to be returned to its barn and usual surroundings for the taking of a specimen under the supervision of the Commission veterinarian.

(h) If one hundred (100) milliliters (ml.) or less of urine is obtained, it will not be split, but will be considered the "primary" sample and will be tested as other "primary" samples.

(i) Two (2) blood samples shall be collected in twenty (20) milliliters vacutainers, one for the "primary" and one for the "secondary" sample.

(j) In the event of an initial finding of a prohibited drug or in violation of these Rules & Regulations, the Commission chemist shall notify the Commission, both orally and in writing, and an oral or written notice shall be issued by the Commission to the owner and trainer or other responsible person no more than twenty-four (24) hours after the receipt of the initial finding, unless extenuating circumstances require a longer period, in which case the Commission shall provide notice as soon as possible in order to allow for testing of the "secondary" sample.

1. If testing of the "secondary" sample is desired, the owner, trainer, or other responsible person shall so notify the Commission in writing within 48 hours after notification of the initial positive test or within a reasonable period of time established by the Commission after consultation with the Commission chemist. The reasonable period is to be calculated to insure the integrity of the sample and the preservation of the alleged illegal substance.

2. Testing of the "secondary" samples shall be performed at a referee laboratory selected by representatives of the owner, trainer, or other responsible person from a list of not less than two (2) laboratories approved by the Commission.

(k) The Commission shall bear the responsibility of preparing and shipping the sample, and the cost of preparation, shipping, and testing at the referee laboratory shall be assumed by the person requesting the testing, whether it be the owner, trainer, or other person charged.

1. A Commission representative and the owner, trainer, or other responsible person or a representative of the persons notified under these Rules and Regulations may be

present at the time of the opening, repackaging, and testing of the "secondary" sample to ensure its identity and that the testing is satisfactorily performed.

2. The referee laboratory shall be informed of the initial findings of the Commission chemist prior to making the test.

3. If the finding of the referee laboratory is proven to be of sufficient reliability and does not confirm the finding of the initial test performed by the Commission chemist and in the absence of other independent proof of the administration of a prohibited drug of the horse in question, it shall be concluded that there is insubstantial evidence upon which to charge anyone with a violation.

(l) The Commission veterinarian shall be responsible for safeguarding all specimens while in his possession and shall cause the specimens to be delivered only to the Commission chemist as soon as possible after sealing, in a manner so as not to reveal the identity of a horse from which the sample was taken.

(m) If an Act of God, power failure, accident, strike or other action beyond the control of the Commission occurs, the results of the primary official test shall be accepted as prima facie evidence.

**DEPARTMENT OF ADMINISTRATIVE
SERVICES
DIVISION OF PROFESSIONAL
REGULATION
BOARD OF PHYSICAL THERAPY**

Statutory Authority: 24 Delaware Code,
Section 2604 (24 Del.C. 2604)

A public hearing will be held on Tuesday, September 2, 1997 at 6:00 p.m. in the Cannon Building, Conference Room A, 861 Silver Lake Boulevard, Dover, Delaware.

Anyone desiring a copy of the proposed rules and regulations may obtain same from the Board's Administrative Assistant, Lena M. Corder, Division of Professional Regulation, Cannon Building, Suite 203, P.O. Box 1401, Dover, Delaware 19903. Written comments should be submitted to the Board's administrative Assistant at the above address on or before September 2, 1997. Those individuals wishing to make oral comments at the public hearing are requested to notify the Board's Administrative Assistant at (302)739-4522, extension 206.

DRAFT - CHANGES FROM 3/10/97 BOARD MEETING

**DELAWARE STATE EXAMINING BOARD OF
PHYSICAL THERAPY
RULES AND REGULATIONS**

SECTION 1: Scope and Objectives (sec. 2601)**SECTION 2: Definitions**

- A. Physical Therapy (sec. 2602(1))
- B. Physical Therapist (sec. 2602(2))
- C. Consultation
- D. Direct Supervision of a Physical Therapist with a Temporary License
- E. Physical Therapist Assistant (sec. 2602(3))
- F. Direct Supervision of a PTA
- G. Athletic Training
- H. Athletic Trainer (AT)
- I. Direct Supervision of AT
 - J. Physical Therapy Aide (sec. 2615)
 - K. Direct Supervision of an Aide
 - L. Unprofessional Conduct (sec. 2616(8))

SECTION 3: Board (sec. 2603, 2616)**SECTION 4: Physical Therapists (sec. 2607a)****SECTION 5: Physical Therapist Assistants (sec. 2615)****SECTION 6: Athletic Trainers (sec. 2602)****SECTION 7: Physical Therapy Aides (sec. 2615)****SECTION 8: Admission to Practice: License by Examination (sec. 2608)****SECTION 9: Continuing Education Units (sec. 2606)****SECTION 10: Admission to Practice: License by Reciprocity (sec. 2610)****SECTION 11: Temporary Licensure (sec. 2611)****SECTION 12: Foreign Trained Applicant for Licensure (sec. 2606(b)(2))****SECTION 13: Reactivation of Licensure (sec. 2607b)****SECTION 14: Disciplinary Action (sec. 2616)****RULES AND REGULATIONS****SECTION 1: SCOPE AND OBJECTIVES**

Under 24 Del.C. Chapter 26 (The Practice Act), a State Examining Board of Physical Therapists is created to meet the following objectives:

- A. to protect the general public,
- B. to maintain minimum standards of practitioner competency, and
- C. to maintain certain standards in the delivery of service to the public.

The Board regulates the practice of Physical Therapists (PTs), Physical Therapist Assistants (PTAs) and Athletic Trainers (ATs) in the State of Delaware.

SECTION 2: DEFINITIONS

A. The definition of "Physical Therapy" by Delaware Law is provided by the Practice Act, 24 Del.C. sec. 2602(1). Physical Therapy includes the performance and interpretation of tests and measurements of bodily function as an aid in the examination, evaluation or treatment of any human conditions. Physical therapy does not include the practice of Athletic Training as defined in Subsection 4.A., Section 2602, Chapter 26, Title 24.

B. Physical Therapist or PT means a person who is licensed under Chapter 26 to practice Physical Therapy.

C. Consultation

(1) Consultation in direct access. A physician must be consulted if a patient is still receiving physical therapy after 30 calendar days have lapsed from the date of the initial assessment. This consultation must be documented and could take place at any time during the initial thirty day period. The consultation can be made by telephone, fax, in writing, or in person. There is nothing in these Rules and Regulations or in the Physical Therapy Law that limits the number of consultations the physical therapist can make on the patients behalf. The consult should be with the patient's personal physician. If the patient does not have a personal physician, the physical therapist is to offer the patient at least three physicians from which to choose. The referral to a physician after the initial thirty day period must not be in conflict with Section 2616(8) of this chapter which deals with referral for profit. If no physician consult has been made in this initial thirty day period then treatment must be terminated. A patient is not to receive physical therapy from the same practitioner, for the original complaint, during the 6 months following discharge unless he or she has a physician referral.

(2) Consultation with written prescription from a physician, dentist, podiatrist, or chiropractor. A prescription accompanying a patient must not be substantially modified without documented consultation with the referring practitioner. The consultation can be made by telephone, fax, in writing, or in person.

D. Direct supervision in connection with a PT practicing under a temporary license means 1) a licensed PT supervisor shall be on the premises when the individual with a temporary license is practicing and 2) evaluations and progress notes written by the individual with a temporary license shall be co-signed by the licensed PT supervisor.

E. Physical Therapist Assistant or PTA means a person who is licensed under Chapter 26 to assist licensed Physical Therapists.

~~F. Direct supervision in connection with a PTA or an AT means a PT shall be on the premises at all times and see each patient.~~

F. Supervision

19. Direct supervision in relation to a PTA with less than one (1) year experience means a PT shall be on the premises at all times and see each patient.

20. Direct supervision in relation to a PTA with one (1) year or more experience means that a PTA must receive on-site, face to face supervision at least once every fifth treatment day or once every three weeks whichever occurs first. The supervising PT must have at least one (1) year clinical experience. The PT must be available and accessible by telecommunications to the PTA during all working hours of the PTA.

3. The PT is responsible for the actions of the PTA when under his/her supervision. All supervision must be documented.

G. The definition of "Athletic Training" by Delaware Law is provided by the Practice Act, 24 Del.C. sec. 2602(4). Athletic Training means and includes: (1) prevention of athletic injuries, (2) recognition and evaluation of athletic injuries, (3) management, treatment, and disposition of athletic injuries, (4) rehabilitation of athletic injuries, (5) organization and administration of athletic training programs, and (6) education and counseling of athletes regarding a program(s) of athletic training. Athletic Training shall also include prevention, conditioning, and reconditioning of non-athletic injuries as defined by law and in regulation by the Board.

H. Athletic Trainer or AT means a person who is licensed under Chapter 26 and is defined by the Practice Act 24 Del.C. sec. 2602(5).

I. Direct supervision in connection with an AT means a PT shall be on the premises at all times in a clinical setting and see every patient.

J. On site or on premises, in connection with supervision of a PTA or AT means that the PTA or AT must be in the same physical building as the supervising PT. On site or on premises does not refer to attached buildings.

J. K. Physical Therapy Aide or aide or technician means a person who performs certain routine, designated physical therapy tasks under the direct supervision of a licensed physical therapist or physical therapist assistant. There shall be documented evidence of sufficient inservice training to assure safe performance of the duties assigned to the aide.

K. L. Direct supervision in connection with an aide means a licensed physical therapist or physical therapist assistant shall be personally present and immediately available within the treatment area to give aid, direction, and instruction when procedures are performed.

L. M. Unprofessional Conduct. A Physical Therapist, PTA, or AT whose behavior fails to conform to legal standards and accepted standards of their profession, and who thus may adversely affect the health and welfare of the public, may be found guilty of unprofessional conduct. Such unprofessional conduct shall include, but not be limited to, the following:

1. Assuming duties within the practice of physical

therapy or athletic training without adequate preparation or supervision or when competency has not been maintained.

2. The PT who knowingly allows a PTA to perform prohibited activities may be guilty of unprofessional conduct.

3. The PTA who knowingly performs prohibited activities may be guilty of unprofessional conduct.

~~2.~~ 4. Performing new physical therapy or athletic training techniques or procedures without proper education and practice or without proper supervision.

~~3.~~ 5. Failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient.

~~4.~~ 6. Inaccurate recording, falsifying, or altering a patient or facility record.

~~5.~~ 7. Committing any act of verbal, physical, mental or sexual abuse of patients.

~~6.~~ 8. Assigning untrained persons to perform functions which are detrimental to patient safety, for which they are not adequately trained or supervised, or which are not authorized under these Rules and Regulations.

~~7.~~ 9. Failing to supervise individuals to whom physical therapy tasks have been delegated.

~~8.~~ 10. Failing to safeguard the patient's dignity and right to privacy in providing services regardless of race, color, creed and status.

~~9.~~ 11. Violating the confidentiality of information concerning the patient.

~~10.~~ 12. Failing to take appropriate action in safeguarding the patient from incompetent health care practice.

~~11.~~ 13. Practicing physical therapy as a PT or PTA or athletic training as a trainer when unfit to perform procedures or unable to make decisions because of physical, psychological, or mental impairment.

~~12.~~ 14. Practicing as a PT, PTA or AT when physical or mental ability to practice is impaired by alcohol or drugs.

~~13.~~ 15. Diverting drugs, supplies or property of a patient or a facility.

~~14.~~ 16. Practicing physical therapy or athletic training as a PT or AT and/or practicing under the supervision of a PT as a PTA or AT when a license has expired.

~~15.~~ 17. Allowing another person to use his license.

~~16.~~ 18. Resorting to fraud, misrepresentation, or deceit in taking the licensing examination or obtaining a license as a PT, PTA or AT.

~~17.~~ 19. Impersonating any applicant or acting as proxy for the applicant in a PT, PTA, or AT licensing examination.

~~18.~~ 20. Continues to treat a patient, who initiated

treatment without a formal referral, for longer than thirty days without a physician consult.

~~19: 21.~~ Modifies a treatment prescription without consulting referring physician.

~~20: 22.~~ Failing to comply with the Mandatory Continuing Education Requirements of 24 Del.C. sec. 2606(a)(4) and Section 9 of these rules and regulations.

~~M: N.~~ Examination means the approved examination (see Section 7.3).

SECTION 3: THE STATE EXAMINING BOARD OF PHYSICAL THERAPISTS

SECTION 3.1: The Board shall consist of nine members who shall be residents of Delaware and who shall be appointed by the Governor. A list of professional nominees shall be submitted to the Governor by the President of the Delaware Chapter of the American Physical Therapy Association (APTA). Each of the four PT Board members shall be a licensed PT, have a least three years experience immediately preceding his appointment, and be actively engaged in Physical Therapy during his/her incumbency. Three members shall be consumers, one shall be a registered PTA and one shall be a registered AT.

SECTION 3.2: The Board shall be composed of a Chairperson, Vice-Chairperson, Secretary, and six members. Elections shall be held annually.

SECTION 3.3: Each member of the Board shall receive compensation for each day actually engaged in the discharge of his duties. The compensation shall be a reasonable amount based on the time spent on work pertaining to the affairs of the Board in accordance with the limitations imposed by the State.

SECTION 3.4: The Board shall have the authority to review, revise, adopt and administer the Rules and Regulations in accordance with the Administrative Procedures Act, and shall have the authority to perform the following:

A. Approval of qualified applicants for examination and for reciprocity.

B. Issuance of licenses and registrations through the Division of Professional Regulation to Applicants who are qualified under these Rules and Regulations.

C. Refer to the Division of Professional Regulation and assist in the investigation of individuals who are charged with violation of legal, moral, or ethical propriety. The Board may refuse to grant or may revoke a PT, PTA or AT license if the PT, PTA or AT:

1. has found to misuse drugs or alcohol;
2. has been convicted of a state or federal law related to the use, sale or possession of drugs;
3. has obtained or attempted to obtain a license by

fraud or material misrepresentation;

4. is guilty of any act derogatory to the standing and ethics of the profession of Physical Therapy or athletic training;

5. is unable to practice as a competent PTA, AT or Physical Therapist because of a physical or mental condition;

6. is guilty of unprofessional conduct;

7. otherwise violates 24 Del.C. Chapter 26.

D. The Administrative Assistant provided to the Board by the Division of Professional Regulation shall maintain the meeting records and a register of current valid licenses which shall be available for public examination. The Administrative Assistant shall also keep other records pertinent to the operation of the Board.

E. Communication with the Delaware Chapter of the APTA. The Chairperson shall represent the Board at the Chapter's official meeting. The AT member shall represent the Board at NATA's official meeting.

F. Performance of all other necessary acts consistent with the Law to administer these Rules and Regulations and enforce 24 Del.C. Chapter 26.

G. Specific duties of the officers:

The Chairperson:

1. Shall call meetings of the Board at least twice a year. A majority of the Board shall have the authority to call a meeting.

2. Shall arrange for the location of the examination and appoint a proctor with the approval of the Division of Professional Regulation.

3. Shall represent the Board in all official functions and act as Board spokesperson.

The Vice-Chairperson:

1. Shall substitute for the Chairperson during the officer's absence.

2. Shall maintain a file on amendments to the regulations.

3. Shall receive information (in conjunction with the Administrative Assistant).

The Secretary:

1. Shall perform clerical duties of processing applications, requesting required information for reciprocity and administering the examinations.

2. Shall maintain a liaison with the Division of Professional Regulation, which provides services of printing, mailing and record keeping.

3. Shall receive information from the applicant for granting a license for the applicant.

4. Shall compile the Board's decisions and take action on the decisions as the Board requests.

5. Shall be responsible together with the Division of Professional Regulation for the preparation, communication, and distribution of official forms used in the operations of the

Board.

6. Shall arrange reviews of foreign-trained applicants.

SECTION 4: PHYSICAL THERAPISTS

SECTION 4.1: The Physical Therapy license issued to qualified professionals does permit them to treat any person.

SECTION 5: PHYSICAL THERAPIST ASSISTANTS

SECTION 5.1: The PTA may treat patients only under the ~~direct supervision~~ direction of a PT as defined in Section 2.F. The PTA may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising PT. The PTA may administer treatment with therapeutic exercise, massage, mechanical devices, and therapeutic agents that use the properties of air, water, electricity, sound or light. The PTA may make minor modifications to treatment plans within the predetermined plan of care, assist the PT with evaluations, and document treatment progress. The ability of the PTA to perform the selected and delegated tasks shall be assessed by the supervising PT. The PTA shall not perform interpretation of referrals, physical therapy evaluation and reevaluation, major modification of the treatment plan, final discharge of the patient, or therapeutic techniques beyond the skill and knowledge of the PTA or without proper supervision.

SECTION 6: ATHLETIC TRAINERS

SECTION 6.1: The athletic trainer functioning in the non-clinical setting may evaluate, treat, and provide appropriate first aid to injuries incurred by the athlete during participation in or training for scholastic, professional, or sanctioned amateur athletic activities. All treatments for injuries to athletes require a physician's referral, except for minor sprains, strains, and contusions, first aid excluded. Evaluation and/or treatment by the athletic trainer to supportive staff, spectators, and other persons other than the athlete shall be limited to first aid. An athletic trainer functioning in a clinical setting may use therapeutic exercises and modalities such as heat, cold, light, air, massage, water, sound, and electricity, for the treatment of musculoskeletal injuries. The athletic trainer may also provide first aid in the clinical setting. All treatment by the athletic trainer in a clinical setting must be performed while under the direct, on-site supervision of a physical therapist. The AT may make minor modifications to treatment plans within the predetermined plan of care, assist the PT with evaluations, and document treatment progress. The ability of the AT to perform the selected and delegated tasks shall be assessed by the supervising AT. The athletic trainer in a clinical setting may not independently initiate, modify, or discharge a

patient's program.

SECTION 6.2: The PT who knowingly allows an AT to perform prohibited activities may be guilty of unprofessional conduct.

SECTION 6.3: At no time may a PT supervise more than 2 PTAs, 2 ATs or 1 PTA and 1 AT. A PT may only supervise 1 PTA off site. ATs must be supervised on site.

SECTION 7: PT AIDES

SECTION 7.1: Treatments which may be performed by aides under direct supervision are:

- A. gait practice and ambulation
- B. functional activities
- C. transfers
- D. routine follow-up of specific exercises
- E. hot or cold packs
- F. whirlpool/Hubbard tank
- G. contrast bath
- H. infrared
- I. paraffin bath
- J. developmental stimulation
- K. ultra sound

SECTION 7.2: Exceptions - An aide may perform:

- A. non-treatment related activities, such as secretarial, clerical, and housekeeping duties without direct supervision,
- B. patient related activities that do not involve treatment, including transporting patients, undressing and dressing patients, and applying assistive and supportive devices without direct supervision, and
- C. set up and preparation of patients requiring treatment using PT modalities.

SECTION 7.3: Prohibited Activities - An aide may not perform:

- A. evaluation, or
- B. treatments other than those listed in Section 7.1.

SECTION 7.4: The PT or PTA who knowingly allows a PT aide to perform prohibited activities may be guilty of unprofessional conduct.

SECTION 7.5: An aide who violates these regulations shall be considered by the Board to be practicing in violation of the Practice Act.

SECTION 8: ADMISSION TO PRACTICE: LICENSE BY EXAMINATION

SECTION 8.1 Applications, copies of the Rules and Regulations, and copies of the Practice Act are available from

the Division of Professional Regulation.

SECTION 8.2: Applicants for PT or PTA licensure shall not be admitted to the examination without the submission of the following documents four weeks prior to the examination date:

A. Professional Qualifications - proof of graduation (official transcript) from an educational program for the PT or PTA which is accredited by the appropriate accrediting agency as set forth in the Practice Act. If the applicant graduated from a school prior to 1936, the school shall have been approved by the APTA at the time of graduation.

B. A fee in check or money order payable to the State of Delaware (Appendix I: Fee Schedule).

C. A completed application form. (Appendix II: Application Form).

SECTION 8.3: ~~The Board shall conduct examinations at least twice a year for PTs and PTAs.~~ Any United States citizen applicant taking the PT or PTA exam must show legal proof of identity, such as a driver's license or passport. The proof of identity must have a picture and signature. The Board may use the PT and PTA examination endorsed by the APTA, the Federation of State Boards of Physical Therapy or National Athletic Trainers Association. AT candidates must pass the Certification Examination endorsed by National Athletic Trainers' Association (NATA). Uniform national test dates will be used if available.

SECTION 8.4: All applicants for licensure as a PT or PTA must successfully pass the examination described in Section 8.3 in order to become eligible for licensure. The Board will adopt the criterion-referenced passing point recommended by the Federation of State Boards of Physical Therapy. ~~The passing score for each examination shall be determined by the Board point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.~~ All sections of the examination shall be passed. In case of failure, the applicant may take a second examination after submitting the applicable fee. Only sections failed must be repeated. The second examination shall be taken after six months and within two years from the date of the first examination. If the applicant fails any subsequent examination, the applicant must show satisfactory proof to the Board that he/she has taken Board approved corrective action (e.g. refresher course) before being allowed to take the examination again.

SECTION 8.5: Applicants for licensure as an AT must submit to the Board the following:

A. Professional Qualifications - proof of graduation (official transcript) from an educational program accredited by the appropriate accrediting agency.

B. A passing grade on the Professional Certification Examination as determined by the National Athletic Trainers

Association (NATA).

C. All sections of the examination shall be passed.

D. A check or money order made payable to the State of Delaware, as noted on the application form.

E. The completed application form.

SECTION 8.6: Licenses shall expire biennially on every odd numbered year. The following items shall be submitted upon application for renewal:

A. completed renewal application form

B. applicable fee, and

C. for individuals seeking relicensure evidence of continuing education courses as provided by Section 9.

SECTION 9: MANDATORY CONTINUING EDUCATION UNITS (CEU's)

SECTION 9.1: Three CEU's are required for every biennial license renewal for Physical Therapists, Physical Therapist Assistants, and Athletic Trainers. ~~The CEU's reports will be randomly audited~~ CEU Continuing Education Unit Activity Record (CEUAR) credits shall be received at the Division of Professional Regulation, Dover, Delaware, no later than November 1st every even numbered year and shall be received every 2 years after such date.

SECTION 9.2: Individuals shall maintain the following items in order to receive credit for CEU's:

A. name of applicant at seeking renewal

B. license classification (PT, PTA, AT)

~~B. C.~~ license number of applicant

~~C. D.~~ proof of attendance at CEU course

~~D. E.~~ date of CEU course

~~E. F.~~ instructor(s) of CEU course

~~F. G.~~ sponsor of CEU course

~~G. H.~~ title of CEU course

~~H. I.~~ number of hours of CEU course

SECTION 9.3: Continuing Education Regulations, 24 Del.C. sec. 2607. Licenses shall expire biennially on January 1st and may be renewed upon submission of a renewal application provided by the Board and payment of a renewal fee along with evidence of continuing education courses as may be required by the Rules and Regulations set forth by the Board. Each licensed Physical Therapist, Physical Therapist Assistant and Athletic Trainer is responsible for continuing his/her education so that professional skills are maintained in accordance with the advancement of the profession. The purpose of this is to help Physical Therapists, Physical Therapist Assistants and Athletic Trainers become more ~~effective and~~ efficient in achieving their objectives.

A. For a licensee to renew a license, documentation of three continuing education units over the two year period immediately preceding application are required for renewal.

CEU requirements shall be prorated for new licensees if application is made by examination only. If the license is granted during the six month period shown below, the following will be required for renewal:

<u>Odd Numbered Year</u>	<u>Even Numbered Year</u>
1/1- 6/30 2.5 CEUs	1/1- 6/30 1.5 CEUs
7/1-12/31 2.0 CEUs	7/1-12/31 .5 CEUs

Applicants who are issued licenses via endorsements will be required to complete the full requirements for continuing education units prior to the next renewal time.

B. One CEU will be given for every 10 hours of an approved continuing education course. (1 contact hour = .1 CEU). Each course must ~~be in a field of health care relevant to include topics relevant to the field of health care as it~~ pertains to Physical Therapy or Athletic Training. Approval of CEU's shall be within the discretion of the State Examining Board of Physical Therapists. ~~Sponsors and licensees shall receive prior written approval of CEU courses from the Board.~~ Continuing education units that have been previously approved during the current licensing period by another agency such as a national governing body or a fellow state licensing board shall be acceptable to the Examining Board for the State of Delaware as appropriate CEU's. Any sponsors or licensees wishing to receive prior written approval of CEU courses from the Examining Board must complete a CEU Application Form. CEU requirements may not be carried over from one biennial period to the next one.

C. At the time of license renewal, the appropriate forms will be supplied by the Board. ~~(Appendix III: CEU Form)~~. Proof of attendance shall be enclosed by the licensee when requested by the Board. While course brochures may be used to verify contact hours, they are not considered to be acceptable proof for use of verification of course attendance. The CEU Activity Record (CEUAR) must be received by the Board no later than 60 days prior to license expiration. All licensees must complete and submit to the Board the CEUAR. If randomly selected, the licensee must submit documentation of the CEU's. All questionable CEUAR's will be investigated re-evaluated.

D. ~~The Board shall not issue a permanent license to any licensee who has failed to complete his/her CEU requirement. The Board may issue a temporary license to an individual who has failed to complete his CEU requirement which may be valid for a maximum of six months. A PT, PTA or AT who has failed to complete his/her DEU obligation in a timely fashion may complete such obligation while holding a temporary license. After six months, a permanent license will be re-issued after the submission of proof that the required CEUs were completed and a new application fee and form are submitted. In the event a licensee shall fail to complete the required credits at the end of the applicable period, the Board~~

may withhold issuance of a permanent license unless the CEUAR required by Section 9.3. C. is accompanied by a specific plan for making up the deficiency of necessary credits within 120 days after the date the CEUAR is signed by the licensee. The plan shall be deemed accepted by the Board unless within 60 days after the receipt of the CEUAR the Board notifies the licensee to the contrary. Full completion of the licensee's plan shall be reported by CEUAR not later than 15 days following the end of the 120 day period. Failure to complete the specific plan within the 120 day period may result in the Board suspending the license issued, following a hearing pursuant to the Administrative Procedures Act, for unprofessional conduct as defined by Section 2.M. 22.

E. The Board has the power to waive any part of the entire CEU requirement. Exemptions to the CEU requirement may be granted due to prolonged illness or other incapacity. Application for exemption shall be made in writing to the Board by the applicant for renewal and must be received by the Board no later than November 1st of the end of the respective CEU term. ~~The Board will decide the merits of each individual case.~~

F. CEU's may be earned through Board approved courses in colleges and universities, extension courses, independent study courses, workshops, seminars, conferences, lectures, videotapes, professional presentations and publications, and inservices oriented toward the enhancement of their respective professional's practice. CEU programs shall be conducted under responsible sponsorship, capable direction and qualified instruction. The program may include staff development activities of agencies and cross-disciplinary offerings. ~~, but may not be of a narrow procedural or administrative nature.~~

G. Examples of acceptable continuing education which may be approved by the Board fall under the following categories:

- ~~1. Approved continuing education courses/workshops/seminars/in-services.~~
 - ~~2. professional meeting chapter educational meetings, national conferences, medically oriented programs, etc. (Proof of attendance)~~
 - ~~3. university/college courses~~
 - ~~4. passing licensing examination (1.5 CEUs)~~
 - ~~5. approved self studies (not to exceed 1.0 CEUs)~~
- ~~(It is the candidates responsibility to secure all documentation).~~
- ~~6. First time presentation of professional-oriented course:~~

1. professional meetings*. To include:
national, state, chapter (not to exceed 2.0 CEU's)
2. seminars/workshops*
(not to exceed 2.5 CEU's)
3. university/college courses
1.0 CEU for semester
0.8 CEU for trimester
0.7 CEU for quarter

4. staff/faculty inservices* (not to exceed .5 CEU's)
5. passing of licensing examination (1.5 CEU's)
6. first time presentation of professionally oriented course/lecture* (0.3 CEU/hour, not to exceed .6 CEU's per presentation, not to exceed 1.2 total)
7. original publication in peer reviewed publication (.3 CEU's)
8. original publication in non-peer reviewed publication (.1 CEU's)
9. approved self studies*. To include:
(not to exceed 1.0 CEU's)
videotapes, if:
- there is a sponsoring agency
- there is a facilitator or program official present
- the program official is not the only attendee
- correspondence course, if:
includes certificate of completion by sponsoring agency
(not to exceed 1.0 CEU's)
10. Holding of an office, to include:
- executive officer's position for the national or state professional associations (Pres, VP, Sec, Treas)
- member, Examining Board of Physical Therapy (.3 CEU's)
11. Acting as the direct clinical instructor providing supervision to a PT, PTA or AT student officially enrolled in an accredited institution during an internship (40 contact hours = .1 CEU, not to exceed .5 CEU's)

* The Board will determine the appropriate number of contact hours.

At least two CEUs from category 2 is required biennially. Questions and concerns should be directed in writing to the State Examining Board of Physical Therapists, Division of Professional Regulation.

SECTION 10: ADMISSION TO PRACTICE

Licensure/Registration by Reciprocity :

Definition - The granting of a license or registration to an applicant who meets all the requirements set forth in this section and who holds a valid current license/registration in another state, territory, or the District of Columbia.

SECTION 10.1: The reciprocity applicant shall submit the documentation listed in Section 8.2 or 8.5.

SECTION 10.2: The reciprocity applicant shall submit proof that he/she is currently licensed or registered as a PT, PTA or AT by a regulatory body of another state, territory or the District of Columbia, including a copy of his valid current license/registration issued by such regulatory body; and that the standards for licensure or registration by such regulatory body were substantially equivalent to the standards for licensure in Delaware at the time of the applicant's licensure.

An applicant shall be deemed to have satisfied this Section upon evidence satisfactory to the Board that he has complied with the standards set forth below:

A. The PT or PTA applicant has passed the examination in the state, territory, or the District of Columbia in which he/she was initially licensed/registered. The passing score shall be 1.5 standard deviation below the national norm for those PTs and PTAs having taken the examination prior to 1990. For the AT candidate, the passing score shall be that which was established at time of examination. All sections of the examination shall be passed. The reciprocity applicant shall supply his/her examination scores to the Board. The applicant may obtain his/her scores from the regulatory body of the state, territory, or the District of Columbia in which he/she was currently licensed/registered or from the Interstate Reporting Service (IRS). From PT applicants who were licensed/registered by a state, territory, or the District of Columbia only prior to 1963, the Board shall accept the following:

1. Professional Examination Service-American Physical Therapy Association (PES-APTA) examination scores with a passing grade of 1.5 standard deviation below the national norm on all sections, or
2. other examining mechanisms which in the judgment of the Board were substantially equal to the mechanisms of the State of Delaware at the time of examination.

SECTION 10.3: The AT seeking reciprocity shall meet all criteria in Section 8.5.

SECTION 11: TEMPORARY LICENSURE (four situations)

(Appendix V: Temporary License Form)

A. PT and PTA applicants waiting to take the examination. The Board may issue a temporary license to applicants who have submitted to the Board the documents listed in Section 8.2 and Section 8.5 respectfully who have been determined by the Board to be eligible to take the examination. The Board shall accept a letter signed by the applicant's school official stating that the applicant has completed all requirements for graduation; provided, however, that the applicant shall submit to the Board an official transcript as soon as it becomes available. Such applicants may practice only under the direct supervision of a licensed Physical Therapist. The license shall remain effective for two months after the examination date. It shall automatically expire upon notice to the applicant of his/her failure to pass the license examination. After the applicable fee and written application have been submitted, the Board may renew the temporary license if the applicant is eligible to retake the examination. The temporary license of an applicant who has passed the examination may be extended at the discretion of the Board chair or other officer, upon a

showing of extenuating circumstances pending the next scheduled Board meeting.

B. Applicants requesting reciprocity as a PT, PTA, and AT. The Board may issue a temporary license to an applicant upon the applicant's compliance with all requirements listed in Section 8.2 and 8.5, provided that submission of the applicant's examination scores shall not be required. The temporary license shall not be renewable. The temporary licensee may practice only under the direct supervision of an applicable licensed professional.

C. Applicants engaged in a Special Project. The Board may issue a temporary license to applicants practicing in the State on a temporary basis in order to: 1) assist in a medical emergency, or 2) engage in a special project or teaching assignment, provided that the applicant complies with the requirements of Section 8.2 or 8.5. The temporary license may remain in effect for a maximum of one year from the date of issuance. It may be renewed once.

1. An AT certified by NATA, or licensed by the State where the professional is employed may practice athletic training in Delaware, if he/she is in Delaware with a visiting team, or an athlete, and only in a non-clinical setting.

D. Applicants who have failed to complete the CEU requirements. The Board may issue a provisional license to a PT, PTA or AT who has failed to complete his CEU requirement in a timely fashion for good cause but is otherwise eligible for relicensure. The provisional license is not renewable.

SECTION 12: FOREIGN TRAINED APPLICANT FOR LICENSURE

Applicants for licensure who are graduates of a PT, PTA school or AT program located in a foreign country shall complete all of the following requirements before being admitted to the examination.

SECTION 12.1: The applicant shall submit proof satisfactory to the Board of graduation from an education program appropriate to their profession in a foreign country. ~~The foreign trained candidate must also submit proof that he/she has met all the qualifications for licensure and has been licensed as a physical therapist in the country of education. The program shall have a curriculum determined by the Board to be equivalent to the curriculum required by the appropriate accrediting agency recognized by the U.S. Commissioners of Education and/or the Council on Postsecondary Accreditation. Each foreign applicant must demonstrate that they have met the minimum education requirements as presented by the Federation of State Boards. See addendum.~~ The applicant shall arrange and pay for a credential evaluation of such foreign school's program to be completed by one of three independent agencies:

International Educational Research Foundation,
Inc.

P.O. Box 24679
Los Angeles, CA 90024

International Consultants of Delaware, Inc.
5 Barksdale Road
Newark, DE 19711

Educational Credential Evaluators, Inc.
P.O. Box 92970
Milwaukee, WI 53202-0970

SECTION 12.2: The applicant shall complete the requirements of Section 8.2 or 8.5.

SECTION 12.3: The applicant shall pass the examination described in Sections 8.3 and 8.4.

SECTION 13: THE BOARD SHALL KEEP AN INACTIVE REGISTER.

Any person who has been registered in the State and is neither residing within the State nor actively engaged in the practice of physical therapy in the State may at their request be placed on the inactive register. The Board may reactivate an inactive license upon receipt of the following:

A. a written request for reactivation;

B. the applicant for licensure as a PT, PTA or AT that has been actively engaged in the practice for the past five years. The applicant for registration as a PTA has been actively engaged in the assistance of a licensed PT for the past five years. If the applicant for licensure/registration has not met this condition, the following requirements shall be completed:

1. he/she shall work under the direct supervision of a PT/AT in Delaware for a minimum of six months. The supervising PT/AT shall certify to the completion of the six month applicant's clinical competence on forms supplied by the Board (Appendix IV);

C. Applicable renewal fee;

D. notice of intent to resume practice of Physical Therapy in Delaware, and

E. proof of completion of 1.5 CEUs during the previous 12 months.

SECTION 14: DISCIPLINARY ACTION SHALL BE TAKEN ACCORDING TO TITLE 29, CHAPTER 88.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH**

DIVISION OF PUBLIC HEALTH

Statutory Authority: Title 16, Section 122(3)(c) of the Delaware Code
(16 Del.C. 122(3)(c))

The comment period for the proposed Delaware State Trauma Regulations ends on August 26, 1997. All comments may be addressed to Mary Sue Jones, (302)739-6637, EMS Office, Blue Hen Corporate Center, Suite 4H, 655 S. Bay Road, Dover DE 19901.

The public hearing to discuss the proposed regulations will be held on August 26, 1997 in Room 309 of the Jesse Cooper Building, 417 Federal Street, Dover DE 19901.

STATE OF DELAWARE
TRAUMA SYSTEM RULES and REGULATIONS

I. PURPOSE

The purpose of these Rules and Regulations is to establish and define the conditions under which the Delaware Statewide Trauma System functions. The goal of this Trauma System is to assure that every person injured in Delaware receives the same high quality care, thus decreasing morbidity and mortality from injury.

II. AUTHORITY

These Rules and Regulations are promulgated pursuant to the authority of Title 16 Delaware Code, Chapter 97. Emergency Medical Services Systems.

III. DEFINITIONS

ACLS -

The Advanced Cardiac Life Support Course of the American Heart Association.

Attending

A physician with practice privileges delineated by the hospital's medical staff.

ATLS

The Advanced Trauma Life Support Course of the American College of Surgeons.

Board certified

A physician certified by an appropriate specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

Bypass

A request by a hospital to an Emergency Medical Service that patient (s) be directed to another hospital's Emergency Department due to a shortage or unavailability of beds, equipment, personnel, or other essential resource.

Classification of injuries

Minor injuries - Those patients with an Injury Severity Score less than 9.

Moderate injuries - Those patients with an Injury Severity Score between 9 and 15.

Major (severe) injuries - Those patients with an Injury Severity Score greater than 15.

Community Trauma Center

An acute care hospital that provides assessment, resuscitation, stabilization, and triage of all trauma patients, arranging for timely transfer of those patients requiring the additional resources of a Regional Trauma or Specialty Center and delivering definitive care to those whose needs match the resources of the Community Trauma Center.

Continuing medical education (CME) credit

Educational hours for physicians approved by the Accreditation Council of Continuing Medical Education or an agency recognized by this council.

Credentialing process

A hospital's procedure for granting practice privileges to healthcare providers.

"D"

Desirable requirement for trauma facilities; encouraged but not required for designation.

Dedicated

A resource used solely for a specific program.

Definitive care

A level of medical intervention capable of providing comprehensive services for a patient's injuries and associated conditions.

Demonstrated Commitment

Provision of evidence (visible and written) that demonstrates clearly an institution-wide commitment to trauma care.

Designation

A process through which a hospital is confirmed by the Division of Public Health to have the appropriate resources to manage patients with injuries of particular degrees of severity, and is granted the authorization to function as a Delaware Trauma Center.

"E"

Essential requirement for trauma facilities.

EMS

Emergency Medical Services. The arrangement of personnel, facilities, equipment, transportation and communication to provide for the effective and coordinated delivery of medical care in emergency situations resulting from accidents, illnesses, or natural disasters.

Hospital Trauma Quality Management Program

The review program within each Trauma Center which monitors such aspects of the Trauma Program as adherence to policies and patient outcome with the goal of assuring that optimal care is continuously provided.

Immediately Available

This implies the physical presence of a resource in a stated location at the time it is needed by the trauma patient.

Inclusive Trauma Care System

A Trauma Care System which incorporates every acute care facility in the defined region into a system in order to provide a continuum of services for all injured persons who require medical care; in such a system, the injured patient's needs are matched to the appropriate hospital resources.

In-house

Physically present in the hospital.

Injury Control

Methodologies designed for the purpose of preventing and eliminating injuries.

Injury Severity Score (ISS)

A retrospective summary score derived by applying a prescribed scoring system and mathematical formula to a listing of a trauma patient's injuries. Use of this scoring system allows objective comparisons of trauma patients based on their injuries.

Interfacility transfer

The transfer of a patient from one hospital to another hospital.

n/a

A standard which is not applicable to a particular level of trauma facility or participating hospital.

On-call

Committed for a specific time period to be available and respond within an agreed amount of time to provide care for a patient in the hospital.

PALS

The Pediatric Advanced Life Support Course of the American Heart Association.

Participating Hospital

An acute care facility which transfers trauma patients with moderate or severe injuries to Trauma Centers after initial resuscitation. When necessary, this facility may provide care to trauma patients with minor injuries. Participating hospitals contribute data to the Delaware Trauma System Registry and Quality Improvement Program.

Pediatric specialists

Certified pediatric specialists with a commitment to trauma or certified general practitioners with special training, experience, and continuing education relevant to pediatric trauma care.

Pediatric Trauma Centers

Children's hospitals which meet the standards for a particular classification of Trauma Center within Delaware's Pediatric Trauma Standards and the corresponding classification in Delaware's Adult Trauma Standards.

Prevention

Efforts to decrease the numbers and severity of traumatic injuries.

Promptly Available

Implies the physical presence of health professionals in a stated location within a short period of time, which is defined by the Trauma Director, incorporated into the written protocols of the Trauma Service, and continuously monitored by the Quality Improvement Program.

Protocols

Written standards for clinical practice in a variety of situations within the Trauma System.

Regional Level 1 Trauma Center

A regional resource Trauma Center that has the capability of providing leadership and comprehensive, definitive care for every aspect of injury from prevention through rehabilitation.

Regional Level 2 Trauma Center

A regional Trauma Center with the capability to provide initial care for all trauma patients. Most patients would continue to be cared for in this Center; there may be some complex cases which would require transfer for the depth of services of a Regional Level 1 or Specialty Center.

Response Time

Time interval between notification and arrival of the general surgeon or surgical specialist in the Emergency Department or Operating Room.

Transfer agreement

A formal written agreement between hospitals which provides for the acceptance of patients in transfer.

Trauma

A term derived from the Greek for "wound", it refers to any bodily injury. Injury is the result of an act that damages, harms, or hurts; unintentional or intentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.

Trauma Center

A specialized hospital distinguished by the immediate availability of specialized surgeons, physician specialists, anesthesiologists, nurses, and resuscitation and life support equipment on a 24-hour basis to care for severely injured patients or those at risk for severe injury.

Trauma Registry

A data base to provide information for analysis and evaluation of the quality of patient care, including epidemiological and demographic characteristics of trauma patients. The 'Expanded' data set provides a basis for the hospital's Trauma Quality Program; the 'Minimal' data set collects largely demographic information.

Trauma System Quality Management Program

The program which reviews aspects of the Trauma System such as interfacility transfers and triage decisions with the goal of assuring that the various components of the Trauma Care System are functioning optimally.

Trauma Team

A team approach is required for the optimal care of patients with multiple-system injuries. The composition of the trauma team and roles of the members are to be defined by the Trauma Director. The Trauma Surgeon Team Leader is responsible for overseeing and coordinating the operation of the Trauma Team to provide optimal patient care throughout hospitalization.

Triage

The sorting of patients in terms of priority need for care, so that appropriate treatment, transportation, and destination decisions can be made according to predetermined protocols.

Verification

A process in which the trauma care capability and performance of an institution are evaluated by experienced on-site reviewers.

IV. DELAWARE TRAUMA CENTER DESIGNATION PROCESS**I. Responsibilities- Division of Public Health**

- A. Preparation for verification visits
 - 1. Provide staff support for the Trauma Center Designation Process.
 - 2. Make verification visit arrangements with the American College of Surgeons (ACS).
 - 3. Develop and disseminate a timeline for the designation process.
 - 4. Hold educational and informational forums about the verification process and hospital role, including mock surveys for hospitals desiring them.
 - B. Contract with American College of Surgeons for verification visits
 - 1. Team composition and requirements
 - a. Familiarity with similar size geographical region and facilities
 - b. No conflicts of interest
 - c. Regional Trauma Centers Levels 1 and 2:
 - 2 Trauma Surgeons - 1 trauma RN
 - 1 Neurosurgeon
 - 1 E.M. physician
 - d. Community Trauma Centers (Level 3):
 - 2 Trauma Surgeons
 - 1 E. M. physician
 - e. Participating Hospitals (Level 4):
 - Division of Public Health designees
 - 2. Timeframe
 - a. ACS administrative costs decrease when multiple hospitals within one state are visited during the same time period.
 - b. It will be the individual hospital's decision as to when it is adequately prepared to begin the verification process. The Division of Public Health will hold periodic designation cycles for hospitals to apply for Trauma Center status.
 - 3. Cost
 - a. Hospital fees for verification visits will include all ACS and surveyor fees.
 - 4. Application form
 - a. The ACS requires a detailed application form. This form will be supplied to requesting hospitals by the Division of Public Health and forwarded to the ACS by the Division upon receipt of the completed applications.
 - 5. Note- in any case where the American College of Surgeons does not provide the scope necessary to include a particular hospital in its verification process, the Director of the Division of Public Health may decide to allow that hospital to participate in the Delaware Trauma System under special circumstances. In this case, that hospital is encouraged to utilize the ACS to the extent to which applicable services are available, and the Division will arrange for a comparable verification visit by national trauma experts under individual contract with the Division. Fees and site visit reports of this team will be handled in the same manner as those of the ACS.
- C. Coordinate site visits, surveyor accommodations, transportation, preparatory information to hospitals.

II. Designation

- A. The Director of the Division of Public Health will, under State of Delaware authority, establish an impartial Trauma Center Designation Committee by requesting the names of two nominees from each of the following Delaware organizations or chapters:
 - 1. Association of Delaware Hospitals
 - 2. American Neurosurgery Association, Delaware Chapter
 - 3. Delaware Organization of Nurse Executives
 - 4. Delaware Medical Society (request an anesthesiologist or intensivist)
 - 5. American College of Surgeons, Delaware Chapter, Committee on Trauma
 - 6. American College of Emergency Physicians, Delaware Chapter
 - 7. Delaware Emergency Nurse Association and Critical Care Nurse Association
 - 8. Delaware Orthopedic Surgeon Society
 - 9. Representative of pediatric care.
- B. The Director will appoint nine committee members who will provide geographic and institutional diversity from the nominations received for initial terms of one (three members), two (three members), or three (three members) years. Terms thereafter will be three years; committee members may be invited to serve up to two subsequent terms providing the Committee's

diversity is maintained.

1. Committee members will be chosen by the Director of Public Health to participate in each Designation Committee assignment, with the selections designed to optimize impartiality and avoid conflict of interest related to the current action.

C. The Designation Committee will develop a template outlining the correlation between the ACS verification report and State of Delaware Trauma Center designation in terms of 'Essential' and 'Desirable' criteria. This template will be presented to the Delaware Trauma System Committee for review and recommendation to the Division of Public Health for approval.

D. All Designation Committee proceedings shall be confidential. Information discussed at meetings and the records thereof shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. All meeting attendees will be required to sign confidentiality statements and all written information distributed during the meetings will be collected prior to adjournment. Any documented breach of confidentiality will be referred to the Division of Public Health for appropriate action.

E. The ACS report on verification visits will be received by the Division of Public Health, which will forward the information to the Trauma Center Designation Committee. The Designation Committee will make recommendations to the Division on the category of Trauma Center designation for which each hospital has qualified, based on its review of the ACS site visit report and application of Delaware's correlational template. The Division Director will then designate the state's Trauma Centers based on these recommendations.

1. Categories of designation and timeframes

a. Full designation - 3 years

b. State Provisional designation- 1 year; deficient areas must be corrected and verified by the ACS within this period.

c. Nondesignation

d. Hospitals may be offered a lower designation level than originally applied for if they do not qualify for the higher level. If they accept the lower level designation they may apply again for a verification visit at the higher level at any time that they are ready, or may elect to remain at the designated level.

e. Hospitals not receiving full designation must notify the Division of Public Health within 30 days of status notification of their intent to correct deficiencies or to accept nondesignation. A written plan of correction including timeframes must be submitted if the hospital chooses to pursue designation. All corrections must be completed and verified within one year from the date of status notification. Hospitals will be informed whether or not their plan for correction is acceptable. The Division may require interim reports or on-site progress evaluations as a condition of approval of the written plan of correction.

F. The Delaware Division of Public Health will have a contractual agreement with each designated Trauma Center whereby the Trauma Center agrees to maintain commitment and resources commensurate with the standards of its designation level and to notify the Division in writing of intent to function at any lower level of designation. This contract will also serve as the mechanism by which a hospital receives permission to publicly refer to itself as a Delaware Trauma Center.

III. Triage Scheme

A. Initial implementation of the Prehospital Triage Scheme will not occur until all Delaware hospitals have had a reasonable opportunity to have consultation visits, if desired, and verification visits from the American College of Surgeons.

B. In order to be considered a participant in Delaware's Prehospital Trauma Triage Scheme, an out-of-state facility must receive Delaware reciprocity as a Trauma Center by demonstrating current Trauma Center designation status and adherence to equivalent trauma standards.

IV. Redesignation

A. ACS reverification visits will be scheduled by the Division of Public Health for those hospitals wishing to continue their Trauma Center status.

B. Subsequent site visits will focus heavily on quality management and patient care issues.

C. Re-designation categories and timeframes will be the same as those for initial designation.

IV. Revocation of Designation, Appeal, and Re-instatement

A. It will be the responsibility of the Trauma Center Designation Committee to develop written Trauma Center Revocation of Designation, Appeal, and Reinstatement Policies which clearly outline the processes in detail. These policies will be submitted to the Delaware Trauma System Committee for review and recommendation to the Division for approval.

B. The Revocation of Designation process may be initiated by-

1. Documented violation of an essential Trauma Center standard, identified through-

- a. A re-verification site visit,
- b. an interim Quality Improvement visit,
- c. an Evaluation Committee recommendation within the State Trauma System Quality Management program
- d. a written complaint.

C. Process of investigation

- 1. The identifying agent will provide written notification of the violation to the Division of Public Health, including supporting documentation.
- 2. The Division will select the Designation Committee members assigned to conduct an investigation into the allegation.
 - a. The involved Trauma Center will be notified in writing with a request for its written response.
 - b. The assigned Designation Committee will conduct an appropriate follow-up investigation.
- 3. The Designation Committee will submit its report and recommendation to the Division of Public Health.
 - a. Recommendation may be for any of the following:
 - Probation until the deficiency is remedied and accepted by DPH
 - Status change to Participating Hospital until the deficiency is remedied and accepted by DPH (revocation of Trauma Center designation)
 - Continuation of current Trauma Center designation.
 - b. If probation or revocation of designation is recommended, the Designation Committee report will include recommended steps necessary for reinstatement. This will include verification of adequate correction by an in-state or out-of-state review team and may include interim reports or on-site progress evaluations.
 - c. If probation or revocation of designation is not recommended, the Designation Committee may recommend follow-up monitoring or reporting.
- 4. Action by the Division of Public Health with written notification to the hospital.

D. Appeal process

- 1. The involved Trauma Center will have the right to appeal any decision of the Division of Public Health. Written notification of the intent to appeal must be made to the Division within 30 days of notification of action.
- 2. The Division of Public Health and assigned Trauma Center Designation Committee will name an impartial panel to hear the hospital's case and make recommendations in accordance with the Designation Committee Appeal Policy.

E. Reinstatement process

- 1. When a hospital has corrected a problem which resulted in probation or revocation of designation, it will notify the Division of Public Health in writing, requesting reinstatement.
- 2. Based on the reinstatement steps recommended by the Designation Committee, the Division will arrange a review to verify resolution of the problem.

V. STATE of DELAWARE TRAUMA CENTER STANDARDS

	Regional Trauma Center		Community	Participating
	Level 1	Level 2	Trauma Center	Hospital
I. Demonstrated Commitment to the Trauma Program by hospital Administration and Medical Staff	E	E	E	D

(NOTE- Demonstration of hospital commitment will include-

- 1. Development and adoption of written resolution of support from both the Board of Trustees and the Medical Staff.
- 2. Establishment of written policies and procedures to provide and maintain the services for Trauma patients as outlined in Delaware's Trauma Center Standards.
- 3. Demonstrable evidence of budgetary support of the hospital's Trauma Program such as hospital-funded positions for Trauma Director, Nurse Coordinator, Registrar, and/or Trauma Quality Improvement Program personnel.
- 4. Adherence to State Trauma Registry guidelines for providing hospital Trauma Registry data to the State Trauma Registry for utilization in Trauma System management and Quality Improvement activities.
- 5. And establishment and maintenance of written transfer procedures and agreements with appropriate Trauma Centers, Speciality Centers, and hospitals, providing for movement of both critical and convalescing patients within the Trauma System. Compliance with these procedures is to be monitored by the Quality Improvement process in each institution. It is the responsibility of each receiving hospital to provide timely feedback to transferring hospitals on the status and outcome of all patients received.)

PROPOSED REGULATIONS

II. Documentation of EMS Involvement E E E D

(NOTE- Active involvement in the Emergency Medical Services System will include-

1. Achievement and maintenance of Designated Paramedic Medical Command Center status.

Additional methods of demonstrating compliance with this standard include-

2. Didactic or clinical participation in Emergency Medical Technician- Basic and/or Paramedic initial and/or continuing educational programs.

3. Membership on such committees as the Delaware Paramedic Advisory Council, Delaware EMS Advisory Committee, or Delaware Volunteer Firemen's Association by hospital personnel.)

III. Hospital Organization

A. Trauma Service E E E n/a

(NOTE- The Trauma Service is made up of all attending general surgeons who take trauma call. It is established by the Medical Staff and has the responsibility for the coordination of care of injured patients, the training of personnel, and trauma Quality Improvement within the Trauma Center. Privileges for surgeons participating in the Trauma Service are to be determined by the Medical Staff credentialing process. Patients with multiple-system or major injury must be evaluated by the Trauma Service with the surgeon responsible for the overall care of each patient clearly identifiable.

Written protocols and standards of care for the major trauma patient should include definitions of response and turnaround times as well as team participant roles.

In Regional and Community Trauma Centers, requirements for surgeons on the Trauma Service include board certification or eligibility, Advanced Trauma Life Support for Physicians provider certification (current), regular clinical involvement in trauma care, and documentation of annual continuing medical education in trauma care (at least 16 trauma-related Continuing Medical Education hours annually; 24 of these hours every 3 years must be obtained outside the institution).

	Regional Trauma Center Level 1	Regional Trauma Center Level 2	Community Trauma Center	Participating Hospital
--	-----------------------------------	-----------------------------------	----------------------------	---------------------------

1. Trauma Service Support Personnel

A. Trauma Coordinator E E E n/a

(NOTE- The Trauma Coordinator is fundamental to the development, implementation, and evaluation of the institution's Trauma Program. Working with the Trauma Director, the Trauma Coordinator is responsible for the organization of services and systems necessary for a multidisciplinary approach throughout the continuum of trauma care. The Trauma Coordinator role has the following components: clinical, educational, registry/quality improvement/research, administrative, and liaison. Records must be available documenting annual trauma-specific continuing education hours.)

B. Trauma Service Director E E E n/a

(NOTE- The Trauma Service Director shall be a board-certified or board-eligible surgeon with demonstrated special competence in trauma care. Through the Quality Improvement process, the director will have responsibility for all trauma patients and administrative authority for the hospital's Trauma Program. The Director is responsible for recommending surgeon appointment to and removal from the Trauma Service, in conjunction with appropriate Medical Staff committees.

Additional qualifications for the Trauma Service Director include regular involvement in the care of injured patients, participation in trauma-related educational activities such as ATLS and continuing education for hospital physicians, nursing staff, and prehospital providers, and involvement in community or national trauma projects or organizations.)

C. Trauma Multidisciplinary Committee E E E n/a

(NOTE- This committee should meet regularly for the purpose of peer-review. It should be chaired by the Trauma Director and have representation from all the major services that treat trauma patients, with membership including but not limited to the Trauma Coordinator, neurosurgeon, orthopedic surgeon, emergency medicine physician, and anesthesiologist. The tasks of this committee are to critically review, evaluate, and discuss the quality and appropriateness of care in cases of adverse outcome (complications and deaths, particularly unexpected deaths), monitor complication trends, identify well-managed cases which can be utilized as teaching cases, and designate focused audits.)

D. Hospital Departments/Divisions/Sections

1. General Surgery	E	E	E	D
2. Neurologic Surgery	E	E	D	n/a
3. Orthopedic Surgery	E	E	D	n/a
4. Emergency Services	E	E	E	E
5. Anesthesia	E	E	E	n/a

IV. Clinical Capabilities

A. Specialty Availability

1. In-house 24 hours a day:

- | | | | | |
|--------------------|---|---|---|-----|
| a. General Surgery | E | E | D | n/a |
|--------------------|---|---|---|-----|

(NOTE- The active involvement of the Trauma Surgeon is crucial to optimal care of the injured patient in all phases of management, including resuscitation, identification and prioritization of injuries, therapeutic decisions, and operative procedures. In Regional facilities the 24-hour in-house availability of the attending Trauma Surgeon is the most direct method for providing this involvement. However, alternative methods for providing immediate availability of the attending surgeon are also acceptable. In hospitals with residency programs, evaluation and treatment may be started by a team of surgeons that will include a PGY4 or more senior surgical resident who is a member of that hospital's residency program. This may allow the attending surgeon to take call from outside the hospital. In this case, local criteria must be established to define conditions requiring the attending Trauma Surgeon's immediate hospital presence. The attending surgeon's participation in major therapeutic decisions, presence in the Emergency Department for major resuscitations, and presence at operative procedures are mandatory. Compliance with these criteria and their appropriateness must be monitored by the hospital's Trauma Quality Improvement Program.

In Trauma Centers without applicable residency programs, local conditions may allow the Trauma Surgeon to be rapidly available on short notice. Under these circumstances local criteria must be established that allow the Trauma Surgeon to take call from outside the hospital, but with the clear commitment on the part of the hospital and the surgical staff that the general surgeon will be present in the Emergency Department at the time of arrival of the major trauma patient to supervise resuscitation and major therapeutic decisions, provide operative treatment, and be available to care for trauma patients in the ICU. Compliance with this requirement and applicable criteria must be monitored by the hospital's QI Program.)

- | | | | | |
|-----------------------|---|---|---|-----|
| b. Neurologic Surgery | E | E | D | n/a |
|-----------------------|---|---|---|-----|

(NOTE- An attending neurosurgeon must be promptly available and dedicated to the hospital's Trauma Service. The in-house requirement may be fulfilled by an in-house neurosurgeon or surgeon who has special competence, as documented in the credentialing process by the chief of neurosurgery, in the care of patients with neurotrauma and who is capable of initiating measures directed toward stabilization of the patient and determination of diagnosis.)

- | | | | | |
|-----------------------|---|---|---|---|
| c. Emergency Medicine | E | E | E | E |
|-----------------------|---|---|---|---|

(NOTE- In Regional institutions, requirements may be fulfilled by emergency medicine chief residents capable of assessing emergency situations in trauma patients and providing any indicated treatment. When chief residents are used to fulfill availability requirements, the attending on call will be advised and be promptly available.

In Community Trauma Centers this requirement may be fulfilled by a physician who is credentialed by the hospital to provide emergency medical services.)

- | | | | | |
|-------------------|---|---|---|-----|
| d. Anesthesiology | E | E | D | n/a |
|-------------------|---|---|---|-----|

(NOTE- Requirements may be fulfilled by anesthesiology chief residents PGY4/CA4 who are capable of assessing emergent conditions of trauma patients and providing any indicated treatment, including initiation of surgical anesthesia. When anesthesiology residents are used to fulfill availability requirements, the staff anesthesiologist on call will be advised and promptly available.

In Trauma Centers without anesthesiology residency programs, requirements may be fulfilled when local conditions assure that the staff anesthesiologist will be in the hospital at the time of the patient's arrival. During the interim period prior to the arrival of the staff anesthesiologist, an in-house Certified Registered Nurse Anesthetist (CRNA) capable of assessing emergent situations in trauma patients and of initiating and providing any indicated treatment will be available. In some hospitals without a CRNA inhouse, local conditions may allow anesthesiologists to be rapidly available on short notice. Under these circumstances, local criteria must be established to allow anesthesiologists to take call from outside the hospital without CRNA availability, but with the clear commitment that anesthesiologists will be immediately available for airway emergencies and operative management. The availability of the anesthesiologist and the absence of delays in airway control or operative anesthesia must be documented by the hospital QI process.)

2. On call and promptly available:

- | | | | | |
|-------------------|-----|-----|---|---|
| a. Anesthesiology | n/a | n/a | E | D |
|-------------------|-----|-----|---|---|

(NOTE- May be provided by a CRNA under physician supervision. CRNA's involved in caring for trauma patients must have appropriate educational background and participate in trauma-related continuing educational and QI activities. Prompt response must be monitored by the Trauma QI program.)

- | | | | | |
|--------------------|---|---|-----|-----|
| b. Cardiac Surgery | E | D | n/a | n/a |
| c. Cardiology | E | E | D | n/a |

PROPOSED REGULATIONS

d. General Surgery	n/a	n/a	E	D
--------------------	-----	-----	---	---

(NOTE- Communication should be such that the general surgeon will be present in the emergency department at the time of arrival of a major trauma patient. Initial management of major trauma patients should follow a standard trauma treatment protocol adopted by the institution.)

e. Hand Surgery	E	D	n/a	n/a
-----------------	---	---	-----	-----

f. Infectious Disease	E	D	n/a	n/a
-----------------------	---	---	-----	-----

g. Internal Medicine	E	E	E	n/a
----------------------	---	---	---	-----

(NOTE- The patient's primary care physician should be notified at an appropriate time.)

h. Microvascular Surgery (replant/flaps)	E	D	n/a	n/a
--	---	---	-----	-----

i. Neurologic Surgery	n/a	n/a	D	n/a
-----------------------	-----	-----	---	-----

j. Obstetric/Gynecologic Surgery	E	E	D	n/a
----------------------------------	---	---	---	-----

k. Ophthalmic Surgery	E	E	D	n/a
-----------------------	---	---	---	-----

l. Oral/Maxillofacial Surgery	E	E	n/a	n/a
-------------------------------	---	---	-----	-----

m. Orthopedic Surgery	E	E	E	n/a
-----------------------	---	---	---	-----

n. Pediatric Surgery	E	D	D	n/a
----------------------	---	---	---	-----

(NOTE- A pediatric surgeon is defined as a surgeon who has been granted privileges by the hospital to provide surgical care for the injured child.)

o. Pediatrics	E	E	D	n/a
---------------	---	---	---	-----

(NOTE- The patient's primary care physician should be notified at an appropriate time.)

p. Plastic Surgery	E	E	D	n/a
--------------------	---	---	---	-----

q. Pulmonary Medicine	E	E	n/a	n/a
-----------------------	---	---	-----	-----

r. Radiology	E	E	E	D
--------------	---	---	---	---

s. Thoracic Surgery	E	E	D	n/a
---------------------	---	---	---	-----

(NOTE- A general Trauma Surgeon is presumed to be qualified and should have privileges to provide thoracic surgical care to patients with thoracic injuries. In facilities where the on-call Trauma Surgeon does not have privileges to provide thoracic surgical care, a board-certified thoracic surgeon should be available.)

t. Urologic Surgery	E	E	D	n/a
---------------------	---	---	---	-----

(NOTE- All specialists on call will be notified immediately and be promptly available. This availability will be continuously monitored by the Trauma QI Program.

Requirements for all physicians caring for trauma patients include board certification or eligibility, regular participation in trauma-related Continuing Medical Education and QI activities, and experience in the care of trauma patients through education and/or background. Neurosurgeons and orthopedic surgeons who participate on the Trauma Call Roster must have documentation of at least 16 trauma-related CME's annually, one-half of which every 3 years must be obtained outside the institution.)

V. Facilities/Resources/Capabilities

A. Emergency department (ED)

1. Personnel

a.) Designated physician director	E	E	E	D
-----------------------------------	---	---	---	---

b.) Physicians with special competence in care of critically injured, physically present in the ED and assigned a designated role as a member of the trauma team	E	E	E	D
--	---	---	---	---

(NOTE- In Regional institutions, requirements may be fulfilled by emergency medicine senior residents capable of assessing emergency situations in trauma patients and providing any indicated treatment. When senior residents are used to fulfill availability requirements, the attending on call will be advised and be promptly available. This requires, at a minimum, 24 hour availability of a physician who is credentialed by the hospital to provide emergency medical services and is either Board Certified in Emergency Medicine or currently certified as an ACLS and ATLS provider. All E.D. physicians caring for trauma patients must have documentation of at least 16 trauma-related CME's annually, one-half of which every 3 years must be obtained outside the institution.)

c.) Nursing personnel with special capability in trauma care who provide continual monitoring of the Trauma patient from hospital arrival to in-house disposition	E	E	E	D
---	---	---	---	---

(NOTE- Records must be available in the hospital documenting identifiable annual trauma-specific continuing education hours

PROPOSED REGULATIONS

for every nurse who cares for critically injured trauma patients. Staffing patterns should be based upon data describing both the Emergency Department and trauma patient populations in terms of numbers and acuity.)

2. Equipment for resuscitation of patients of all ages shall include, but not be limited to:

a.) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen	E	E	E	E
b.) Pulse oximetry	E	E	E	D
c.) End-tidal CO2 determination	E	E	E	D
d.) Suction devices	E	E	E	E
e.) EKG-monitor-defibrillator	E	E	E	E
f.) Apparatus to establish central venous pressure monitoring	E	E	E	D
g.) Standard intravenous fluids and administration devices including large-bore intravenous catheters	E	E	E	E
h.) Sterile surgical sets for				
i.) Airway control/cricothyrotomy	E	E	E	E
ii.) Thoracotomy	E	E	E	D
iii.) Vascular access	E	E	E	E
iv.) Chest decompression	E	E	E	E
i.) Gastric decompression	E	E	E	E
j.) Drugs necessary for emergency care	E	E	E	E
k.) X-ray availability, 24 hours a day	E	E	E	D

(NOTE- There will be written policies and procedures related to monitoring of trauma patients when they are out of the Emergency Department and availability of emergency equipment in areas such as CT or angiography to which critical trauma patients are transported.)

l.) Two-way communication with vehicles of emergency transport system	E	E	E	E
m.) Skeletal traction devices, including capability for cervical traction	E	E	E	D
n.) Arterial catheters	E	E	D	D
o.) Thermal control equipment				
i.) For patient	E	E	E	E
ii.) For blood and fluids	E	E	E	D

3. Helipad consistent with Delaware

Air Medical Regulations	E	E	E	D
-------------------------	---	---	---	---

B. Operating Suite

1. Personnel and operating room

Operating room adequately staffed in-house and immediately available 24 hours a day	E	E	D	n/a
---	---	---	---	-----

(NOTE- Records must be available in the hospital documenting identifiable annual trauma-specific continuing education hours for nurses who care for critically injured trauma patients. Staffing patterns should be based upon data describing the population in terms of numbers and acuity. Prompt response must be monitored by the Trauma QI program if on-call personnel are utilized in Community Trauma Centers.)

2. Equipment for all ages shall include, but not be limited to:

a.) Cardiopulmonary bypass capability	E	D	n/a	n/a
b.) Operating microscope	E	D	n/a	n/a
c.) Thermal control equipment				
i.) For patient	E	E	E	n/a
ii.) For blood and fluids	E	E	E	n/a
d.) X-ray capability including c-arm image intensifier available 24 hours a day	E	E	D	n/a
e.) Endoscopes	E	E	D	n/a
f.) Craniotomy instruments	E	E	D	n/a
g.) Equipment appropriate for fixation of long-bone				

and pelvic fractures	E	E	E	n/a
----------------------	---	---	---	-----

C. Postanesthetic recovery room (surgical intensive care unit is acceptable)

1. Registered nurses and other essential personnel 24 hours a day

	E	E	E	n/a
--	---	---	---	-----

(NOTE- Records must be available in the hospital documenting identifiable annual trauma-specific continuing education hours for nurses who care for critically injured trauma patients. Staffing patterns should be based upon data describing the patient population in terms of numbers and acuity.)

2. Equipment for all ages shall include, but not be limited to:

a. Capability to continuously monitor temperature, hemodynamics, and gas exchange

E	E	E	n/a
---	---	---	-----

b. Equipment for the continuous monitoring of intracranial pressure

E	E	D	n/a
---	---	---	-----

c. Pulse oximetry equipment

E	E	E	n/a
---	---	---	-----

d. End-tidal CO₂ determination

E	E	E	n/a
---	---	---	-----

e. Thermal control

E	E	E	n/a
---	---	---	-----

D. Intensive care units (ICU's) for trauma patients

1. Personnel

a.) Designated surgical director of trauma patients

E	E	E	n/a
---	---	---	-----

b.) Physician, with privileges in critical care and approved by the trauma director,

on duty in ICU 24 hours a day or

1	1
---	---

promptly available to the patient

E	E	E	n/a
---	---	---	-----

(NOTE- In addition to overall responsibility for patient care by the patient's own surgeon, patients in Regional Levels 1 and 2 and Community Trauma Centers must have in-house physician coverage for intensive care at all times. This coverage may be provided by the patient's primary service or by a physician who is credentialed in critical care by the hospital and the director of the ICU. This coverage for emergencies is not intended to replace the primary surgeon in caring for the patient in the ICU; it is to ensure that the patient's immediate needs will be met while the primary surgeon is being contacted.

The active involvement of the Trauma Surgeon is crucial to optimal care of the injured patient in all phases of management, including resuscitation, identification and prioritization of injuries, therapeutic decisions, and operative procedures. In Regional facilities the 24-hour in-house availability of the attending Trauma Surgeon is the most direct method for providing this involvement. However, alternative methods for providing immediate availability of the attending surgeon are also acceptable. In hospitals with residency programs, evaluation and treatment may be started by a team of surgeons that will include a PGY4 or more senior surgical resident who is a member of that hospital's residency program. This may allow the attending surgeon to take call from outside the hospital. In this case, local criteria must be established to define conditions requiring the attending Trauma Surgeon's immediate hospital presence. The attending surgeon's participation in major therapeutic decisions, presence in the Emergency Department for major resuscitations, and presence at operative procedures are mandatory. Compliance with these criteria and their appropriateness must be monitored by the hospital's Trauma Quality Improvement Program.

1. In Trauma Centers without applicable residency programs, local conditions may allow the physician to be rapidly available on short notice. Under these circumstances local criteria must be established that allow the Trauma Surgeon to take call from outside the hospital, but with the clear commitment on the part of the hospital and the surgical staff that the general surgeon will be available to care for trauma patients in the ICU. Compliance with this requirement and applicable criteria must be monitored by the hospital's QI Program.

In Community Trauma Centers electing to manage severely injured patients in lieu of transferring them, a method of providing 24 hour physician coverage for ICU patients must be in place and documented through the hospital Trauma Quality Management Program.)

c.) Adequate staffing by nursing personnel with special capability in trauma care

E	E	E	n/a
---	---	---	-----

(NOTE- Records must be available in the hospital documenting identifiable annual trauma-specific continuing education hours for every nurse who cares for critically injured trauma patients. Staffing patterns should be based upon data describing the patient population in terms of numbers and acuity.)

2. Equipment for all ages shall include, but not be limited to:

a.) Cardiopulmonary resuscitation cart

E	E	E	n/a
---	---	---	-----

PROPOSED REGULATIONS

b.) Defibrillator with internal, external paddles	E	E	E	n/a
c.) Electrocardiograph machine	E	E	E	n/a
d.) Sets of instruments for				
i.) Tracheal intubation	E	E	E	n/a
ii.) Tracheostomy	E	E	E	n/a
iii.) Thoracostomy	E	E	E	n/a
iv.) Venous cut-down	E	E	E	n/a
v.) Central venous puncture	E	E	E	n/a
vi.) Arterial cannulation	E	E	E	n/a
vii.) Peritoneal lavage	E	E	E	n/a
e.) Scale	E	E	E	n/a
f.) Volume- and pressure-cycled ventilators	E	E	E	n/a
g.) Vascular and intracranial pressure monitors	E	E	E	n/a
h.) Pulse or venous oximeters	E	E	E	n/a
i.) Thermodilution cardiac output computers	E	E	E	n/a
j.) Temporary transvenous pacemakers	E	E	E	n/a
k.) Infusion devices	E	E	E	n/a
l.) Blood warmers	E	E	E	n/a
m.) Orthopedic traction devices	E	E	E	n/a
o.) Equipment for rapid warming, cooling of pts	E	E	E	n/a
p.) Adjustable chairs	E	E	E	n/a
3. Support Services				
A.) Immediate access to clinical diagnostic services	E	E	E	n/a
(NOTE- Blood gas measurements, hematocrit level, and chest X-ray studies should be available within 30 minutes of request. This capability will be continuously monitored by the QI Program.)				
B.) Social Service assistance for trauma patients meeting Regional triage criteria and their families	E	E	E	n/a
C. Medical-Surgical floors designated to receive trauma patients meeting Regional triage criteria post-ICU	E	E	E	n/a
1. Adequate staffing by nursing personnel with special capability in trauma care	E	E	E	n/a
(NOTE- Records must be available in the hospital documenting identifiable annual trauma-specific continuing education hours for nurses who care for critically injured trauma patients. Staffing patterns should be based upon data describing the patient population in terms of numbers and acuity.)				
2. Equipment for all ages shall include, but not be limited to:				
a.) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen	E	E	E	n/a
b.) Suction devices	E	E	E	n/a
c.) EKG-monitor-defibrillator	E	E	E	n/a
d.) Apparatus to establish central venous pressure monitoring	E	E	E	n/a
e.) Standard intravenous fluids and administration devices	E	E	E	n/a
f.) Cardiopulmonary resuscitation cart	E	E	E	n/a
g.) Gastric decompression	E	E	E	n/a
h.) Drugs necessary for emergency care	E	E	E	n/a
F. Acute hemodialysis capability	E	D	D	n/a
G. Organized burn care	E	E	E	E
1. Physician-directed burn center staffed by nursing personnel trained in burn care and equipped properly for care of the extensively burned patient				
OR				
2. Transfer agreement with recognized burn center				

H. Acute spinal cord/head injury management capability E E E E

1. In circumstances in which a designated spinal cord injury center exists in the region, early transfer should be initiated in selected patients; transfer agreements should be in effect

2. In circumstances in which a head injury center exists in the region, early transfer should be initiated in selected patients; transfer agreements should be in effect

I. Critical pediatric trauma care capability E E E E

1. Trauma Center with Pediatric Commitment

OR

2. Written transfer agreement with a tertiary pediatric referral center with critical care capabilities

J. Radiological special capabilities

1. In-house radiology technician 24 hrs a day E E E n/a

(NOTE- If this requirement is fulfilled in Community Trauma Centers by technicians not in-house 24 hours a day, quality improvement must verify that the procedure is promptly available.)

2. Angiography E E D n/a

3. Sonography E E D n/a

4. Nuclear scanning E D D n/a

5. Computed tomography (CT) E E E n/a

6. In-house CT technician 24 hrs a day E E D n/a

(NOTE- If this requirement is fulfilled by technicians not in-house 24 hours a day, quality improvement must verify that the procedure is promptly available.)

7. Neuroradiology E D D n/a

(NOTE- Defined as a radiologist credentialed by the institution to interpret radiology studies of the central nervous system.

There will be written policies and procedures related to monitoring of trauma patients when they are out of the Emergency Department and availability of emergency equipment in areas such as CT or angiography to which critical trauma patients are transported.)

K. Rehabilitation

1. Rehabilitation service staffed by personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient E E E n/a

a. Early referral E E E n/a

(NOTE- Consultation with appropriate rehabilitative services should be made early in the patient's hospitalization. Patients with rehabilitative needs should have access to early rehabilitative evaluation and bedside therapy during the acute phase of their care. Optimal time for rehabilitation consult is within 72 hours of admission.)

b. Discharge planning E E E E

(NOTE- There must be identifiable evidence of early and adequate discharge planning including assessment of function to assure that all trauma patients have access to the inpatient or outpatient services they require post-acute care discharge.)

2. Full in-house long-term rehabilitation service E E E E

(NOTE- Access to the full range of rehabilitative services must be provided, including physiatrist or physician director of rehabilitative services, nursing care, physical therapy, occupational therapy, speech/language/hearing services, substance abuse rehabilitative counseling/referral, orthotic/prosthetic services, psychological/social/family support services, and age-appropriate rehabilitative capability.

Records documenting annual continuing education hours must be available for all rehabilitation team members who provide care for trauma patients.

There must be immediate availability of adequate emergency equipment in all rehabilitation areas.)

OR

transfer agreement with a rehabilitation facility for long-term care

(NOTE- Facilities providing in-patient acute rehabilitative care for trauma patients should have current CARF

PROPOSED REGULATIONS

(Committee on Accreditation of Rehabilitation Facilities) certification.)

L. Clinical laboratory service (available 24 hrs. a day)

1. Standard analyses of blood, urine, and other body fluids	E	E	E	E	E
2. Blood typing and cross-matching	E	E	E	E	E
3. Coagulation studies	E	E	E	E	D
4. Comprehensive blood bank or access to a community central blood bank and adequate storage facilities	E	E	E	E	E
5. Blood gases and pH determinations	E	E	E	E	D
6. Microbiology	E	E	E	E	D
7. Drug and alcohol screening	E	E	E	E	D

VI. Quality Improvement

A. Quality improvement program based on ACS

Resources for Optimal Care of the Injured Patient:
1993, Chapter 16 and the State of Delaware Trauma System Quality Management Plan

B. Trauma registry	E	E	E	E	E
C. Special audit for all trauma deaths	E	E	E	E	E
D. Morbidity and mortality review	E	E	E	E	E
E. Trauma conference, multidisciplinary	E	E	E	E	D
F. Medical nursing audit, utilization, tissue review	E	E	E	E	E
G. Review of prehospital trauma care	E	E	E	E	D
H. Published on-call schedule must be maintained for surgeons, neurosurgeons, orthopaedic surgeons, and other major specialists	E	E	E	E	D
I. Times of and reasons for trauma -related bypass must be documented and reviewed by quality improvement program	E	E	E	E	n/a
K. Quality improvement personnel dedicated to and specific for the trauma program	E	E	E	D	D

VII. Outreach Program

Telephone and on-site consultations with physicians of the community and outlying areas

	E	E	D		
--	---	---	---	--	--

VIII. Prevention/Public Education

A. Epidemiology research

1. Conduct studies in injury control	E	D	D	D	n/a
2. Research collaboration w/ other institutions	E	D	D	D	D
3. Monitor progress of prevention programs	E	D	D	D	D
4. Consult with qualified researchers on evaluation measures	E	D	D	D	D

(NOTE- An epidemiologist or biostatistician should be available.)

B. Surveillance

1. Special ED & field collection projects	E	D	n/a	n/a	n/a
---	---	---	-----	-----	-----

(NOTE- This includes the capability of doing special data collection projects as need is identified, such as monitoring bicycle helmet use in the community.)

2. Expanded trauma registry data	E	E	E	E	D
3. Minimal trauma registry data (abbreviated)	E	E	E	E	E

C. Prevention

1. Designated prevention coordinator	E	E	D	D	n/a
--------------------------------------	---	---	---	---	-----

PROPOSED REGULATIONS

(NOTE: This activity may be part of the Trauma Coordinator's responsibilities.)

2. Outreach activities, program development	E	E	D	n/a
3. Information resource	E	E	D	n/a
4. Collaboration with existing national, regional, and state programs	E	E	E	D

IX. Trauma Research Program

(NOTE: A trauma research program should be designed to produce new knowledge applicable to the care of injured patients. This research may be conducted in a number of ways, including traditional laboratory and clinical research, reviews of clinical series, and epidemiological or other studies. Regardless of the approach, the study design must include the development and testing of a clearly defined hypothesis. Consistent publication of articles focused on a clinical problem in peer-reviewed journals is the distinguishing feature of an effective research program. A trauma research program should have an organizational structure that fosters and monitors such ongoing productivity. In addition to the publications mentioned above, presentation of results at local, regional, and national society meetings and ongoing studies approved by local human and animal research review boards are expected from productive programs.)

A. Organized program with designated director	E	D	n/a	n/a
B. Regular meeting of research group	E	D	n/a	n/a
C. Evidence of productivity				
1. Proposals reviewed by IRB	E	D	n/a	n/a
2. Presentation at local/regional/national meetings	E	D	n/a	n/a
3. Publications in peer-reviewed journals	E	D	n/a	n/a

X. Continuing Education

Formal programs in continuing education provided by hospital for:

A. Staff physicians	E	E	D	n/a
B. Nurses	E	E	E	D
C. Allied health personnel	E	E	E	D
D. Community physicians	E	E	D	n/a

XI. Organ Procurement Activity	E	E	E	E
--------------------------------	---	---	---	---

XII. Transfer Agreements

A. As transferring facility	D	E	E	E
-----------------------------	---	---	---	---

(NOTE- Written transfer procedures and agreements with appropriate Trauma Centers, Speciality Centers, and hospitals, providing for timely movement of both critical and convalescing patients within the Trauma System, must be established and maintained. Compliance with these procedures is to be monitored by each institution's Quality Improvement process.)

B. As receiving facility	E	E	D	n/a
--------------------------	---	---	---	-----

(NOTE- It is the responsibility of each receiving hospital to provide timely feedback to transferring hospitals on the status and outcome of all patients received.)

PEDIATRIC TRAUMA STANDARDS

	Adult Trauma Center with Pediatric Commitment	Regional Pediatric Trauma Center Level 1	Level 2 Trauma Center	Community Pediatric Center
I. Demonstrated Commitment to Trauma Care				
A. Facility must meet all corresponding Regional Adult Trauma Center Standards	Level 1 or 2	Regional Level 1	Regional Level 2	Community

(NOTE-The Pediatric Trauma Standards identify the categories of resources required in facilities which specialize in pediatric

trauma care. Reference must be made to the standards for the corresponding Trauma Center level in the Delaware Adult Trauma Center Standards document to determine the specific elements of these categories and whether each is an Essential or a Desirable standard for each level Pediatric Trauma Center.)

II. Hospital Organization

A. Hospital

1. Children’s hospital or general hospital with a separate pediatric department --- E E E

OR

General hospital with an organized pediatric department or service E --- --- ---

B. Trauma Service

1. Pediatric Trauma Service organized and managed by a pediatric surgeon --- E E E

OR

Pediatric Trauma Program administered by a surgeon E --- --- ---

(NOTE- The Pediatric Program Director must be board-certified and committed to the care of the injured child, as evidenced by documented experience and annual continuing medical education on pediatric trauma.)

2. Pediatric Trauma Coordinator --- E E E

OR

Trauma Coordinator E --- --- ---

III. Clinical Capabilities

A. In-house 24 hours a day:

1. Pediatric surgeon --- E E D

OR

General surgeon E --- --- ---

(NOTE- At Regional Pediatric Trauma Centers a pediatric surgeon credentialed in trauma care will be promptly available. This responsible pediatric surgeon will be present in the operating room for all procedures. A general surgical resident at a minimum PGY4 level may initiate resuscitative care until the attending pediatric surgeon arrives.

In Trauma Centers utilizing general surgeons to provide pediatric trauma care, the surgeons so credentialed must have special interest in and commitment to care of the injured child, demonstrated by experience and documented CME.

In Trauma Centers without applicable residency programs, local conditions may allow the Pediatric Trauma Surgeon to be rapidly available on short notice. Under these circumstances local criteria must be established that allow the surgeon to take call from outside the hospital, but with the clear commitment on the part of the hospital and the surgical staff that the pediatric surgeon will be present in the Emergency Department at the time of arrival of the major trauma patient to supervise resuscitation and major therapeutic decisions, provide operative treatment, and be available to care for trauma patients in the ICU. Compliance with this requirement and applicable criteria must be monitored by the hospital’s QI Program.)

2. Pediatric neurosurgeon --- E E D

OR

Neurosurgeon E --- -- - ---

(NOTE- An attending neurosurgeon must be promptly available and dedicated to the hospital’s Trauma Service. The in-house requirement may be fulfilled by an in-house neurosurgeon or surgeon who has special competence, as documented in the credentialing process by the chief of neurosurgery, in the care of patients with neurotrauma and who is capable of initiating measures directed toward stabilization of the patient and determination of diagnosis.)

3. Pediatric Emergency physician --- E E E

OR

Emergency physician E --- --- ---

(NOTE- In Regional institutions, requirements may be fulfilled by emergency medicine chief residents capable of assessing emergency situations in trauma patients and providing any indicated treatment. When chief residents are used to fulfill availability requirements, the attending on call will be advised and be promptly available.

In Community Trauma Centers this requirement may be fulfilled by a physician who is credentialed by the hospital to provide emergency medical services.)

PROPOSED REGULATIONS

4. Pediatric anesthesiologist	---	E	E	D
OR				
Anesthesiologist	E	---	---	---

(NOTE- Requirements may be fulfilled by anesthesiology chief residents PGY4/CA4 who are capable of assessing emergent conditions of trauma patients and providing any indicated treatment, including initiation of surgical anesthesia. When anesthesiology residents are used to fulfill availability requirements, the staff anesthesiologist on call will be advised and promptly available.

In Trauma Centers without anesthesiology residency programs, requirements may be fulfilled when local conditions assure that the staff anesthesiologist will be in the hospital at the time of the patient's arrival. During the interim period prior to the arrival of the staff anesthesiologist, an in-house Certified Registered Nurse Anesthetist (CRNA) capable of assessing emergent situations in trauma patients and of initiating and providing any indicated treatment will be available. In some hospitals without a CRNA inhouse, local conditions may allow anesthesiologists to be rapidly available on short notice. Under these circumstances, local criteria must be established to allow anesthesiologists to take call from outside the hospital without CRNA availability, but with the clear commitment that anesthesiologists will be immediately available for airway emergencies and operative management. The availability of the anesthesiologist and the absence of delays in airway control or operative anesthesia must be documented by the hospital QI process.)

5. Pediatric intensivist	---	E	E	D
OR				
Surgical Critical Care specialist	E	---	---	---

(1 In Trauma Centers without applicable residency programs, local conditions may allow the physician to be rapidly available on short notice. Under these circumstances local criteria must be established that allow the Trauma Surgeon to take call from outside the hospital, but with the clear commitment on the part of the hospital and the surgical staff that the general surgeon will be available to care for trauma patients in the ICU. Compliance with this requirement and applicable criteria must be monitored by the hospital's QI Program.

In Community Trauma Centers electing to manage severely injured patients in lieu of transferring them, a method of providing 24 hour physician coverage for ICU patients must be in place and documented through the hospital Trauma Quality Management Program.)

B. On call and promptly available:

1. Pediatric surgeon	---	---	---	E
OR				
General surgeon	---	---	---	---

(NOTE- Communication should be such that the Pediatric Trauma Surgeon will be present in the emergency department at the time of arrival of a major trauma patient. Initial management of major trauma patients should follow a standard trauma treatment protocol adopted by the institution

2. Pediatric anesthesiologist	---	---	---	E
OR				
Anesthesiologist	---	---	---	---

(NOTE- May be provided by a CRNA under physician supervision. CRNA's involved in caring for trauma patients must have appropriate educational background and participate in trauma-related continuing educational and QI activities. Prompt response must be monitored by the Trauma QI program.)

3. Pediatric orthopedist	---	E	E	E
OR				
Orthopedist	E	---	---	---
4. Pediatric radiologist	---	E	E	E

OR				
Radiologist	E	---	---	---
5. Other pediatric surgical specialists	D	E	E	E
6. Other pediatric medical specialists	D	E	E	E

(NOTE- An on-call schedule designating pediatric surgical and medical specialists must be utilized. Prompt availability of these specialists must be monitored through the Pediatric Trauma QI Program. It is expected that physicians participating on the Pediatric Trauma Call Roster will demonstrate their interest in pediatric trauma care through involvement in Pediatric Trauma QI and educational activities.

In reference to the adult standards for on call physicians, freestanding pediatric facilities may meet the Obstetric/

PROPOSED REGULATIONS

Gynecological Surgery standard through current transfer agreements with an adult Trauma Center as outlined in Section VI. of this document. The requirement for Pediatric Surgery and Pediatrics coverage is Essential for all Pediatric Trauma Centers.)

IV. Facilities/ Resources/ Capabilities

A. Special equipment necessary for the resuscitation, surgical or nonoperative management, and postoperative or postresuscitative care of infants and children must be immediately available on every hospital unit caring for injured children. E E E E

B. Physician and nursing staff who care for pediatric trauma patients throughout their hospitalization must include some pediatric-specific hours in their documented annual trauma-related continuing education. E E E E

(NOTE- Courses such as Pediatric Advanced Life Support (PALS) and Advanced Pediatric Life Support (APLS) are strongly encouraged for physician and nursing staff caring for pediatric trauma patients.)

C. Emergency Department

1. Pediatric Emergency Department with appropriate personnel, equipment, facilities --- E E E

OR

Pediatric capabilities in an Emergency equipment and staffed by personnel trained to care for pediatric trauma patients Department with adequate pediatric E --- --- ---

2. Nurses who are knowledgeable in the care of pediatric trauma patients E E E E

D. Intensive care unit

1. Pediatric ICU with pediatric surgical, medical, and nursing personnel and equipment needed to care for the injured child --- E E E

OR

ICU with personnel and equipment appropriate for the care of the injured child E --- --- ---

E. Pediatric perioperative services

1. Operative and recovery facilities, equipment, and personnel specific to meet the trauma care needs of all ages of pediatric patients. E E E E

F. Pediatric medical-surgical floor/unit

1. Identifiable pediatric floor or unit staffed with personnel knowledgeable in the care of pediatric trauma patients. E E E E

G. Support services

1. Psychosocial services providing appropriate support and referrals for injured children and their families. D E E E

2. Rehabilitation and physical medicine services specific to the needs of pediatric trauma patients available for early consult and treatment. D E E E

3. Comprehensive pediatric diagnostic and laboratory capabilities including micro-sampling and 24-hour CT scan availability E E E E

V. Pediatric Trauma Quality Improvement

A. Identifiable Quality Improvement activities specific to the pediatric trauma patient population. E E E E

B. Documented participation by pediatric trauma

physicians in pediatric trauma QI activities.	E	E	E	E
C. Trauma Registry collecting expanded data on pediatric patients, with capability to provide information on the pediatric trauma population, including hospital course and outcome.	E	E	E	E
D. Demonstrated institutional commitment to pediatric trauma research, education, and injury prevention	D	E	D	D

VI. Transfer Agreements

A. Appropriate current transfer agreements must be in place for all pediatric trauma specialty care not provided by each institution, including care for burns, head and spinal cord injuries, obstetrics/gynecologic surgery, critical care, and rehabilitation. E E E E

VI. STATE of DELAWARE TRIAGE, TRANSPORT and TRANSFER PROTOCOLS

PREHOSPITAL TRAUMA TRIAGE SCHEME IMPLEMENTATION GUIDELINES

1. The Triage Scheme is designed to serve as a tool for the prehospital provider to use in a step-by-step manner in order to arrive at appropriate triage decisions for trauma patients. Based on the American College of Surgeons' Committee on Trauma's Resources for Optimal Care of the Injured Patient:1993 and the American College of Emergency Physicians' Guidelines for Trauma Care Systems. it is laid out to follow the logical progression of assessment used when responding to a trauma call. Step 1 takes place as the responder approaches the scene and notes mechanism of injury, followed by the notation of obvious injuries (Step 2) observed as the provider approaches the patient. Step 3 criteria are vital sign parameters.
2. A patient who meets any one of the Step 1, 2 or 3 criteria needs to be triaged to a Regional Level 1 Trauma Center, Regional Level 2 Trauma Center, or Community Trauma Center. These patients are also appropriate candidates for air transport depending on scene location and aircraft availability.
3. All prehospital personnel who are caring for a patient meeting Triage Scheme criteria should alert the receiving hospital of this as early as possible so that the facility can assemble its trauma team prior to the patient's arrival.
4. Any patient with an unmanageable airway is to be transported to the closest hospital for definitive airway management and subsequent trauma triage.
5. All patients with significant head trauma as evidenced by a Glasgow Coma Score of 8 or less, or spinal cord trauma as evidenced by new onset limb paralysis or weakness, should be triaged to a Trauma Center with an available neurosurgeon.
6. The most critical and unstable patients should be triaged to the higher level Trauma Center whenever transport time to two Trauma Centers is nearly the same. This will save the patient the time required for later interfacility transfer if a higher level of care or resources is needed.
7. * Major burns (STEP 2) are defined as:
 - 3rd degree burns > 5% BSA (Body Surface Area) - all ages,
 - 2nd or 3rd degree burns > 10% BSA - patients < 10 or > 50 years of age,
 - 2nd or 3rd degree burns > 20% BSA- all ages,
 - 2nd or 3rd degree burns involving face, hands, feet, genitalia, perineum, or major joints - all ages,
 - Significant electrical burns including lightning injury - all ages,
 - Significant chemical burns - all ages,
 - Inhalation injury - all ages, and

Burn injury in patients with significant pre-existing illnesses, such as respiratory or cardiac disease.

8. If a patient fails to meet any of the criteria of Steps 1, 2 or 3, assessment should be made for the criteria listed in Step 4. The presence of one or more of these conditions should raise the index of suspicion for serious injury, and a triage decision should be made in consultation with Medical Control.
9. Patients who meet no criteria of the Triage Scheme may be transported to the closest hospital.
10. If there is any doubt about whether or not a patient needs to be in a Trauma Center, Medical Control should be consulted and consideration given to transporting the patient to a Trauma Center for evaluation.
11. The run sheet, with full documentation of the call, must be left at the hospital for inclusion in the patient's medical record and later use by the hospital's Trauma Registry.
12. In order to be considered a participant in Delaware's Prehospital Trauma Triage Scheme, an out-of-state facility must receive Delaware reciprocity as a Trauma Center by demonstrating current Trauma Center designation status and adherence to equivalent trauma standards.
13. The duPont Hospital for Children is prepared to accept and manage children and adolescents through the age of 18 years. However, any pregnant adolescent should be considered to be an adult and transported to an adult Trauma Center.

AIR TRANSPORT GUIDELINES

Utilization of aeromedical services has become a nationally accepted standard for the rapid evacuation and transportation of critically injured patients to the most appropriate medical facility for definitive medical care. In order to make the best decisions about the most appropriate mode of transport for a particular patient, multiple factors must be considered. Clinical factors relate to the patient and are described in the Prehospital Trauma Triage Scheme, Steps 1, 2, and 3. Operational factors relate to the transport process, and include helicopter availability and location measured against ground transport time. Weather, traffic, ground unit availability, and scene accessibility are other operational factors which must be considered on a case by case basis.

Air transport is appropriate for a seriously injured trauma patient (see Prehospital Trauma Triage Scheme, Steps 1, 2, 3) when ground transport time to a Trauma Center will exceed 10 minutes. To avoid excessive time spent on scene awaiting arrival of the aircraft, the helicopter should be dispatched at the time of initial ALS dispatch or immediately upon arrival of the first units on scene. It is in the patient's best interest for the aircraft to be dispatched early rather than to wait for ground unit request when available information suggests a major incident. When appropriate, consideration may be given to rendezvous.

If transport time between two Trauma Centers is relatively equal, critically injured trauma patients should be transported directly to the higher level Trauma Center. Patients with significant head trauma as evidenced by a Glasgow Coma Score of 8 or less, or spinal cord trauma as evidenced by new onset limb paralysis or weakness should be transported directly to a Trauma Center with an available neurosurgeon. Availability of air transport will impact these time and distance decisions and may potentially save the patient the time required for later interfacility transfer as well as keep the helicopter available for scene medevac work.

The most appropriate mode of transportation to be utilized when an interfacility transfer is being arranged is a decision to be made jointly by the receiving and transferring physicians. Again, operational factors as well as clinical factors need to be considered in arriving at the best transport decision in each circumstance.

HIGH-RISK CRITERIA FOR CONSIDERATION OF EARLY TRANSFER OF INJURED PATIENTS

These criteria are for use by Community Trauma Centers and Participating Trauma System Hospitals in identifying critical patients requiring early transfer to a higher or more specialized level of care. Their intent is to decrease the need for an extensive, time-consuming workup prior to transfer. (These guidelines are not intended to be hospital-specific.) **PLANS FOR TRANSPORT SHOULD BE INITIATED IMMEDIATELY UPON RECOGNITION THAT A PATIENT MEETS ANY OF THE CRITERIA LISTED BELOW. PATIENTS WHO MEET EARLY TRANSFER CRITERIA SHOULD BE ENROUTE WITHIN ONE HOUR OF THIS DETERMINATION BEING MADE.**

CENTRAL NERVOUS SYSTEM: HEAD

- Penetrating injury or open fracture (with or without cerebrospinal fluid leak)
- Depressed skull fracture
- Glasgow Coma Scale (GCS) <12 or GCS deterioration
- Lateralizing signs

CENTRAL NERVOUS SYSTEM: SPINAL CORD

- Spinal column injury or major vertebral injury (limb paresis or paralysis)

CHEST

- Major chest wall injury (penetrating injuries to torso, flail chest)
- Wide mediastinum or other signs suggesting great vessel injury
- Cardiac injury
- Patients who may require mechanical ventilation

PELVIS

- Unstable pelvic ring disruption
- Unstable pelvic fracture with shock or other evidence of continuing hemorrhage
- Open pelvic injury

MAJOR EXTREMITY INJURIES

- Fracture/dislocation with loss of distal pulses
- Open or multiple long-bone fractures
- Extremity ischemia
- Amputation proximal to wrist or ankle

MULTIPLE-SYSTEM INJURY

- Head injury combined with face, chest, abdominal, or pelvic injury
- Major burns*, burns with associated injuries
- Injury to more than two organ systems
- Hemodynamic or respiratory instability
- Severe facial fractures or neck injury with potential for airway instability

SECONDARY DETERIORATION

- Sepsis 2. Major tissue necrosis
- Single or multiple organ system failure (deterioration in central nervous, cardiac, pulmonary, hepatorenal, or coagulation systems)

COMORBID FACTORS (not stand alone criteria but should increase index of suspicion):

- Age <12 or >55 years Pregnancy
- Cardiac or respiratory disease Insulin-dependent diabetes
- Morbid obesity Immunosuppression
- Presence of intoxicants

*** BURN CENTER REFERRAL CRITERIA****1. Major burns which usually require early referral to a Burn Center include the following:**

- 3rd degree burns involving more than 5% Body Surface Area (BSA) in all ages,
- 2nd or 3rd degree burns involving more than 10% BSA in patients younger than 10 years or older than 50 years of age,
- 2nd or 3rd degree burns involving more than 20% BSA in all ages,
- 2nd or 3rd degree burns involving face, hands, feet, genitalia, perineum, or major joints in all ages,
- Significant electrical burns including lightning injury in all ages,
- Significant chemical burns in all ages,
- Inhalation injury in all ages,

- Burn injury in patients with pre-existing illnesses that could complicate management, prolong recovery, or affect mortality, and
 - Burn injury in patients who will require special social, emotional, or long-term rehabilitative support, including cases involving suspected child abuse and neglect.
2. A burn patient in whom concomitant trauma poses an increased risk of morbidity or mortality may be initially treated in a Trauma Center until stable before transfer to a Burn Center.
3. Children with burns should be transferred to a Burn Center with qualified personnel and proper equipment to care for the pediatric burn patient.

INTERFACILITY TRANSFER PROTOCOL

RATIONALE:

Optimal outcome for the trauma patient is time-related. It is to the patient's advantage to receive definitive care as promptly as possible. In order to perform appropriate and timely hospital-based triage, candidates for interhospital transfer must be identified quickly and the transfer process carried out promptly.

PATIENT IDENTIFICATION:

The physician should utilize the High-Risk Patient Criteria in conjunction with knowledge of available institutional resources to identify patients who would best be served by immediate transfer to a tertiary or specialty care center.

INITIATION of TRANSFER:

Formal written transfer agreements and procedures must be established and made readily available to staff prior to the need for their implementation.

As soon as the need for interhospital transfer is identified, the responsible physician should initiate the transfer process by contacting the responsible physician at the receiving facility following established transfer agreements and procedures. Care of the patient while awaiting transfer will be determined by the referring and receiving physicians. It is NOT necessary to complete all diagnostic studies and/or minor procedures (such as suturing) prior to contacting the receiving facility or prior to transfer. In physician to physician communication, patient condition and transfer options, including most appropriate mode of transportation and accompanying personnel shall be discussed. The physicians shall also reach an agreement on timeframe of transfer and treatment/diagnostic measures to be completed at transferring versus receiving facility.

DOCUMENTATION:

Full documentation of the patient's course, including initial and subsequent assessment findings, treatment, results of diagnostic studies including copies of xrays whenever possible should be forwarded to the receiving hospital with or prior to the arrival of the patient (fax).

QUALITY MANAGEMENT:

All transfers in or out will be reviewed as part of both the in-hospital and System Trauma Quality Management processes.

FOLLOW-UP:

It is the responsibility of every receiving hospital to provide timely feedback to the transferring facility on the status and outcome of each patient received

VII. STATE of DELAWARE TRAUMA SYSTEM QUALITY MANAGEMENT PLAN

I. PHILOSOPHY

The State of Delaware Trauma System is committed to provision of optimal care for all injured persons. In order to attain this goal, the Division of Public Health coordinates all medical services provided to trauma patients based on national standards for trauma care as set forth by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the American College of Surgeons Committee on Trauma (ACS/COT)'s Resources for Optimal Care of the Injured Patient: 1993, the American College of Emergency Physicians (ACEP)'s Trauma Care System Guidelines, 1992 and Health Resources and Services Administration's The Model Trauma Care System Plan, 1992. This Performance Improvement Plan seeks to enable this System to meet and exceed these standards, both administratively and clinically, through promotion and

achievement of continuous improvement in all aspects of the statewide trauma program's organization and associated activities.

II. PURPOSE/GOALS

The State of Delaware Trauma System's Quality Improvement Plan describes the framework for designing, measuring, assessing, and improving the organizational functions related to provision of medical services to injured patients within the State. It promotes performance improvement through education, facilitation of inter- and intra-hospital communication, and systems coordination. The plan integrates all pre-hospital, medical staff, nursing, ancillary services, and operational performance improvement activities through systematic monitoring and evaluation of the appropriateness of patient care, the measurement of outcomes, and the identification of opportunities for improvement.

The goals of the Trauma System's Performance Improvement Plan are "to monitor the process and outcome of patient care, to ensure the quality and timely provision of such care, to improve the knowledge and skills of trauma care providers, and to provide the ... structure and organization to promote quality improvement." within the state (ACS, 1993, p. 78).

III. OBJECTIVES

Based on national standards for Facility Quality Improvement set forth in the American College of Surgeon's Resources for Optimal Care of the Injured Patient (1993) and the JCAHO Recommendations for Improving Organizational Performance and for System Quality Improvement as outlined in the American College of Emergency Physician's Trauma Care System Guidelines, 1992, the Trauma System's Quality Improvement Plan describes the framework for use in designing, measuring, assessing, and improving the Delaware Trauma System's organization, functions, and services. This is accomplished by a collaborative approach with the appropriate facilities, services, and disciplines involved, utilizing the following objectives:

- Systematic measurement on a continuing basis to understand and maintain the stability of systems and processes;
- Measurement of patient and systems outcomes to help determine priorities for improving systems and processes;
- Assessment of system competence and performance.

IV. AUTHORITY

The Division of Public Health has the ultimate authority and responsibility for assuring the delivery of quality trauma care throughout the state. The care of the trauma patient is monitored and evaluated at both the Facility and System levels. The Division has the authority for system data collection, review, and most importantly the authority to recommend corrective action in all aspects of trauma care throughout the continuum from injury to rehabilitation. The Division will provide guidance as needed to individual trauma facilities in the development and implementation of their Trauma Quality Improvement Programs. Maintenance of patient confidentiality is the joint responsibility of evaluators at the State and Facility levels.

V. PRE-HOSPITAL EVALUATION

A. OBJECTIVE

The Division of Public Health shall work with the Fire Prevention Commission to address improvements regarding pre-hospital care of the injured patient. The American College of Emergency Physicians' Trauma Care System Guidelines will provide a basis for pre-hospital trauma care evaluation. There will be an on-going evaluation of all aspects of trauma care from the receipt of the call at central dispatch to the patient's arrival at the medical facility. Evaluation will document quality of care provided and compliance with protocols. Areas in need of improvement will be identified. Major areas of review are as follows:

Access to the system	Response time
Efficacy of field therapy	Scene time
Transport decisions	Transport time
Transport to the appropriate facility	
Under/over triage	
Documentation	

B. DATA COLLECTION

Delaware will follow national standards for pre-hospital data collection. The Division of Public Health will collaborate with the State Fire Prevention Commission to determine the minimum data sets to be collected by Basic and Advanced Life Support providers. Data used for evaluation of pre-hospital care must be consistent with the design of the Delaware Trauma Registry, as collected by the medical facilities and analyzed by the Division of Public Health.

Data to be reviewed shall consist of, but not be limited to the following:

- Initial response times
- Completion of primary patient assessment

- Appropriate care of life-threatening conditions
- Trip sheet completion and availability at facility
- Scene time within accepted guidelines
- Proper triage/determination of facility type needed by patient
- Transportation to appropriate facility within an acceptable time frame

Quality improvement indicators will be determined by the Trauma System Evaluation Committee based on Delaware pre-hospital protocols and national and Delaware standards of care.

C. QUALITY IMPROVEMENT

A completed pre-hospital patient care record must be provided to the medical receiving facility for inclusion in the patient's emergency room or hospital medical record. Facilities and pre-hospital providers are strongly encouraged to establish a mechanism for exchange of information. Additionally, the hospital's Trauma Registrar will include this record's data in the facility's Trauma Registry for outcome evaluation.

A Quality Improvement program model shall be developed by the Division of Public Health or its designee for the use of Basic Life Support and Advanced Life Support agencies. Recommendations for changes in educational curricula, patient care protocols, etc. shall be based on analysis of information obtained through the pre-hospital evaluation process. The Division shall also develop a mechanism for pre-hospital providers to have input into quality assurance issues, including the identification of educational needs and methods of addressing them.

VI. TRAUMA CENTER EVALUATION

A. All designated trauma facilities will design a performance improvement plan which meets the standards and requirements established by the Division of Public Health. The Division shall utilize as guidelines the American College of Surgeons' Resources for Optimal Care of the Injured Patient: 1993 standards and subsequent revisions (as described in Chapter 6, Section D, page 32, and Chapter 16, pages 77-83). Hospital performance improvement plans will be verified during site survey and quality improvement visits.

B. DESIGN

When new processes or systems are developed within an institution, the design will be based on the following:

- Up-to-date sources of information about designing processes and systems including, but not limited to, practice guidelines, clinical pathways, professional standards, and regulatory standards;
- The needs and expectations of internal and external consumers;
- The performance of the processes and systems and their outcomes including, but not limited to, internal and external (benchmarking) comparison data.

C. MEASURE

Quality indicators (audit filters) will be based on nationally recognized guidelines set forth by the American College of Surgeons. They are established to evaluate process or outcome of the care or services provided or to determine the level of performance of existing processes and the outcomes resulting from these processes. Data collection and measurement will be systematic, relate to relevant standards of care, and prioritized according to high volume, high risk, or problem-prone areas. In addition, the needs, expectations, and feedback from patients and their families, employees, results of ongoing monitoring activities (e.g. infection control), safety of the patient care environment, utilization and risk management findings will be included.

Data collection will be designed to:

- Assess new or existing processes;
- Measure the level of performance and stability of important existing processes;
- Set performance improvement priorities;
- Establish benchmarks of performance to identify potential opportunities for improvement;
- Identify patterns and trends that may require focused attention;
- Provide comparative performance data to use for performance improvements; and
 - Evaluate whether changes have improved the processes.

Quality indicators (audit filters) may:

- Measure events or phenomena that are expected to occur at some level of frequency;
- Relate data about either a process or an outcome;
- Relate data about occurrences that are either desirable or undesirable;
- Relate data that guide the Trauma Program in improving norms of performance instead of focusing exclusively on censoring or eliminating individual outliers; and
- Identify serious events which may trigger an opportunity for improvement and require further data collection.

Focused audits will be used to periodically examine the process of care as recommended by ACS and may include, but will not be limited to, the following:

- Noncompliance with hospital criteria for trauma center designation
- Trauma attending surgeon arrival times for Trauma Codes
- The absence of documentation of required information/patient assessment findings on trauma care records

D. ASSESS

After collection the data will be analyzed to determine the following:

- Whether design specifications for new processes were met;
- The level of performance and stability of existing processes;
- Priorities for possible improvement of existing processes;
- Actions and strategies to improve the performance of processes; and
- Whether changes in the processes resulted in improvement.

This will be accomplished through the use of statistical quality control techniques and tools, comparative benchmarking data such as TRISS, review of the Trauma Program's processes and outcomes over time, and other reference material as appropriate. Intensive assessment will be used when measurement indicates that potential performance or system related opportunities for improvement exist, a single serious event occurs, the control limits are met, or when undesirable variation in performance has occurred or is occurring.

The assessment process will be interdisciplinary and interdepartmental depending upon the process or outcome under review.

E. IMPROVE

When an opportunity for improvement is identified or when the measurement of an existing process identifies the need to redesign a process, a systematic approach such as recommended by the JCAHO, which currently uses the FOCUS-PDCA Model, will be implemented. This model is the ongoing process used to promote continuous improvement as described below:

FIND PROCESS IMPROVEMENT OPPORTUNITY

- Develop an opportunity statement
- Identify the process

ORGANIZE A TEAM THAT KNOWS THE PROCESS

- Identify employees who work closest with the process
- Identify internal/external consumers and their expectations

CLARIFY CURRENT KNOWLEDGE OF THE PROCESS

- Identify sound areas of the process
- Determine if team members are appropriate to assess the process
- Identify the process flow
- Identify problems/redundancies which can be eliminated to make the flow more efficient

UNCOVER CAUSES OF PROCESS VARIATION

- Identify variation in the process
- Identify measurable process characteristics
- Identify if the variation has a common or unique cause
- Identify the effect the variation has on other hospital systems

START THE IMPROVEMENT CYCLE

- Determine what changes can be made to improve the process
- Start a description of the process to be improved

PLAN THE IMPROVEMENT AND DATA COLLECTION

- Identify what improvements are to be made and in what order
- Assign responsibility for making the change
- Determine when the change will be effective
- Determine what data will be collected to measure changes

DO THE IMPROVEMENT

- Initiate the change (Pilot study period)
- Collect data

CHECK THE RESULTS

- Analyze the results of the data collection
- Draw conclusions

ACT IN PROCESS AND THEORY

- Standardize the change
- Determine ongoing measurement of the process and reevaluation of implemented changes (effectiveness monitored for a minimum of 3 months following corrective action)
- Policy and procedure development/revision
- Education and communication of new process

Following identification and documentation of a specific problem in patient care or system performance by the peer-review process, corrective action is taken through one of the following mechanisms:

- Change of existing policies and procedures that govern or define the standard of care
- Professional education: cases may be selected for discussion at the trauma service conferences; deficits in knowledge can be addressed through education of the whole group of providers or of specific providers
- Counseling: review of a specific case or cases is conducted by the Director of Trauma, chief of the service, or the supervisor, with the individual.
- Credentialing process: information from quality improvement activities may be reported through the institution's QI System for consideration at the time of credentialing, delineation of privileges, or evaluation.

VII. DELAWARE STATE TRAUMA REGISTRY**A. PATIENT CRITERIA**

In order to generate consistent Statewide data, all patients who meet the following criteria must be included in the hospital Trauma Registry:

Patients with an ICD-9 CM N-code diagnosis between 800.00 and 959.9 plus any one or more of the following:

- 1) admission to the hospital for greater than 2 calendar days, or
- 2) inpatient operative procedure or
- 3) admission to the intensive care unit at any time, or
- 4) transfer to a trauma center or acute care facility, or
- 5) transfer from an acute care facility, or
- 6) death, including Emergency Department deaths and patients who are dead on arrival.

EXCLUSION: Patients over 55 years having the solitary diagnosis of closed fracture of neck of femur, ICD-9 CM N 820.0 or 820.2 AND underlying cause of injury defined by E884.2, E885, or E888 (falls on same level, from bed or chair, other falls).

B. DATA SET

- The Trauma Registry software to be used by hospitals will be specified by the Division of Public Health in conjunction with the Evaluation Committee, with input from all data-contributing hospitals. Technical support will be provided to all

Delaware acute care facilities by the Division or its designee. Facilities will collect the required data and submit it to the System Trauma Registry Coordinator as soon as possible, but no more than 90 days after the close of each quarter.

- Data collected from contributing acute care facilities will form the State's Trauma System Registry. System Registry data will then be used in the process of formulating System reports, for the purpose of System Quality Improvement, for data linkage, and for research/prevention activities.
- The Trauma Registry data set shall be reviewed annually by the Delaware State Trauma Evaluation Committee and the Division of Public Health for any necessary additions, deletions, or modifications.

C. HOSPITAL PARTICIPATION

- All acute care in-patient facilities in Delaware which receive traumatically injured patients will be required to contribute to the State Trauma Registry program by collecting and recording electronic data into the hospital Registry system, following the patient criteria described in Section A. All designated trauma facilities must use the complete Trauma Registry form, which includes patient information and facility-specific quality assurance and financial data elements. Non-designated facilities may choose to use the abbreviated Trauma Registry format.
 - Each contributing facility will designate an individual who will have the authority, responsibility and accountability for directing and maintaining the hospital Trauma Registry and its data submission to the State.
 - Each contributing facility will identify a primary data entry person and allow them adequate time and resources to perform their tasks. (Time commitment is estimated to be 60 minutes for a complete form and an additional 60 minutes for quality improvement activities per patient.) This individual shall be required to participate in a Delaware Trauma Registrars Network, which will facilitate communications among Registrars and provide educational information to improve data quality. All Registrars will be required to attend scheduled Network meetings and workshops.
 - Both the individual contributing facilities and the State will be responsible for data integrity and confidentiality.

VIII. TRAUMA SYSTEM EVALUATION

A. Evaluation of the Delaware Trauma System encompasses the entire scope of care provided to injured patients within the State of Delaware from injury through rehabilitation.

B. DIVISION of PUBLIC HEALTH RESPONSIBILITIES

Implement and monitor the State Trauma System Quality Improvement Program.

C. TRAUMA REGISTRY COORDINATOR RESPONSIBILITIES

- Review Trauma Registry data submitted for completeness.
- Provide educational support for Trauma Registrars.
- Assure maintenance of all minutes and records related to System continuous improvement activities.
- Function as staff for Evaluation Committee.

D. DELAWARE STATE TRAUMA SYSTEM EVALUATION COMMITTEE

1. The Trauma System Evaluation Committee will be a subcommittee of the Trauma System Committee.
2. Membership consists of representatives from each component of the statewide Trauma System.

Standing members should be available for frequent working meetings and have access to the Quality Management

Process of the agency which they represent. The Committee and Division may designate ad hoc Quality

Management project members as needed.

After three unexcused absences in a calendar year, a member will be automatically terminated from the Committee and the Division will name a replacement.

3. Responsibilities of Evaluation Committee:

The Delaware Trauma System Evaluation Committee is charged with providing recommendations, advice, and assistance to the Division of Public Health in its ongoing evaluation of the Delaware Trauma System based on American College of Emergency Physicians standards and nationally accepted Continuous Quality Improvement guidelines. Specific functions may include the following:

- Assist the Trauma Registry Coordinator in the supervision of the State Trauma Registry.
- Assess trauma care standards, and recommend actions for the development and implementation of statewide policies and procedures that guide and support the provision of trauma care or services.
- Assess resources needed to support and sustain the Delaware State Trauma System.
- Evaluate the coordination and integration of pre-hospital, inter-hospital, intra-hospital, and ancillary services.
- Monitor the incidence of adverse outcomes on a regular basis with comparison to regional and national norms.

- Recommend action for identified problems or opportunities for improvement in patient care services.
- Report Quality Improvement activities to the Division of Public Health on a regular basis.
- Sponsor ongoing education regarding ACS, ACEP, and JCAHO standards and provide a multidisciplinary educational forum for presentation and discussion of interesting, difficult, and/or controversial trauma patient management cases.

- Evaluate effectiveness of actions taken and determine follow-up.
- Meet a minimum of four times per year, and as determined by the Committee or the Division.
- Assess other sources of data to combine into a comprehensive database for evaluation of the continuum of trauma care in the State of Delaware.
- Develop operational guidelines for the Committee's functioning.
- Perform any other function deemed necessary by the Division of Public Health

4. Reports:

- Report aggregate findings/activities of Evaluation Committee including, but not limited to:
- The incidence of adverse or positive outcomes with comparison to regional and national norms;
- Trend analyses of systems components;
- Recommendations for action when opportunities for improvement are identified;
- Evaluation of effectiveness of actions taken and methodologies for follow-up.
- Support trauma prevention, research, and systems activities by publishing or helping others to publish reports

5. Major areas of Trauma System review will include:

- Triage
- Interhospital transfer
- Facility performance
- Impact of system
- Integrity of Trauma Registry data
- Prevention trends

IX. OVERSIGHT

The Division of Public Health receives at least semi-annual reports of the Trauma System's Evaluation Committee activities. Minutes of each meeting will be forwarded to the Division in a timely manner.

X. CONFIDENTIALITY

As used in this section, "records" means the recordings of interviews and all oral or written reports, statements, minutes, memoranda, charts, data, statistics, and other documentation generated by the Evaluation Committee, its subcommittees, and the State Trauma Registry for the stated purpose of trauma system medical review or quality care review and audit.

All quality management proceedings shall be confidential. Records of the State Trauma Evaluation Committee, its subcommittees, the State Trauma Registry, and attendees at meetings held for stated purposes of trauma system medical review or quality care review and audit shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding.

All studies, reports, and minutes will include only the patient trauma registry number with all other identifying information encoded or kept in locked files. Access to qualified researchers may be granted based on state, federal, and municipal statutes, bylaws, rules, regulations, and policies. All meeting attendees will be required to sign confidentiality statements. Any documented breach of confidentiality will be referred to the Division of Public Health for appropriate action.

XI. ANNUAL REVIEW

This plan is reviewed at least annually by the Division of Public Health and the Evaluation Committee.

REFERENCES

1. American College of Emergency Physicians: Guidelines for Trauma Care Systems. Dallas, Texas, ACEP, 1992.

PROPOSED REGULATIONS

2. American College of Surgeons Committee on Trauma: Resources for Optimal Care of the Injured Patient:1993. Chicago, Illinois, ACS, 1993.
3. U.S. Department of Health and Human Services: Model Trauma Care System Plan. Rockville, Maryland, DHSS, 1992.

Symbol Key

Roman type indicates the text existing prior to the regulation being promulgated. Underlined text indicates new text added at the time of the proposed action. Language which is ~~stricken~~ through indicates text being deleted. **[Bracketed Bold language]** indicates text added at the time the final order was issued. ~~[Bracketed-stricken-through]~~ indicates language deleted at the time the final order was issued.

Final Regulations

The opportunity for public comment shall be held open for a minimum of 30 days after the proposal is published in the Register of Regulations. At the conclusion of all hearings and after receipt within the time allowed of all written materials, upon all the testimonial and written evidence and information submitted, together with summaries of the evidence and information by subordinates, the agency shall determine whether a regulation should be adopted, amended or repealed and shall issue its conclusion in an order which shall include: (1) A brief summary of the evidence and information submitted; (2) A brief summary of its findings of fact with respect to the evidence and information, except where a rule of procedure is being adopted or amended; (3) A decision to adopt, amend or repeal a regulation or to take no action and the decision shall be supported by its findings on the evidence and information received; (4) The exact text and citation of such regulation adopted, amended or repealed; (5) The effective date of the order; (6) Any other findings or conclusions required by the law under which the agency has authority to act; and (7) The signature of at least a quorum of the agency members.

The effective date of an order which adopts, amends or repeals a regulation shall be not less than 10 days from the date the order adopting, amending or repealing a regulation has been published in its final form in the Register of Regulations, unless such adoption, amendment or repeal qualifies as an emergency under §10119.

PUBLIC SERVICE COMMISSION

**Statutory Authority: Title 26 Section 201 of the
Delaware Code (26 Del.C. 201)**

PUBLIC SERVICE COMMISSION

**BEFORE THE PUBLIC SERVICE
COMMISSION
OF THE STATE OF DELAWARE**

IN THE MATTER OF THE |
PROMULGATION |
OF RULES REGARDING |
THE DISCOUNTS |
FOR INTRASTATE |
TELECOMMUNICATIONS | PSC REGULATION
AND INFORMATION | DOCKET NO. 47
SERVICES PROVIDED |
TO SCHOOLS AND |
LIBRARIES |
(OPENED JUNE 17, 1997) |

ORDER NO. 4555

This 15th day of July, 1997, the Commission finds, determines, and Orders:

In PSC Order No. 4524 (June 17, 1997), the Commission proposed to adopt rules governing the discounts to be available to eligible schools and libraries for the purchase of intrastate telecommunications services. See 47 U.S.C. § 254(h)(1)(B). The proposed rules incorporate the discount matrix adopted by the Federal Communications Commission ("FCC") for interstate telecommunications and other additional services provided to eligible schools and libraries. See Federal-State Board on Universal Service, CC Dckt. No. 96-45, Report and Order, FCC 97-157 (rel. May 8, 1997) (62 Fed. Reg. 32862) ("the Universal Service Order"). The Commission's proposed rules also set forth implementing procedures similar to those adopted by the FCC. The Commission proposed the new rules, with the discount matrix, because the FCC's Universal Service Order requires a state to adopt a discount for intrastate services as deep as the federally prescribed one in order for schools and libraries in that state to receive support, for both interstate and intrastate services, from the federal Universal Service fund. 47 C.F.R. § 54.505(e)(1).

2. Because federal support will be provided to schools and libraries nationwide under a first-come, first-served application process, the Commission sought to adopt the rules promptly to allow Delaware schools and libraries to make

timely applications for support. Thus, in compliance with 29 Del. C. §§ 1133 & 10115, the Commission caused notice of the proposed rules to be published in the Delaware Register of Regulations and caused notice of a public hearing to be published in two newspapers of general circulation. However, due to the time requirements surrounding the promulgation of regulations, it would appear that a final adoption of the proposed rules cannot occur until mid-September, 1997.

3. On July 9, 1997, the Governor signed House Joint Resolution No. 9. This resolution authorizes the Commission to adopt discounts for telecommunications services provided to eligible schools and libraries for purposes of the receipt of federal universal service support. It also specifically releases the Commission from the procedures set forth in 29 Del. C. §§ 1133 & 10115 in adopting those discounts.

4. The Commission believes that the intent of House Joint Resolution No. 9 was to allow this Commission to adopt discounts for eligible schools and libraries on an expedited basis so that our State's schools and libraries would not be delayed in applying for universal service support. In light of such direction, the Commission now decides to adopt the discount matrix set forth in the proposed rules without awaiting the public hearing and the close of the comment period ordered in PSC Order No. 4524. This prompt adoption of the discount matrix will ensure that schools and libraries in this State will have the opportunity to file for universal service support at the time the federal support administrator begins to accept applications. The Commission believes that the adoption of the discount matrix by this Order will satisfy the requirements of 47 C.F.R. § 54.505(e)(1).

5. At the same time, the Commission will continue the scheduled comment and hearing proceedings and may, after the receipt of such comments and the conclusion of the hearing, alter or amend the proposed rules based on the testimony and materials submitted.

Now, therefore, IT IS ORDERED:

1. That, pursuant to 47 U.S.C. § 254(h)(1)(B) and House Joint Resolution No. 9 of the 139th General Assembly, the following matrix shall be the discount rate to be applied to eligible intrastate services and facilities purchased by eligible schools, school districts, libraries, or library consortia based on the institution's level of poverty and location.

SCHOOLS & LIBRARIES DISCOUNT MATRIX HOW DISADVANTAGED? % of students eligible for national school lunch program	DISCOUNT LEVEL	
	urban discount	rural discount
< 1	20	25
1-19	40	50
20-34	50	60
35-49	60	70
50-74	80	80
75-100	90	90

Schools and libraries located in New Castle County and Kent County are designated as urban. Schools and libraries located in Sussex County are designated as rural. The above discounts shall be applicable only for the receipt of support from a universal service fund.

2. That the procedures set forth in PSC Order No. 4524 (June 17, 1997) shall continue to be followed and the designated Hearing Examiner shall endeavor to submit his report for Commission review by August, 1997. Interested persons shall still submit comments by July 31, 1997, and may present comments and testimony at the public hearing scheduled for August 1, 1997. The Commission reserves the right to make such modifications, amendments, and revisions to the above matrix and the rules proposed in PSC Order No. 4524 as a result of the comments and public hearing. Pursuant to the authority granted by House Joint Resolution No. 9, the Commission may do so without any further, additional publication of such changes in the Delaware Register of Regulations or in newspapers of general circulation.

3. That the Secretary shall mail or deliver a copy of this Order to: (1) the Secretary of Education; (2) the State Librarian; (3) the Executive Director of the Office of Information Systems; (4) the Executive Director of the Delaware Center for Educational Technology; (5) the Public Advocate; and (6) all persons who have made a timely request for advance notice of rule-making proceedings.

4. That the Commission reserves the jurisdiction and authority to enter such further Orders in this matter as may be deemed necessary or proper.

BY ORDER OF THE COMMISSION:

**DELAWARE BOARD OF EXAMINERS OF
NURSING HOME ADMINISTRATORS
RULES AND REGULATIONS ENACTED
BY THE STATE OF DELAWARE
TITLE 24, CHAPTER 52**

**PLEASE NOTE THAT THE FOLLOWING
REGULATORY CHANGES WERE
INITIATED PRIOR TO THE EFFECTIVE
DATE OF THE CURRENT
ADMINISTRATIVE PROCEDURES ACT
THE FOLLOWING IS PRESENTED
FOR INFORMATIONAL PURPOSES
ONLY**

AN ACT PROVIDING FOR THE APPOINTMENT OF A STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS, DEFINING ITS POWERS AND DUTIES: REGULATING THE PRACTICE PROVIDING FOR THE LICENSING OF SUCH AND PRESCRIBING PENALTIES FOR ANY VIOLATIONS OF THIS ACT, TITLE 24, CHAPTER 52.

Rules and Regulations
Board of Examiners of Nursing Home Administrators

Rule 1. Source of Authority: 24 Delaware Code, Chapter 52

The Rules and Regulations herein contained constitute, comprise, and shall be known as the Rules and Regulations of the Board of Examiners of Nursing Home Administrators of the State of Delaware, and are hereby promulgated, pursuant to the authority granted to and imposed upon the said Board under and pursuant to the provisions of the State Licensing Statute, 24 Delaware Code, Chapter 52.

Rule 2. General Definitions.

A. Whenever used in these Rules and Regulations unless expressly otherwise stated, or unless the context or subject matter requires a different meaning, the following terms shall have the respective meanings hereinafter set forth or indicated.

1. The term "Board" means the Delaware State Board of Examiners of Nursing Home Administrators.

2. The term "Nursing Home Administrator" means the individual responsible for planning, organizing, directing and controlling the operation of a nursing home, or who in fact performs such functions, whether or not such functions are shared by one or more other persons, and who is duly licensed by the Board.

3. The term "Nursing Home Administrator-In-Training" means an individual registered as such with the Board, under direct supervision of a currently licensed Delaware Nursing Home Administrator in the Sponsoring Facility (Spons), and/or Skilled Nursing Facility (SNF), and/or Assisted Living Facility (AL).

4. The term "Practice of Nursing Home Administration" means the performance of any act or the making of any decision involved in the planning, organizing, directing and/or controlling of a nursing home.

5. The term "Nursing Home" means any institution, building or agency in which accommodation is maintained, furnished or offered for any fee, gift, compensation or reward, for the care of more than four aged, infirm, chronically ill or convalescent persons, that is duly licensed by the State Division of Public Health.

6. The term "Person" means an individual and does not include the terms: firm, corporation, association, partnership, institution, public body, joint stock association or any other group of individuals.

7. Term "Preceptor" means an individual who currently has a Delaware Nursing Home Administrator license and is employed in a Skilled Nursing Facility (SNF) or Assisted Living Facility (ALF).

Rule 3. Board Meetings.

A. The Board may meet at least every other month, with location and dates set by the President, in accordance with the Freedom of Information Act.

B. The President, or other presiding officer of the Board, may call special meetings of the Board when necessary, upon a minimum of 24 hours notice.

Rule 4. General Powers.

A. The Board shall exercise such powers as provided by the Laws of this State pertaining to the licensing and registration of Nursing Home Administrators. A majority of the Board shall constitute a quorum and no action shall be taken without the affirmative vote of five members of the Board.

B. The Board may seek counsel and advice from appropriate State Agencies, as needed.

C. From time to time, the Board shall make and publish such Rules and Regulations, not inconsistent with the Law, as it may deem necessary and proper for the execution and enforcement of the Law and Rules and Regulations governing the licensing and registration of Nursing Home Administrators.

D. The Board shall exercise quasi-judicial powers, not inconsistent with the law.

Rule 5. Officers and Duties.

A. The Board shall elect annually from its membership a President, Vice President, and Secretary.

B. The President shall preside at all meetings of the Board and shall sign all official documents of the Board. In the absence of the President, the Vice President shall preside at meetings and perform all duties usually performed by the President.

Rule 6. Scheduling of Examinations and Re-Examinations.

Examinations will be administered on the second Thursday of January, April, July and October of each year in Dover.

Rule 7. Pre-Examination Requirements; Conditions Precedent.

The Board shall admit to examination for licensure as a Nursing Home Administrator, any candidate who meets the qualifications or demonstrates to the satisfaction of the Board that within 30 days after the examination he/she will meet the following standards:

- A. Is at least 21 years of age.
- B. Shall meet the requirements of 1 or 2 or 3 set forth below:
 1. Possesses a baccalaureate or graduate degree in Health & Health Services, Hospital Administration or Business Administration and,
 - a. has three months experience as a Nursing Home Administrator or
 - b. has successfully completed six months in a pre-approved Nursing Home Administrator-In-Training Program under Direct supervision of the applicant's Preceptor(s) (this program will include all subjects as listed in Rule 10, Content of the Administrator-In-Training Program) or
 - c. has demonstrated administrative experience as the Board deems sufficient, or
 2. Possesses a baccalaureate or graduate degree in a specialty other than Health & Human Services, Hospital Administration or Business Administration and,
 - a. has six months experience as a Nursing Home Administrator or
 - b. has successfully completed nine months in a pre-approved Nursing Home Administrator-In-Training Program under Direct supervision of the applicant's Preceptor(s) (this program will include all subjects as listed in Rule 10, Content of the Administrator-In-Training Program) or
 - c. has demonstrated administrative experience as the Board deems sufficient, or
 3. Possesses an associate degree or a current Delaware license as a Registered Nurse and,
 - a. has twelve months experience as a Nursing Home Administrator or

b. has successfully completed twelve months in a pre-approved Nursing Home Administrator-In-Training Program under Direct supervision of the applicant's Preceptor(s) (this program will include all subjects as listed in Rule 10, Content of the Administrator-In-Training Program) or

c. has demonstrated administrative experience as the Board deems sufficient to satisfy this requirement.

C. In addition to the degree requirements listed in Rule 7.

1. has completed a course of study administered by an accredited educational institution, provided that both the course of study and the educational institution has been pre-approved by the Board as providing adequate academic preparation for nursing home administration, or

2. has demonstrated comprehensive experience and education which the Board deems sufficient to satisfy this requirement.

Rule 8. Application for Examination.

A. An applicant for examination and qualification for a license as a Nursing Home Administrator shall make application in writing, on forms provided by the Board, and shall furnish evidence satisfactory to the Board that he/she has met the pre-examination requirements as provided for in the State Licensing Statutes and Rule 7 of these Rules and Regulations.

B. To establish suitability and fitness to qualify for a license as a Nursing Home Administrator, as required by the State Licensing Statute, prior to being submitted to examination for licensure as a Nursing Home Administrator, the applicant shall furnish evidence satisfactory to the Board of ability to perform the essential functions of a licensed Nursing Home Administrator.

Some examples of essential functions of a Nursing Home Administrator are:

1. Ability to demonstrate understanding and communicate general and technical information necessary to the administration and operation of a nursing home with or without reasonable accommodation i.e., applicable health and safety regulations, and

2. Ability to assume responsibilities for the administration of a nursing home as evidenced by prior accredited activities and evaluation of prior services and evidence secured by the Board, and

3. Ability to relate the physical, psychological, spiritual, emotional and social needs of ill and/or aged individuals to the administration of a nursing home and to create the compassionate climate necessary to meet the needs of the patients therein with or without reasonable accommodation, and

4. Thorough knowledge and demonstrated understanding of the subjects as incorporated in the list of Rule 10.

C. The basic requirements for suitability set forth herein are to be considered minimal and may not be waived.

Rule 9. Conditional Admission to Examination; Disqualification; Re-Examination.

A. An applicant for examination who has been disqualified shall be given written notification by certified mail of his/her disqualification and the reason therefore and the applicant's right to a hearing.

B. All proceedings shall be conducted according to the Administrative Procedures Act.

C. Where an applicant for examination has been disqualified, he/she may submit a new application for qualification for examination provided, however, that he/she shall be required to meet the requirements for licensing as shall be in force at the time of such reapplication.

Rule 10. Content of the Administrator-In-Training Program.

A. Every Administrator-In-Training (AIT) program shall be approved by the Board and shall be conducted under the direct supervision of the Pre-Approved Preceptor(s), the start date for which shall be the date of the Board's notification of preceptor(s) approval and must be completed within the allotted time (an extension may be granted upon request by either the applicant or preceptor(s) for bonafide reason(s).)

So as to encourage entry to qualified Nursing Home Administrator candidates, the following AIT program (see Addendum A attached) is split between a skilled nursing facility (SNF) and an assisted living facility (AL) and the sponsoring facility (Spons), so called because it is generally the applicant's employer and could be either SNF or AL. If the Spons is SNF, the Board will require at least 5% of the program be completed in a AL; if the Spons is AL, the Board will require at least 10% of the program be completed in a SNF, with the training for each subject of the program to be conducted in the facility identified by an "x" under the appropriate columnar heading. Since the AIT program is split between a SNF and an AL, each AIT Trainee will require a preceptor for each type of facility.

Rule 11. Grading Examinations.

A. Every candidate for a Nursing Home Administrator's license shall be required to pass the National Association of Boards examination (NAB).

B. In the event the national examination is failed, the applicant will be notified by the Administrative Assistant. The applicant for licensure will be permitted to retake the examination a maximum of two additional times. The fee for the examination will be set by Division of Professional Regulation. The first makeup examination must be taken within three months and the second, if necessary, within the following six month period. If an applicant must take the

exam for a third time, it will be necessary for the applicant, prior to taking the third examination, to spend 40 hours working in a skilled care facility, previously approved by the Board, under a Delaware licensed administrator.

A passing score of seventy five percent (75%) will be required on the examination. Passing grade will:

National scale-113 correct out of 150

Rule 12. Approval of Programs of Study for Licensure of a Nursing Home Administrator.

Any program of study offered by an Educational Institute for the purpose of qualifying applicants for Nursing Home Administrator licensure and/or re-licensure shall be subject to the approval of the Board.

Rule 13. Programs for Continuing Education Credits.

A. Continuing education programs consisting of Board approved seminars, resident or extension courses, conferences and workshops totaling 48 classroom hours or more, on any of the subject areas enumerated in Paragraph B below, are required for biennial licensure of a license as a Nursing Home Administrator. A maximum of 24 additional credit hours may be carried forward into the next licensure period, however, they must be earned within the last nine months of the preceding licensure period. The following are requirements for license renewal:

1. For licenses initially authorized during the first six months of the biennial period, 36 credit hours will be required for renewal.

2. For licenses initially authorized during the second six months of the biennial period, 24 credit hours will be required for renewal.

3. For licenses initially authorized during the third six months of the biennial period, 12 credit hours will be required for renewal.

4. For licenses initially authorized during the fourth six months of the biennial period, no credit hours will be required for renewal.

5. When continuing education units are not met, there will be no extensions, absent showing hardship.

B. Content of programs of continuing education shall include one or more of the following general subject areas or their equivalents:

1. Applicable standards of environmental health and safety,

2. Local health and safety regulations,

3. General Administration,

4. Psychology of patient care,

5. Principles of medical care,

6. Personal and social care,

7. Therapeutic and supportive care and services in long-term care,

8. Department organization and management,

9. Community interrelationships, and,

10. Business or financial management.

C. Programs of continuing education:

1. Those conducted solely by accredited educational institutions.

2. Those conducted jointly by educational institutions and associations, professional societies or organizations other than accredited colleges or universities.

3. Those conducted solely by associations, professional societies and other professional organizations other than accredited educational institutions.

4. Those self-instruction or home study courses, video computer-assisted programs, and teleconferences, pre-approved by the Board, may be accumulated at no more than twelve hours per renewal period.

D. Upon completion of an approved program of study the sponsor or sponsors of the program shall issue certificates of attendance or other evidence of attendance, satisfactory to the Board.

E. Nothing contained in this rule shall preclude the Board from providing for any program of study which excludes subjects which shall be in derogation of, or in conflict with, the teachings and practices of any recognized religious faith, providing however, any applicant seeking to be entitled to be admitted to such program of study hereinafter, shall submit evidence satisfactory to the Board that he/she is in fact an adherent of such recognized religious faith.

Rule 14. Licenses.

A. An Applicant for license as a Nursing Home Administrator who has successfully complied with the requirements of the licensing laws and standards provided herein, passed the examination provided for by the Board and, where applicable, complied with the requirements for Nursing Home Administrator-In- Training, shall be issued a license on a form provided for that purpose by the Board, certifying that such applicant has met the requirements of the laws, rules and regulations entitling the applicant to serve, act, practice and otherwise hold the applicant out as a duly licensed Nursing Home Administrator. Unless otherwise suspended or revoked as provided in Rule 16 of these Rules and Regulations, such license, once issued, shall remain valid and active until its official expiration date as noted on such license.

1. Any licensee requesting an inactive status shall be notified the Board has no provision for such status and, therefore, the license in question shall be considered active and valid, regardless of the place of residence and/or occupation of the license holder, until its official expiration date, after which any application for reinstatement will be addressed as provided in Rule 15 of these Rules and Regulations.

B. Board approval for Acting Nursing Home Administrator

1. In the event of a permanent loss of a regularly licensed Nursing Home Administrator by death, disability, resignation, dismissal and or any other unexpected cause, or due to change of ownership of the facility, the owner, governing body or other appropriate authority of the nursing home suffering such removal, may designate an Acting Nursing Home Administrator. The Board may at its discretion, issue without examination a permit for a period not to exceed nine months. Such permit will be issued to an applicant who fulfills the requirements of a and b as follows :

a. Rule 7.

b. Has been nominated to be the Acting Nursing Home Administrator in the particular facility which shall be identified in the application.

2. In the event of a change in the ownership of the facility, resulting in the removal of the licensed Nursing Home Administrator, the new owner, governing body or other appropriate authority of the nursing home may designate an Acting Nursing Home Administrator under the criteria in Rule 14, B1 above.

C. No Board approval for acting Nursing Home Administrator shall be issued to an individual if that individual is employed by a facility whose administrator has operated under an acting permit within the previous year.

D. No facility may have concurrent acting permits.

Rule 15. Renewal of Licensure.

A. Every person who holds a valid license as a Nursing Home Administrator, issued by the Board, shall biennially apply to the Board for a new license, and report any facts requested by the Board.

B. On making application for renewal of license, the established fee shall be submitted and satisfactory evidence shall also be submitted to the Board that during the preceding two year period, the applicant has attended continuing education programs or courses of study as provided in Rule 13 of these Rules and Regulations.

C. A licensed Nursing Home Administrator whose license has expired may, within two years following the licensure period, have his/her license reinstated without examination upon payment of the renewal fee, plus a late fee. In addition, satisfactory evidence shall also be submitted to the Board that during the preceding two year period, the applicant has attended continuing education programs or courses of study as provided in Rule 13 of these Rules and Regulations. Any licensee whose license has expired for a period in excess of a two-year licensure period may have his/her license reinstated upon payment of the renewal fee, late fee and upon satisfying the Board as to the applicant's current qualifications by completing an application form as outlined in Rule 8 of these Rules and Regulations, providing, however, such applicant may attach a resume in lieu of completing

sections 4 and 5 of the application form. Satisfactory evidence shall also be submitted to the Board that during the preceding two year period, the applicant has attended continuing education programs or courses of study as provided in Rule 13 of these Rules and Regulations.

D. Only an individual who has qualified as a licensed Nursing Home Administrator and who holds a valid, current registration certificate pursuant to the provisions of these Rules and Regulations, shall have the right and the privilege of using the abbreviation "N.H.A." after his/her name. No other person shall use or shall be designated to such title or abbreviation or any other words, letters, sign, card or device, tending to or intended to indicate that such person is a licensed Nursing Home Administrator.

E. The Board shall maintain all approved applications for licensing of Nursing Home Administrators. The Board shall maintain a complete file of such other pertinent information as may be deemed necessary.

Rule 16. Refusal, Suspension and Revocation of License.

A. After due notice to the licensee with an opportunity to be heard at a formal hearing, the Board may suspend, revoke or refuse to issue a license for a Nursing Home Administrator, or may reprimand or otherwise discipline a licensee. Such license may be denied, revoked, or suspended if applicant or licensee has violated any of the following:

1. Willfully or repeatedly violated any of the provisions of the Laws, Rules or Regulations pertaining to the licensing of a Nursing Home Administrator.

2. Willfully or repeatedly violated any of the provisions of the Law, Rules or Regulations of the licensing or supervising authority or agency of the State or political subdivision thereof having jurisdiction over the operation and licensing of nursing homes;

3. Been convicted of a felony;

4. Has practiced fraud, deceit or misrepresentation in securing a Nursing Home Administrator's license;

5. Has practiced fraud, deceit or misrepresentation in his/her capacity as a Nursing Home Administrator;

6. Has exhibited acts or practices as a Nursing Home Administrator that show he/she is unfit or incompetent to practice by reason of negligence, habits or other causes, including but not limited to:

a. Commission of acts of misconduct in the operation of a nursing home under his/her jurisdiction;

b. Is currently using, in the possession of or has been convicted of the unlawful sale of narcotic drugs, look-alike substances or illegal drugs or alcohol;

c. Has wrongfully transferred or surrendered possession of either an acting or permanent license;

d. Has been guilty of fraudulent, misleading or deceptive advertising;

e. Has falsely impersonated another licensee of a like or different name;

f. Has failed to exercise true regard for the safety, health and life of any resident;

g. Has willfully permitted unauthorized disclosure of information relating to a resident of his/her records;

h. Has discriminated in respect to residents, employees or staff on the basis of age, race, religion, sex, color, disability, or national origin; or

i. Is unable to perform the essential requirements of a Nursing Home Administrator.

Rule 17. Complaints and Hearing Procedures.

The procedure for the investigation and prosecution of alleged violations of this chapter and these Rules and Regulations, shall be set forth in 29 Del. C. Sec. 8810.

Rule 18. Reciprocity.

A. The Board, at its discretion, and otherwise subject to the law pertaining to the licensing of a Nursing Home Administrator prescribing the qualifications for a Nursing Home Administrator license, may endorse a Nursing Home Administrator license issued by the proper authorities of any other State, upon payment of the regular established fee and upon submission of evidence satisfactory to the Board that:

1. The applicant is at least 21 years of age,

2. The applicant submits a letter of good standing from another state as a Nursing Home Administrator by a regulatory body whose purpose is to regulate the qualifications of Nursing Home Administrators,

3. The applicant has taken the National Association of Boards of Examiners (NAB) examination and that the applicant's score on the NAB examination is equal to or exceeds the Board's requirement for this test,

4. The applicant meets all current Delaware requirements as set forth in Rule 7,

5. Such applicant for endorsement holds a valid license as a Nursing Home Administrator, which has not been revoked or suspended as such in each State from which he/she has ever received a Nursing Home Administrator license or reciprocal endorsement; provided, however, that the Board may waive this requirement if upon submission of evidence to the Board, the Board is satisfied that the applicant has been rehabilitated.

B. The Board shall also have the power after due notice and an opportunity to be heard at a formal hearing, to revoke or suspend the endorsement of a Nursing Home Administrator license issued to any person upon evidence satisfactory to the Board that the duly constituted authorities of any State have lawfully revoked or suspended the Nursing Home Administrator license issued to such person by such State.

Rule 19. Restoration and Reinstatement of License.

A. Restoration of a license may be considered after a period of one year from the revocation or suspension date by the Board, at its discretion, upon submission of evidence satisfactory to the Board that the grounds for suspension or revocation has been removed, except where the grounds are for a felony or conviction of Medicaid or Medicare fraud.

B. Upon denial of such application for restoration of a license, the Board shall grant the applicant a formal hearing upon request, in accordance with the Administrative Procedures Act.

Rule 20. Display of Licenses.

Every person licensed as a Nursing Home Administrator shall display such license in a conspicuous place in the office or place of business or employment.

Rule 21. Duplicate Licenses.

Upon receipt of satisfactory evidence that a license has been lost, mutilated or destroyed, the Board may issue a duplicate license. The duplication fee is set by the Delaware Division of Professional Regulation.

Rule 22. Applicability, Legal Effect, Severability.

A. The Rules and Regulations of the Board shall be supplemental to the law providing for the licensing of Nursing Home Administrators and shall have the force and effect of Law.

B. Every rule, regulation, order and directive adopted by the Board shall state the date on which it takes effect and a copy thereof signed by the President of the Board and the Secretary of the Board shall be filed as a public record in the office of the Board and as may be required by Law.

C. The Rules and Regulations of the Board are intended to be consistent with the applicable Federal and State Law and shall be reviewed, whenever necessary, to achieve such consistency.

D. In the event that any provision of these Rules and Regulations is declared unconstitutional or invalid, or the application thereof to any person or circumstance is held invalid, the applicability of such provision to other persons and circumstances and the constitutionality or validity of every other provision of these Rules and Regulations shall not be affected thereby.

E. These Rules and Regulations shall not affect pending actions or proceedings, civil or criminal, but the same may be prosecuted or defended in the same manner and with the same effect as though these Rules and Regulations had not been promulgated.

F. The Board shall furnish copies of these Rules and Regulations and Amendments thereof for a fee set by the Delaware Division of Professional Regulation, except, the Board may, at its discretion, provide one free copy to each nursing home, health related organization, educational institutions, State or Federal Government units and other

public or noncommercial agencies or concerns.

G. Amendments to these Rules and Regulations of the Board shall be made only at a regularly called meeting thereof by a majority vote of all members of the Board. No amendment shall be acted upon unless said amendment was presented at a prior meeting and unless notice has been given to the members of the Board that said amendment is to be acted upon at a particular meeting of the Board.

H. These Rules and Regulations shall take effect the first day of December, 1982.

(Latest revision effective April 11, 1997)

DELAWARE BOARD OF NURSING

Statutory Authority: Title 24, Section 1906(1)
of the Delaware Code (24 Del.C. 1906(1))

**PLEASE NOTE THAT THE FOLLOWING
REGULATORY CHANGES WERE
INITIATED PRIOR TO THE EFFECTIVE
DATE OF THE CURRENT
ADMINISTRATIVE PROCEDURES ACT
THE FOLLOWING IS PRESENTED
FOR INFORMATIONAL PURPOSES
ONLY**

ARTICLE VIII RULES AND REGULATIONS GOVERNING THE PRACTICE OF NURSING AS AN ADVANCED PRACTICE NURSE IN THE STATE OF DELAWARE

Effective Date: July 19, 1997)

SECTION 1: AUTHORITY

1.1 There rules and regulations are adopted by the Delaware Board of Nursing under the authority of the Delaware Nursing Practice Act, 24 Del.C., §1902(d), §1906(1), §1906(7).

SECTION 2: PURPOSE

2.1 The general purpose of these rules and regulations is to assist in protecting and safeguarding the public by regulating the practice of the Advanced Practice Nurse.

SECTION 3: SCOPE

3.1 These rules and regulations govern the educational and experience requirements and standards of practice for the Advanced Practice Nurse. Prescribing medications and treatments independently is pursuant to the Rules and Regulations promulgated by the Joint Practice Committee as

defined in 24 Del. C., §1906(20). The Advanced Practice Nurse is responsible and accountable for her or his practice. Nothing herein is deemed to limit the scope of practice or prohibit a Registered Nurse from engaging in those activities that constitute the practice of professional nursing and/or professional nursing in a specialty area.

SECTION 4: DEFINITIONS

4.1 Advanced Practice Nurse

As defined in 24 Del. C., §1902(d)(1). Such a nurse will be given the title Advanced Practice Nurse by state licensure, and may use the title Advanced Practice Nurse within his/her specific specialty area.

4.1:1 CERTIFIED NURSE MIDWIFE (C.N.M.)

A Registered Nurse who is a provider for normal maternity, newborn and well-woman gynecological care. The CNM designation is received after completing an accredited post-basic nursing program in midwifery at schools of medicine, nursing or public health, and passing a certification examination administered by the ACNM Certification Council, Inc. or other nationally recognized, Board of Nursing approved certifying organization.

4.1:2 CERTIFIED REGISTERED NURSE ANESTHETIST (C.R.N.A.)

A Registered Nurse who has graduated from a nurse anesthesia educational program accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational programs, and who is certified by the American Association of Nurse Anesthetists' Council on Certification of Nurse Anesthetists or other nationally recognized, Board of Nursing approved certifying organization.

4.1:3 CLINICAL NURSE SPECIALIST (C.N.S.)

A Registered Nurse with advanced nursing educational preparation who functions in primary, secondary, and tertiary settings with individuals, families, groups, or communities. The CNS designation is received after graduation from a Master's degree program in a clinical nurse specialty or post Master's certificate, such as gerontology, maternal child, pediatrics, psych/mental health, etc. The CNS must have national certification in the area of specialization at the advanced level if such a certification exists or as specified in Article VIII, Section 9.4.1 of these Rules and Regulations. The certifying agency must meet the established criteria approved by the Delaware Board of Nursing.

4.1:4 NURSE PRACTITIONER (N.P.)

A Registered Nurse with advanced nursing educational preparation who is a provider of primary healthcare in a variety of settings with a focus on a specific area of practice. The NP designation is received after graduation from a Master's program or from an accredited post-basic NP certificate program of at least one academic year in length in a nurse practitioner specialty such as acute care, adult, family, geriatric, pediatric, or women's health, etc. The NP must

have national certification in the area of specialization at the advanced level by a certifying agency which meets the established criteria approved by the Delaware Board of Nursing.

4.2 Audit

The verification of existence of a collaborative agreement for a minimum of 10% of the total number of licenses issued during a specified time period.

4.3 Board

The Delaware Board of Nursing

4.4 Collaborative Agreement

Written verification of health care facility approved clinical privileges; or health care facility approved job description; or a written document that outlines the process for consultation and referral between an Advanced Practice Nurse and a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system.

4.5 Guidelines/ Protocols

Suggested pathways to be followed by an Advanced Practice Nurse for managing a particular medical problem. These guidelines/protocols may be developed collaboratively by an Advanced Practice Nurse and a licensed physician, dentist or a podiatrist, or licensed Delaware health care delivery system.

4.6 National Certification

That credential earned by a nurse who has met requirements of a Board approved certifying agency.

4.6:1 The agencies so approved include but are not limited to:

- A. American Academy of Nurse Practitioners
- B. American Nurses Credentialing Center
- C. American Association of Nurse Anesthetists Council on Certification of Nurse Anesthetists
- D. American Association of Nurse Anesthetists Council on Recertification of Nurse Anesthetists
- E. National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
- F. National Certification Board of Pediatric Nurse Practitioners and Nurses.
- G. ACNM Certification Council, Inc.

4.7 Post Basic Program

4.7:1 A combined didactic and clinical/preceptored program of at least one academic year of full time study in the area of advanced nursing practice with a minimum of 400 clinical/preceptored hours.

4.7:2 The program must be one offered and administered by an approved health agency and/or institution of higher learning,

4.7:3 Post basic means a program taken after licensure is achieved.

4.8 Scope of Specialized Practice

That area of practice in which an Advanced Practice Nurse has a Master's degree or a post-basic program certificate in a clinical nursing specialty with national

certification.

4.9 Supervision

Direction given by a licensed physician or Advanced Practice Nurse to an Advanced Practice Nurse practicing pursuant to a temporary permit. The supervising physician or Advanced Practice Nurse must be periodically available at the site where care is provided, or available for immediate guidance.

SECTION 5: GRANDFATHERING PERIOD

5.1 Any person holding a certificate of state licensure as an Advanced Practice Nurse that is valid on July 8, 1994 shall be eligible for renewal of such licensure under the conditions and standards prescribed herein for renewal of licensure.

SECTION 6: STANDARDS FOR THE ADVANCED PRACTICE NURSE

6.1 Advanced Practice Nurses view clients and their health concerns from an integrated multi-system perspective.

6.2 Standards provide the practitioner with a framework within which to operate and with the means to evaluate his/her practice. In meeting the standards of practice of nursing in the advanced role, each practitioner, including but not limited to those listed in Section 4.1 of these Rules and Regulations:

A. Performs comprehensive assessments using appropriate physical and psychosocial parameters;

B. Develops comprehensive nursing care plans based on current theories and advanced clinical knowledge and expertise;

C. Initiates and applies clinical treatments based on expert knowledge and technical competency to client populations with problems ranging from health promotion to complex illness and for whom the Advanced Practice Nurse assumes primary care responsibilities. These treatments include, but are not limited to psychotherapy, administration of anesthesia, and vaginal deliveries;

D. Functions under established guidelines/protocols and/or accepted standards of care;

E. Uses the results of scientifically sound empirical research as a basis for nursing practice decisions;

F. Uses appropriate teaching/learning strategies to diagnose learning impediments;

G. Evaluates the quality of individual client care in accordance with quality assurance and other standards;

H. Reviews and revises guideline/protocols, as necessary;

I. Maintains an accurate written account of the progress of clients for whom primary care responsibilities are assumed;

J. Collaborates with members of a multi-disciplinary team toward the accomplishment of mutually established goals;

K. Pursues strategies to enhance access to and use of adequate health care services;

L. Maintains optimal advanced practice based on a continual process of review and evaluation of scientific theory, research findings and current practice;

M. Performs consultative services for clients referred by other members of the multi-disciplinary team; and

N. Establishes a collaborative agreement with a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system to facilitate consultation and/or referral as appropriate in the delivery of health care to clients.

6.3 In addition to these standards, each nurse certified in an area of specialization and recognized by the Board to practice as an Advanced Practice Nurse is responsible for practice at the level and scope defined for that specialty certification by the agency which certified the nurse.

SECTION 7: GENERIC FUNCTIONS OF THE ADVANCED PRACTICE NURSE WITHIN THE SPECIALIZED SCOPE OF PRACTICE include but are not limited to:

7.1 Eliciting detailed health history(s)

7.2 Defining nursing problem(s)

7.3 Performing physical examination(s)

7.4 Collecting and performing laboratory tests

7.5 Interpreting laboratory data

7.6 Initiating requests for essential laboratory procedures

7.7 Initiating requests for essential x-rays

7.8 Screening patients to identify abnormal problems

7.9 Initiating referrals to appropriate resources and services as necessary

7.10 Initiating or modifying treatment and medications within established guidelines

7.11 Assessing and reporting changes in the health of individuals, families and communities

7.12 Providing health education through teaching and counseling

7.13 Planning and/or instituting health care programs in the community with other health care professionals and the public

7.14 Prescribing medications and treatments independently pursuant to Rules and Regulations promulgated by the Joint Practice Committee as defined in 24 Del. C., §1906(20).

SECTION 8: CRITERIA FOR APPROVAL OF CERTIFICATION AGENCIES

8.1 A national certifying body which meets the following criteria shall be recognized by the Board to satisfy 24 Del. C., §1902(d)(1).

8.2 The national certifying body:

8.2:1 Is national in the scope of its credentialing.

8.2:2 Has no requirement for an applicant to be a member of any organization.

8.2:3 Has educational requirements which are consistent with the requirement of these rules.

8.2:4 Has an application process and credential review which includes documentation that the applicant's education is in the advanced nursing practice category being certified, and that the applicant's clinical practice is in the certification category.

8.2:5 Uses an examination as a basis for certification in the advanced nursing practice category which meets the following criteria;

8.2:5.1 The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;

8.2:5.2 The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients;

8.2:5.3 The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;

8.2:5.4 Examination items are reviewed for content validity, cultural sensitivity and correct scoring using an established mechanism, both before use and periodically;

8.2:5.5 Examinations are evaluated for psychometric performance;

8.2:5.6 The passing standard is established using acceptable psychometric methods, and is reevaluated periodically; and

8.2:5.7 Examination security is maintained through established procedures.

8.2:6 Issues certification based upon passing the examination and meeting all other certification requirements.

8.2:7 Provides for periodic recertification which includes review of qualifications and continued competency.

8.2:8 Has mechanisms in place for communication to Boards of Nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.

8.2:9 Has an evaluation process to provide quality assurance in its certification program.

SECTION 9: APPLICATION FOR LICENSURE TO PRACTICE AS AN ADVANCED PRACTICE NURSE

9.1 Application for licensure as a Registered Nurse shall be made on forms supplied by the Board.

9.2 In addition, an application for licensure to practice as an Advanced Practice Nurse shall be made on forms supplied by the Board.

9.2:1 The APN applicant shall be required to furnish the name(s) of the licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system with whom a current collaborative agreement exists.

9.2:2 Notification of changes in the name of the licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system shall be forwarded to the Board office.

9.3 Each application shall be returned to the Board office together with appropriate documentation and non-refundable fees.

9.4 A Registered Nurse meeting the practice requirement as listed in Section 11 and all other requirements set forth in these Rules and Regulations may be issued a license as an Advanced Practice Nurse in the specific area of specialization in which the nurse has been nationally certified at the advanced level and/or has earned a Master's degree in a clinical nursing specialty.

9.4:1 Clinical nurse specialists, whose subspecialty area can be categorized under a broad scope of nursing practice for which a Board-approved national certification examination exists, are required to pass this certification examination to qualify for permanent licensure as an Advanced Practice Nurse. This would include, but not be limited to medical-surgical and psychiatric-mental health nursing. If a more specific post-graduate level certification examination that has Board of Nursing approval is available within the clinical nursing specialist's subspecialty area at the time of licensure application, the applicant may substitute this examination for the broad-based clinical nursing specialist certification examination.

9.4:2 Faculty members teaching in nursing education programs are not required to be licensed as Advanced Practice Nurses. Those faculty members teaching in graduate level clinical courses may apply for licensure as Advanced Practice Nurses and utilize graduate level clinical teaching hours to fulfill the practice requirement as stated in 11.2.1.

9.5 Renewal of licensure shall be on a date consistent with the current Registered Nurse renewal period. A renewal fee shall be paid.

9.6 The Board may refuse to issue, revoke, suspend or refuse to renew the license as an Advanced Practice Nurse or otherwise discipline an applicant or a practitioner who fails to meet the requirements for licensure as an Advanced Practice Nurse or as a registered nurse, or who commits any disciplinary offense under the Nurse Practice Act, 24 Del. C. Chapter 19, or the Rules and Regulations promulgated pursuant thereto. All decisions regarding independent practice and/or independent prescriptive authority are made by the Joint Practice Committee as provided in 24 Del. C., Section 1906(20) - (22).

SECTION 10: TEMPORARY PERMIT FOR ADVANCED PRACTICE NURSE LICENSURE

10.1 A temporary permit to practice, pending Board approval for permanent licensure, may be issued provided that:

A. The individual applying has also applied for licensure to practice as a Registered Nurse in Delaware, or

B. The individual applying holds a current license in Delaware, and

C. The individual submits proof of graduation from a nationally accredited or Board approved Master's or certificate advanced practice nursing program, and has passed the certification examination, or

D. The individual is a graduate of a Master's program in a clinical nursing specialty for which there is no certifying examination, and can show evidence of a least 1000 hours of clinical nursing practice within the past 24 months.

E. Application(s) and fee(s) are on file in the Board office.

10.1:1 A temporary permit to practice, under supervision only, may be issued at the discretion of the Executive Director provided that:

A. The individual meets the requirements in 10.1.A. or B., and E. and;

B. The individual submits proof of graduation from a nationally accredited or Board approved Master's or certificate advanced practice nurse program, and;

C. The individual submits proof of admission into the approved certifying agency's ~~exam~~ examination or is a ~~graduate of a Master's program in a clinical nursing specialty, is practicing as a clinical nurse specialist accruing~~ seeking a temporary permit to practice under supervision at accrue the practice hours required to sit for the certifying examination or has accrued the hours required to sit for the certifying examination or has accrued the required practice hours and is scheduled to take the first advanced certifying examination upon eligibility or is accruing the practice hours referred to in 10.1 D; or,

D. The individual meets A and B hereinabove and is awaiting review by the certifying agency for eligibility to sit for the certifying examination.

10.2 If the certifying examination has been passed, the appropriate form must accompany the application.

10.3 A temporary permit may be issued:

- A. For up to two years in three month periods.
- B. At the discretion of the Executive Director.

10.4 A temporary permit will be withdrawn:

A. Upon failure to pass the first certifying examination

10.5 The applicant may petition the Board of Nursing to extend a temporary permit under supervision until results of the next available certification exam are available by furnishing the following information:

- a. current employer reference,
 - b. supervision available,
 - c. job description,
 - d. letter outlining any extenuating circumstances,
 - e. any other information the Board of Nursing deems necessary.
- B. In the absence of a collaborative agreement.
- C. For other reasons stipulated under temporary

permits elsewhere in these Rules and Regulations.

10.5 A lapsed temporary permit for designation is equivalent to a lapsed license and the same rules apply.

10.6 Failure of the certifying examination does not impact on the retention of the basic professional Registered Nurse licensure.

10.7 Any person practicing or holding oneself out as an Advanced Practice Nurse in any category without a Board authorized license in such category shall be considered an illegal practitioner and shall be subject to the penalties provided for violations of the Law regulating the Practice of Nursing in Delaware, (Chapter 19, Title 24).

10.8 Endorsement of Advanced Practice Nurse designation from another state is processed the same as for licensure by endorsement, provided that the applicant meets the criteria for an Advanced Practice Nurse license in Delaware.

SECTION 11: MAINTENANCE OF LICENSURE STATUS: REINSTATEMENT

11.1 To maintain licensure, the Advanced Practice Nurse must meet the requirements for recertification as established by the certifying agency.

11.2 The Advanced Practice Nurse must have practiced ~~practice~~ a minimum of ~~2500~~ 1500 hours in ~~a the past five years period, acquiring~~ or no less than 300 600 hours of ~~practice in the past two per years~~ in the past two per years in the area of specialization in which ~~recognition~~ licensure has been granted.

11.2:1 Faculty members teaching in graduate level clinical courses may count a maximum of 500 didactic course contact hours in the past five years or 200 in the past two years and all hours of direct on-site clinical supervision of students to meet the practice requirement.

11.2:~~f~~ 2 An Advanced Practice Nurse who does not meet the practice requirement may be issued a temporary permit to practice under the supervision of a person licensed to practice medicine, surgery, dentistry, or advanced practice nursing, as determined on an individual basis by the Board.

11.3 The Advanced Practice Nurse will be required to furnish the name(s) of the licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system with whom a current collaborative agreement exists.

11.4 Advanced Practice Nurses who fail to renew their licenses by December 31 of the renewal period shall be considered to have lapsed licenses. After December 31 of the current licensing period, any requests for reinstatement of a lapsed license shall be presented to the Board for action.

11.5 To reinstate licensure status as an Advanced Practice Nurse, the requirements for recertification and ~~2500~~ 1500 hours of practice in the past five years or no less than 600 hours in the past two years in the specialty area must be met or the process described in 11.4 followed.

11.6 An application for reinstatement of designation must be filed and the appropriate fee paid.

SECTION 12 AUDIT OF LICENSEES

12.1 The Board may select licensees for audit two months prior to renewal in any biennium. The Board shall notify the licensees that they are to be audited for compliance of having a collaborative agreement.

A. Upon receipt of such notice, the licensee must submit a copy of a current collaborative agreement(s) within three weeks of receipt of the notice.

B. The Board shall notify the licensee of the results of the audit immediately following the Board meeting at which the audits are reviewed.

C. An unsatisfactory audit shall result in Board action.

D. Failure to notify the Board of a change in mailing address will not absolve the licensee from audit requirements.

12.2 The Board may select licensees for audit throughout the biennium.

SECTION 13 EXCEPTIONS TO THE REQUIREMENTS TO PRACTICE

13.1 The requirements set forth in Section 9 shall not apply to a Registered Nurse who is duly enrolled as a bona fide student in an approved educational program for Advanced Practice Nurses as long as the practice is confined to the educational requirements of the program and is under the direct supervision of a qualified instructor.

DEPARTMENT OF EDUCATION

DEPARTMENT OF EDUCATION

Statutory Authority: Title 14, Section 122(d)
of the Delaware Code (24 Del.C. 122(d))

**PLEASE NOTE THAT THE FOLLOWING
REGULATORY CHANGES WERE
INITIATED PRIOR TO THE EFFECTIVE
DATE OF THE CURRENT
ADMINISTRATIVE PROCEDURES ACT
THE FOLLOWING IS PRESENTED
FOR INFORMATIONAL PURPOSES
ONLY**

EDUCATIONAL IMPACT ANALYSIS PURSUANT
TO 14 DEL. C. SECTION 122(d)

A. TYPE OF REGULATORY ACTION REQUESTED
Amendment to Existing Regulations

B. SYNOPSIS OF SUBJECT MATTER OF THE
AMENDMENT

There are presently two regulations that address the issue of the state content standards or “frameworks”. The intent of the amendment is to make the two regulations into a single regulation, clear up the language and make the regulation cover all of the State Content Standards and not just the Standards in mathematics, English Language Arts, science and social studies.

The regulations are found in the Handbook for K-12 Education and include the State Curriculum Policy, Section L.1.a.b.c. on page A-34, and the Policy to Adopt State Content Standards, Section L.2. on page A-35. The State Curriculum Policy was written to match the curriculum revision cycles of the local school districts with the curriculum revision cycle at DPI and to direct districts to follow the State Board’s document, Guidelines for the Selection of Instructional Materials. The Policy to Adopt State Content Standards mandates the use of the State Content Standards in developing local district instructional programs.

Since there are additional sets of content standards coming to the State Board for approval, there is a need to draft a more inclusive regulation. The two policies are similar in nature and amending each by combining them into a single regulation adds focus and clarity to their original intent.

C. IMPACT CRITERIA

1. Will the amendment help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

The amended regulation will clarify that all of the State Content Standards shall be used as a basis for the development of district instructional programs and that any revisions are expected to be reflected in the district’s instructional programs (as revisions are made to the State Content Standards over time). This regulation will mandate the use of the State Content Standards by the local school districts which is directly related to the capability for measuring student achievement against the Standards.

2. Will the amendment help ensure that all students receive an equitable education? (If so, how? If not, why?)

Yes, because the amendment does not change the original intent of the two regulations which focused on an equitable education for all students.

3. Will the amendment help to ensure that all students’ health and safety are adequately protected? (If so, how? If not, why?)

This amendment does not address health and safety issues, it addresses curriculum issues.

4. Will the amendment help to ensure that all students’

legal rights are respected? (If so, how? If not, why?)

This amendment does not address legal rights issues, it addresses curriculum issues.

5. Will the amendment preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

Yes, this amendment does not alter the necessary authority and decision making that was part of the original two regulations.

6. Will the amendment place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

No, this amendment does not change any reporting or administrative requirements that were in the original two regulations.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

Yes, decision making authority and accountability will remain in the same entity.

8. Will the amendment be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

Yes, this amendment clarifies the existing regulations concerning the State Content Standards.

9. Is there a less burdensome method for addressing the purpose of the amendment? (If so, why is it appropriate to adopt the regulation?)

No, this amendment is necessary to ensure that all of the State Content Standards provide the basis for the instructional program of all of the local school districts.

10. What is the cost to the state and local school boards of compliance with this amendment?

This amendment will not alter the cost factor associated with the two original regulations.

BEFORE THE STATE BOARD OF EDUCATION
OF THE STATE OF DELAWARE
REGULATORY IMPLEMENTING ORDER

II. SUMMARY OF THE EVIDENCE AND
INFORMATION SUBMITTED

There are presently two regulations that address the issue of the State Content Standards or "Frameworks". The intent of

the amendment is to make the two regulations into a single regulation, clear up the language and make the regulation cover all of the State Content Standards and not just the standards in mathematics, English Language Arts, science and social studies.

The regulations are found in the Handbook for K-12 Education and include the State Curriculum Policy L.1.a.b.c. on page A-34, and the Policy to Adopt Content Standards L.2. on page A-35. The State Curriculum Policy was written to match the curriculum revision cycles of the local school districts with the curriculum revision cycle at the Department of Education and to direct the districts to follow the State Board's document, Guidelines for the Selection of Instructional Materials. The Policy to Adopt State Content Standards mandates the use of the content standards in developing local district's instructional programs.

Since there are additional sets of content standards coming to the State Board for adoption, there is a need to draft a more inclusive regulation and, as mentioned previously, to clear up the language. The two policies are similar in nature and amending each by combining them into a single regulation adds focus and clarity to the original intent of each regulation.

Notice of the proposed amendment was published in the News Journal and the Delaware State News on June 20, 1997, in the form hereto attached as Exhibit A. There were no comments received concerning the amendment.

II. FINDINGS OF FACT

The State Board of Education finds that the amendment should be adopted because the amended regulation clarifies the original intent of the two regulations and as amended will address all present and future content standards approved by the State Board of Education.

III. DECISION TO AMEND THE REGULATION

For the foregoing reason, the amended regulation is necessary to clarify the intent of the original regulations. Pursuant to 14 Delaware Code, Section 122 the amended regulation attached hereto as Exhibit B is hereby adopted. Pursuant to the provisions of 14 Delaware Code, Section 122(e), the amended regulation hereby shall be in effect for a period of five years from the effective date of this order as set forth in Section V. below.

IV. TEXT AND CITATION

The Text of the amended regulation hereby shall be in the form of the attached hereto as Exhibit B and said regulation shall be cited in the Handbook for K-12 Education section L.1., Page 34. Amend section L. of the Handbook for K-12 Education by deleting subsections 1 and 2 thereof and substituting in lieu thereof the following new subsection as

number 1., and renumber the remaining subsections in section L. from 3 through 10 to 2 through 9.

V. EFFECTIVE DATE OF ORDER

The actions hereinabove referred to were taken by the State Board of Education pursuant to 14 Delaware Code, Section 122 in open session at the said Board's regularly scheduled meeting on July 17, 1997. The effective date of this Order shall be thirty days from the date hereof.

IT IS SO ORDERED this 17 day of July, 1997.

STATE BOARD OF EDUCATION

Dr. James L. Spartz, President
Jean W. Allen, Vice President
Nancy A. Doorey
John W. Jardine, Jr.
Dr. Joseph A. Pika
Dennis J. Savage
Dr. Claibourne D. Smith
Dr. Iris T. Metts, Secretary of Education

PROPOSED AMENDMENT TO STATE CURRICULUM POLICY AND POLICY TO ADOPT STATE CONTENT STANDARDS

Amend Section L. of the *Handbook for K-12 Education* by deleting subsections 1 and 2 thereof and substituting in lieu thereof the following new subsection as number 1; and renumbering the remaining subsections in Section L from numbers 3 through 10 to numbers 2 through 9.

L. CURRICULUM POLICY AND INSTRUCTIONAL PROGRAMS

1. STATE CURRICULUM POLICY

a. Philosophy

The State Board of Education believes that the curriculum in the public schools of Delaware must be systematically reviewed and refined on a periodic basis to ensure that it remains relevant to the needs of students in a rapidly changing society as well as in their respective communities.

b. State Department of Public Instruction Responsibility

In order to guide local curriculum development it is the responsibility of the Department of Public Instruction to establish and maintain State Curriculum Frameworks for grades K-12. The Frameworks shall consist of content standards and student performance standards, and these Frameworks shall serve as a base for the development of each district's instructional program. The Department shall

~~establish and publish a multi-year schedule for the development and revision of the Curriculum Frameworks.~~

e. Local District Responsibility

~~It is the responsibility of each local school district to develop and implement an instructional program for grades K-12. Each district shall revise its instructional program in accordance with the Curriculum Frameworks. Attention to the integration of academic and vocational curricula, as well as the integration among and between academic content areas, should also be part of the revision process. It is also the responsibility of each school district to keep its instructional materials up to date and consistent with the Curriculum Frameworks and to follow the State Guidelines for Selection of Instructional Materials (See Appendix H):~~

~~(State Board Approved September, 1990, Revised January, 1993)~~

~~2. POLICY TO ADOPT STATE CONTENT STANDARDS~~

~~Fundamental to our commitment to excellence and equity for all Delaware students and our belief that all children can learn at significantly higher levels, the State Board of Education adopts as state educational policy the content standards for English-Language Arts (including the Performance Indicators), mathematics (including the Performance Indicators), science (including the standards statements by grade cluster), and social studies (including the standards statements by grade cluster) and the supporting equity principles:~~

~~(State Board Approved June 1995)~~

L. 1. Content Standards

Each school district shall develop and implement instructional programs for grades K-12 in alignment with the State Content Standards. Districts must also provide for the integration of content areas within and across curricula. Districts must keep instructional materials and curricula current and consistent with the Guidelines and Standards adopted by the State Board of Education and any subsequent amendments thereof.

Exhibit B

PLEASE NOTE THAT THE FOLLOWING REGULATORY CHANGES WERE INITIATED PRIOR TO THE EFFECTIVE DATE OF THE CURRENT ADMINISTRATIVE PROCEDURES ACT. THE FOLLOWING IS PRESENTED FOR INFORMATIONAL PURPOSES ONLY.

EDUCATIONAL IMPACT ANALYSIS PURSUANT TO 14 DEL. C., SECTION 122 (d)

DEPARTMENT OF EDUCATION

A. TYPE OF REGULATORY ACTION REQUESTED

New Regulation

B. SYNOPSIS OF SUBJECT MATTER OF REGULATION

The Delaware Agriscience Education Framework Commission is comprised of educators, parents, business and community leaders. The Commission identified six agriscience curricular areas that form agriscience career pathways for Delaware students. These areas are: Agribusiness, Agriscience Power and Systems Technology, Animal Science, Food Science Technology, Natural Resources, and Plant Science. Specific content standards, indicators of achievement, sample skill activities and cross-curricular connections have been developed for each agriscience career pathway. These standards establish a framework from which to begin development and implementation of a rigorous Delaware agriscience curriculum, promote best teaching practices, and develop strategies to help students meet graduation requirements. The *State of Delaware Agriscience Education Content Standards* Draft document was published and disseminated for educational, business/industry, and public review.

C. IMPACT CRITERIA

1. Will the regulation help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

The Agriscience Education Content Standards will improve student achievement as they represent up-to-date industry standards and reflect a standards based curriculum appropriate for all Delaware students.

2. Will the regulation help ensure that all students receive an equitable education? (If so, how? If not, why?)

The Agriscience Education Content Standards have sought to encompass national and state efforts to ensure that all students are afforded equal opportunities for educational excellence and equity. The Standards have been reviewed for bias and do not intend to place any students at a disadvantage.

3. Will the regulation help to ensure that all student's health

and safety are adequately protected? (If so, how? If not, why?)

These Standards are content specific for agriscience education and only address health and safety issues as relevant to the content.

4. Will the regulation help to ensure that all student's legal rights are respected? If so, how? If not, why?)

This regulation addresses a specific content area, not student right's issues.

5. Will the regulation preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

The content standards will serve as a basis for local curriculum development of agriscience programs. The local school board will continue to be responsible for the implementation of the agriscience programs and related career pathways in their district.

6. Will the regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board or school levels? (If so, why?)

No. The implementation of these content standards will not require any additional reporting or administrative duties that are not already required by the implementation of other vocational programs.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

Decision making authority and accountability will remain the same as for other vocational programs. Local schools offering agriscience programs must continue to provide support for programs to ensure that the students are held to high expectations of knowledge and performance, with achievement being measured against the content standards.

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to the state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts, and social studies? (If inconsistent and/or an impediment to other policies, why?)

The Agriscience Education Content Standards have been developed with the intent of showing the cross-curricular connections across all subject areas. This should improve the local and state effort to integrate and support the academic core subject areas.

9. Is there a less burdensome method for addressing the purpose of the regulation? (If so, why is it appropriate to adopt the regulation?)

No. The Agriscience Education Content Standards must be approved by the State Board of Education in order to ensure the standards form the basis and foundation for state and local curriculum development.

10. What is the cost to the state and local school boards of compliance with the regulation?

There will be no mandated additional cost to the state and/or the local school board for compliance with the Agriscience Education Content Standards, but districts who wish to expand, redesign or initiate these programs may wish to seek vocational units to support these programs. Districts may also apply for and utilize Federal vocational educational dollars from Federal funding sources.

**BEFORE THE STATE BOARD OF EDUCATION
OF THE STATE OF DELAWARE
REGULATORY IMPLEMENTING ORDER**

**SUMMARY OF THE EVIDENCE AND INFORMATION
SUBMITTED**

The Delaware Agriscience Framework Commission is comprised of educators, parents, business and community leaders. The Commission identified six agriscience curricular areas that form agriscience career pathways for Delaware students. These areas are: Agribusiness, Agriscience Power and Systems Technology, Animal Science, Food Science Technology, Natural Resources, and Plant Science. Specific content standards, indicators of achievement, sample skill activities, and cross-curricular connections have been developed for each agriscience career pathway area. These standards establish a framework from which to begin development and implementation of a rigorous Delaware agriscience curriculum, promote best teaching practices, and develop strategies to help students meet graduation requirements. The State of Delaware Agriscience Education Content Standards draft document was published and disseminated for educational, business/industry, and public review.

As a result of five state-wide meetings over the spring and summer of 1996, six content focus areas were identified in agriscience which began the content standard development process. These identified areas were researched and organized into outlines which were distributed to over seventy agricultural, educational, and community organizations, at the state and national levels. Initial feedback and comments served to substantiate the same six focus areas as identified by the Commission. Draft content standards were developed and reviewed by agriscience teachers, administrators, teacher educators, parents, students, and agribusiness employers during the winter and spring of 1997.

Two public hearings were held on May 27, at the University of Delaware, Newark, and on May 28, at Lake Forest High School, Felton. No additional comments or suggestions were received.

The State of Delaware Agriscience Education Content Standards draft document was published and disseminated for educational, business/industry, and public review. Comments received were favorable, citing evidence of high expectations and usefulness of the skill activities, indicators of achievement, and the cross-curricular connections, as they relate to the content standards.

Notice of the proposed regulation was published in the News Journal and the Delaware State News on June 22, 1997, in the form hereto attached as Exhibit A. There were no comments received regarding the regulation.

II. FINDINGS OF FACT

The State Board of Education finds that the regulation Agriscience Education Content Standards should be adopted. The document has been developed with input from a broad base of local, state and national experts and has been extensively reviewed and revised. The document represents the best possible thinking concerning what Delaware students should know and be able to do in Agriscience programs.

III. DECISION TO ADOPT REGULATION

For the forgoing reasons, the Board concludes that the proposed regulation is necessary to ensure that the local districts use the Delaware Agriscience Education Content Standards as the basis for curriculum development. Therefore, pursuant to 14 Delaware Code, Section 122, the regulation attached hereto as Exhibit B (as sent out last month) is hereby adopted. Pursuant to 14 Delaware Code, Section 122(e), the regulation shall be in effect for a period of five years from the effective date of the Order as set forth in V. below.

IV. TEXT AND CITATION

The text of the regulation hereby shall be in the form attached hereto as Exhibit B (as sent out last month), and said regulation shall be cited as The Delaware Agriscience Education Content Standards.

V. EFFECTIVE DATE OF ORDER

The actions hereinabove referred to were taken by the State Board of Education pursuant to 14 Delaware Code, Section 122, in open session at the said Board's regularly scheduled meeting on July 17, 1997. The effective date of this Order

shall be thirty days from the date hereof.

IT IS SO ORDERED this 17 day of July, 1997.

STATE BOARD OF EDUCATION

Dr. James L. Spartz, President
 Jean W. Allen, Vice President
 Nancy A. Doorey
 John W. Jardine, Jr.
 Dr. Joseph A. Pika
 Dennis J. Savage
 Dr. Claibourne D. Smith
 Dr. Iris T. Metts, Secretary of Education

**PLEASE NOTE THAT THE FOLLOWING
 REGULATORY CHANGES WERE
 INITIATED PRIOR TO THE EFFECTIVE
 DATE OF THE CURRENT
 ADMINISTRATIVE PROCEDURES ACT
 THE FOLLOWING IS PRESENTED
 FOR INFORMATIONAL PURPOSES
 ONLY**

DEPARTMENT OF EDUCATION

EDUCATIONAL IMPACT ANALYSIS PURSUANT
 TO 14 DEL. C., SECTION 122(d)

- A. TYPE OF REGULATORY ACTION REQUESTED
 New Regulation
- B. SYNOPSIS OF SUBJECT MATTER OF REGULATION

The development of student content standards in foreign languages was authorized by the State Board. The Foreign Languages Curriculum Framework Commission, made up of 45 members representing educators, business and community leaders, and parents, has developed five goals of foreign language instruction, student content standards to define these goals, performance indicators to illustrate them, and sample tasks to assess performance. The Foreign Languages Commission began its work in January, 1995, and has published and disseminated for widespread educators' and public review 11,000 copies of a draft *State of Delaware Foreign Languages Curriculum Framework Content Standards*. The review process ended on December 13, 1996, and results have been collated in a report written by staff at the Delaware Education Research and Development Center at the University of Delaware. The document is in concert with the pioneering work of the National Standards in Foreign

Language Education Project, which identified five C's as goals for foreign language education: *Communication, Culture, Connections, Comparisons, and Communities*. It is important to note that the standards *are not a mandate* for foreign language instruction but are to be applied to those programs already in place or about to be implemented.

C. IMPACT CRITERIA

1. Will the regulation help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

While no state assessment for foreign languages has been developed, the proposed content standards, performance indicators, and sample tasks by stage of language development should improve student achievement and lend themselves well to a future setting of performance standards for students of foreign languages. Commission members are presently developing a companion volume to the Content Standards document. Volume II will give examples of good assessment tasks and of exemplar student performances.

2. Will the regulation help ensure that all students receive an equitable education? (If so, how? If not, why?)

As noted above, the standards are not a mandate for foreign language instruction. However, the Commission's *vision* is that all students will develop and maintain proficiency in English and in at least one other language, modern or classical. "Recognizing the value of foreign language learning for a broader spectrum of learners is a major thrust of this document. The Commission supports the ACTFL Belief Statement, which proclaims that the opportunity to develop competence in at least one foreign language should exist for all students. World language education should no longer be only for the college-bound student but for all students, regardless of learning styles, achievement levels, race, ethnicity, socio-economic status, home language, or future academic goals. Delaware schools should provide appropriate academic support services, technologies, programs, and teaching strategies for students with differing learning styles and abilities." (p.11).

This document also advocates an English-plus philosophy by viewing the importance of the native languages of speakers other than English. "Children who come to school from non-English backgrounds should also have opportunities to develop further proficiencies in their first language." (p. 11). This statement is intended to cover such heritage language programs such as Spanish for Spanish Speakers or Chinese for Chinese Speakers, where available. Commission members present a strong rationale for foreign language instruction to begin early in the lives of all of our children because of the research regarding the many benefits of foreign language instruction for all children -- cognitive benefits, academic achievement benefits, and attitudes toward diversity. The latest brain-compatible research also indicates the benefits of early access to foreign language

instruction for all students.

3. Will the regulation help to ensure that all students' health and safety are adequately protected? (If so, how? If not, why?)

This regulation does not affect students' health and safety.

4. Will the regulation help to ensure that all students' legal rights are respected? (If so, how? If not, why?)

This regulation does not affect students' legal rights.

5. Will the regulation preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

Yes. "These generic standards have been formulated to allow for local flexibility in program development, as well as in the choice of language offerings....These standards describe an articulated K-12 program with the aim of encouraging the move to earlier and longer sequences of instruction." (p. 9). The manner in which this is accomplished is determined at the local level.

6. Will the regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

No. There are no reporting requirements for foreign language instruction. These standards are not a mandate for foreign language instruction but address programs in place or programs to be developed.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

Yes. "As local districts begin to work toward ensuring longer sequences of foreign language study, they will have many choices. One district may decide to initiate an early-start full immersion experience; another may pilot a later-starting partial immersion program. Some districts may elect to expand sequential FLES programs upward into the middle grades; others may prefer to extend existing high school programs downward into the middle grades. A foreign language magnet school may be a viable alternative for some students of foreign languages." (p.9).

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

Yes. In fact, the foreign language content standards have as their middle "C" -- Connecting with Other Disciplines. "For language and culture to become part of the core curriculum, the discipline must be supportive of and

integrated with the entire school experience. Foreign language study is ideally suited for curriculum integration and helps students make valuable connections while learning. In elementary and middle school settings foreign language teachers should be included in interdisciplinary team teaching to support the entire school experience. Content-enriched programs address language arts, as well as one or more curriculum areas, such as mathematics, social studies, science, geography, art, music, physical education, etc. In addition, culture is easily integrated into the school curriculum through the study of a foreign language. The children's literature of the target culture, for example, is an important channel for achieving cultural objectives and for teaching foreign language literacy skills in a developmentally appropriate way. Content-based foreign language teaching, by supporting and reinforcing the curriculum, addresses concerns about time and achievement in the other disciplines, since it does not necessarily have to come at the expense of other disciplines." (p. 34).

To illustrate the fact that foreign language is ideally suited for curriculum integration, each learning scenario gives an example of a cross-curricular connection.

9. Is there a less burdensome method for addressing the purpose of the regulation? (If so, why is it appropriate to adopt the regulation?)

No. All State content standards require the State Board's approval.

10. What is the cost to the state and local school boards of compliance with the regulation?

Districts will bear the costs of implementing any new programs they wish to add to their offerings, particularly at the elementary level. Cost estimates of various options are discussed in the *Implementation Plan*. For existing programs, costs may be incurred as districts undergo their regularly-scheduled cycles of curriculum revision and new textbook adoptions.

BEFORE THE STATE BOARD OF EDUCATION
OF THE STATE OF DELAWARE
REGULATORY IMPLEMENTING ORDER

I. SUMMARY OF THE EVIDENCE AND
INFORMATION SUBMITTED

The development of student content standards in foreign languages was authorized by the State Board. The Foreign Languages Curriculum Framework Commission, made up of 45 members representing educators, business and community leaders, and parents, has developed five goals of foreign language instruction, student content standards to define

these goals, performance indicators to illustrate them, and sample tasks to assess performance. The Foreign Languages Commission began its work in January, 1995, and has published and disseminated for widespread educators' and public review 11,000 copies of a draft State of Delaware Foreign Languages Curriculum Framework Content Standards. The review process ended on December 13, 1996, and results have been collated in a report written by staff at the Delaware Education Research and Development Center at the University of Delaware. The document is in concert with the pioneering work of the National Standards in Foreign Languages Education Project, which identified five C's as goals for foreign language education: Communication, Culture, Connections, Comparisons, and Communities. It is important to note that the standards are not a mandate for foreign language instruction but are to be applied to those programs already in place or about to be implemented.

Notice of the proposed adoption was published in the News Journal and the Delaware State News on June 24, 1997 in the form attached as Exhibit A. No comments were received regarding the adoption.

II. FINDINGS OF FACT

The State Board of Education finds that the regulation Foreign Languages Content Standards should be adopted. The document has been developed by a broad base of local, state and national experts and has been extensively reviewed and revised. The document represents the best possible thinking concerning what Delaware students should know and be able to do in Foreign Languages programs.

III. DECISION TO ADOPT THE REGULATION

For the foregoing reasons, the Board concludes that the proposed regulation is necessary to ensure that the local districts use the Delaware Foreign Languages Content Standards as the basis for curriculum development. Therefore, pursuant to 14 Delaware Code, Section 122, the regulation attached hereto as Exhibit B (as sent out last month) is hereby adopted. Pursuant to 14 Delaware Code, Section 122(e) the regulation shall be in effect for a period of five years from the effective date of the Order as set forth in V. below.

IV. TEXT AND CITATION

The text of the proposed regulation hereby shall be in the form attached hereto as Exhibit B (as sent out last month) and said regulation shall be known as Delaware Foreign Languages Content Standards.

V. EFFECTIVE DATE OF ORDER

The actions hereinabove referred to were taken by the State Board of Education pursuant to 14 Delaware Code, Section 122 in open session at the said Board's regularly scheduled meeting on July 17, 1997. The effective date of this Order shall be thirty days from the date hereof.

..... IT IS SO ORDERED
this 17 day of July, 1997.

STATE BOARD OF EDUCATION

Dr. James L. Spartz, President
Jean W. Allen, Vice President
Nancy A. Doorey
John W. Jardine, Jr.
Dr. Joseph A. Pika
Dennis J. Savage
Dr. Claibourne D. Smith
Dr. Iris T. Metts, Secretary of Education

**PLEASE NOTE THAT THE FOLLOWING
REGULATORY CHANGES WERE
INITIATED PRIOR TO THE EFFECTIVE
DATE OF THE CURRENT
ADMINISTRATIVE PROCEDURES ACT
THE FOLLOWING IS PRESENTED
FOR INFORMATIONAL PURPOSES
ONLY**

EDUCATIONAL IMPACT ANALYSIS PURSUANT TO 14 DEL. C., SECTION 122(d)

DEPARTMENT OF EDUCATION

Glossary of Terms

- A. TYPE OF REGULATORY ACTION REQUESTED
Amendment to Existing Regulation
- B. SYNOPSIS OF SUBJECT MATTER OF
REGULATION

In order to make the Manual for the Certification of Professional School Personnel a document that can be better understood by the general reader, a Glossary of terms has been created. The Glossary is the work of the General Regulations Review Committee, a sub-committee of the Delaware Professional Standards Council. The Glossary was created as one of many changes recommended by the subcommittee as it met the goals of its task, that is "to review the General Regulations section of the Certification Manual." Many terms used in the certification process are frequently

misunderstood. It is the hope of the Committee that through the use of the Glossary, much of the usual misinterpretation can be avoided.

According to the legal advice of our attorney, the Glossary should be adopted by the State Board as part of the General Regulations section (Chapters I-XI) of the Manual for the Certification of Professional School Personnel because the terms used therein are defined by the Glossary.

C. IMPACT CRITERIA

1. Will the regulation help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

Not applicable--This regulation is not related to students or educators except as it more clearly defines terms related to professional educator certification.

2. Will the regulation help ensure that all students receive an equitable education? (If so, how? If not, why?)

Not applicable--This regulation is not related to students or educators except as it more clearly defines terms related to professional educator certification.

3. Will the regulation help to ensure that all students' health and safety are adequately protected? (If so, how? If not, why?)

Not applicable--This regulation is not related to students or educators except as it more clearly defines terms related to professional educator certification.

4. Will the regulation help to ensure that all students' legal rights are respected? (If so, how? If not, why?)

Not applicable--This regulation is not related to students or educators except as it more clearly defines terms.

5. Will the regulation preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

The Glossary will have no effect on the current authority or flexibility of decisions at the local level, except to more clearly define the intention of the Certification Manual.

6. Will the regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

The Glossary will have no effect on the reporting or administrative requirements, or mandates for the decisions at the local level, except to more clearly define the intention of the Certification Manual.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

The Glossary will not change the authority or accountability for any entity.

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

The Glossary will enhance the understanding of educational policy currently in place and will no way be an impediment to policies relating to student achievement.

9. Is there a less burdensome method for addressing the purpose of the regulation? (If so, why is it appropriate to adopt the regulation?)

No.

10. What is the cost to the state and local school boards of compliance with the regulation?

There is no cost associated with the adoption of the Glossary.

BEFORE THE STATE BOARD OF EDUCATION
OF THE STATE OF DELAWARE
REGULATORY IMPLEMENTING ORDER

Glossary of Terms

I. SUMMARY OF THE EVIDENCE AND
INFORMATION SUBMITTED

In order to make the Manual for the Certification of Professional School Personnel a document that can be better understood by the general reader, a Glossary of terms has been created. The Glossary is the work of the General Regulations Review Committee, a sub-committee of the Delaware Professional Standards Council. The Glossary was created as one of many changes recommended by the subcommittee as it met the goals of its task, that is "to review the General Regulations section of the Certification Manual." Many terms used in the certification process are frequently misunderstood. It is the hope of the Committee that through the use of the Glossary, much of the usual misinterpretation can be avoided. Glossary was adopted by the State Board as part of the General Regulations section (Chapters I-XI) of the Manual for the Certification of Professional School Personnel because the terms used therein are defined by the Glossary.

Attached is Exhibit "A" which indicates the policy described above has been advertised for the appropriate amount of time. During the advertisement period, there were no comments received either supporting or questioning the new policy.

II. FINDINGS OF FACT

The Glossary is intended to make the General Regulation more understandable to lay readers. Since the terms described within the Glossary, provide further definition to the terms used in the General Regulations section of the Manual for the Certification of Professional School Personnel, a policy manual, they too need to become policy through adoption by the State Board of Education.

III. DECISION TO ADOPT REGULATION(S)

For the foregoing reasons, the Board concludes that the proposed regulation(s) attached as Exhibit "B" (as sent out last month) are necessary to adopt. Pursuant to the provisions of 14 Del. C. Sec. 122 the regulations(s) hereby adopted shall be in effect for a period of five years from the effective date of this order as set forth in Section V. below.

IV. TEXT AND CITATION

The text of the regulation(s) adopted hereby shall be in the form attached hereto as Exhibit "B," (as sent out last month) and said regulations shall be cited in the Manual for the Certification of Professional School Personnel, General Regulations Section, pages 1-6, and just preceding Chapter 1.

V. EFFECTIVE DATE OF ORDER

The actions hereinabove referred to were taken by the State Board of Education pursuant to 14 Del. C. Sec. 122 in open session at the said Board's regularly scheduled meeting on July 17, 1997. The effective date of this Order shall be thirty days from the date hereof.

IT IS SO ORDERED this 17th day of July, A.D. 1997.

STATE BOARD OF EDUCATION

Dr. James L. Spartz, President
 Jean W. Allen, Vice President
 Nancy A. Doorey
 John W. Jardine, Jr.
 Dr. Joseph A. Pika
 Dennis J. Savage
 Dr. Claibourne D. Smith
 Dr. Iris T. Metts, Secretary of Education

Delaware State Department of Education Certification of Professional Public School Personnel GLOSSARY

Credential Evaluation

A process, performed by the professional staff of the Certification Office, by which an individual's official transcripts, PRAXIS I scores, and other pertinent documents are matched to Delaware's specific licensure requirements. (See Evaluation/Prescription Letter)

Evaluation/Prescription Letter

A letter issued by the Certification Office after the evaluation of an individual's college transcripts and other official documents. This letter lists any deficiencies that have not been met, related to specific requirements for licensure in Delaware, as stated in this Manual. The letter may include deficiencies, such as coursework, test scores, experience verification and/or state other specifics which need to be met for Standard licensure.

Initial Standard Certificate

A license that was issued in Delaware from 1982 through 1991. Issuance of this license indicates the individual met all requirements current during that time period for a specific area of licensure. In addition, the qualifying scores for the Pre-Professional Skills Tests were met before the Initial Standard Certificate was issued. This license had a validity period of five years, after which the license was converted to a Standard license, upon documentation of appropriate employment or coursework. (See Refresher Coursework and Recency Requirement) Expired Initial Standard licenses may be renewed as Standard licenses in the same content area provided refresher requirements are met.

Internship

One year of supervised, full time, successful experience in a setting appropriate to the area of licensure. An Internship may be sponsored by a college or university in conjunction with a particular set of program requirements; or it may be sponsored locally through employment by a district and in conjunction with the Department of Education.

Interstate Certification Agreement (ICA)

A formal contract signed by individual member states of NASDTEC, in pairs, specifying the parameters of reciprocity. The Interstate Agreement is a binding, legal agreement/contract between two states. The states agree to accept teachers from programs approved under NASDTEC Standards as well as fully licensed, experienced personnel. The NASDTEC organization facilitates the signing of the agreement through an arm called the Interstate Contract Association. "Reciprocity" established in this manner operates under specific conditions that are clearly defined by

the Interstate Agreement. (See Appendix)

Licensure Via Approved Program

A process for acquiring a teaching license in Delaware and other NASDTEC states that requires graduating from a state-approved teacher education program and meeting specific testing requirements set by the Delaware State Board of Education. Individuals who receive a Standard license in Delaware based on an approved program are eligible for reciprocity with 32 other states. Each state has its own individual set of testing requirements which the candidate must meet, however. (See Reciprocity and Interstate Certification Agreement))

Licensure Via Transcript Analysis

A process through which persons who have not graduated from a state approved teacher education program in a specific field may obtain a Standard license in Delaware. Official college/university transcripts shall be submitted to the Office of Certification where they are audited for compliance with licensure requirements for the specific field. (See Credential Evaluation, Evaluation/Prescription Letter, Reciprocity, and Interstate Certification Agreement)

Limited Standard License

A license that is issued to an individual who is employed in a Delaware public school setting, but does not meet all of the requirements for Standard licensure in the area(s) of employment. It may be issued for a period of between one and six years, depending on specifically defined parameters, as stated in the General Regulations or the Specific Requirements. No salary reduction is required. This license is non-renewable.

NASDTEC: National Association of State Directors of Teacher Education and Certification

A national organization of State Department certification personnel and Standards Boards members who have the responsibility for state certification and program approval. This organization has developed and adopted a set of Standards which is used by each member state, in as much as possible. These Standards form the basis for the Reciprocity Agreement. (See Reciprocity and Interstate Certification Agreement)

NCATE: National Council for the Accreditation of Teacher Education

One of two national accrediting bodies approved by the United States Department of Education. NCATE accreditation is voluntary in Delaware. Colleges/Universities apply to NCATE seeking to have both the education unit of the college/university and specific education programs given national recognition. Each program must still be approved by that state's Department of Education in order to have students graduating from such programs receive licensure in that state.

(See Licensure via Approved Program)

Occupational/Vocational Testing

The testing in the vocational field is a performance test in a particular trade given under strict guidelines. The NOCTI (National Occupational and Career Testing Institute) is the only vocational test available that allows an individual to demonstrate skill competency in a trade such as welding or plumbing. The NOCTI organization designs the competency tests and trains staff at institutional settings to administer the NOCTI examinations under specific standardized conditions. As the NTE is used to validate certain aspects of teaching, the NOCTI is used to validate certain skills in vocational trade areas.

Partial Assignment

A teaching assignment that is for no more than two periods per day for a one-year period only. The individual who is given a partial assignment shall have previously taken at least fifteen semester hours of coursework in the content area of the partial assignment. The intent of the partial assignment is to meet specific emergency needs a district might encounter on a short term basis, for example, an enrollment bulge. If the district's situation warrants that the teacher remain in this assignment after the initial one year period, the teacher will be granted a Limited Standard license, allowing three additional years to meet all of the requirements for Standard licensure.

Permits

Specific positions within the local school districts do not require a Bachelor's degree, the PRAXIS I tests or a Standard license. Those positions, designated by the State Board of Education, require a Permit. Examples of such positions are currently: Aides of all types and Substitute Teachers.

Processing Fee

A non-refundable, one-time fee that shall accompany all applications for initial Delaware certification for each evaluation requested.

Professional And Occupational Licenses

Certain non-educational fields require State of Delaware licenses to practice. These fields include Electricians, Plumbers, Cosmetologists, etc. as well as Nurses, Speech Pathologists, Physicians and others. If an individual works in a school setting and a State license is required for practice in Delaware, it is also required for the education position and for the licensure/certification of that individual. For example, all School Nurses must meet specific coursework and degree requirements for their educational position. In addition, they are required to maintain their State of Delaware license and continue its renewal according to Nursing Board requirements for continuing education.

Professional Status Certificate

A certificate that is issued after an individual has met all requirements for Standard licensure in a specific area and has been employed in a Delaware public school in that same area for three consecutive years. It is issued for a five-year period. The renewal of this certificate is a function of continued employment in a public school for three years out of each five-year renewal period.

Provisional License

A substandard license which required a 10% reduction in salary. It has not been issued since 7/1/91 and is no longer a valid Delaware license.

Recency Requirement

A requirement for either 6 semester hours of appropriate coursework or appropriate full time employment within the five year period immediately preceding application or evaluation for licensure. Recency requirements are as indicated: (1) the applicant's Bachelor's degree shall be conferred within the most recent five-year period; or (2) the applicant shall have completed appropriate college-level coursework within the most recent five-year period; or (3) the applicant shall have been employed in a full time position, in the area of licensure request, for three years of the most recent five year period. (See Refresher Coursework)

Reciprocity

A process whereby an individual with a license or certificate issued by one state can receive an equivalent license in another state without meeting additional coursework requirements. The process operates under a very specific set of previously agreed upon rules between the two states. Because "reciprocity" is a layman's term as well as a licensure term, there tend to be preconceived ideas as to its meaning. The term "reciprocity" as related to certification/licensure is therefore surrounded by misconceptions. (See Appendix)

Refresher Coursework

Six semester hours of college-level coursework, taken either at the Bachelor's or Master's level from a regionally accredited institution, is required to meet the Recency Requirement for licensure. Coursework shall include one professional education elective and one elective in the specific content area of licensure. This coursework is required only if the applicant is unable to meet Delaware's Recency Requirement. (See Recency Requirement)

Revocation Of License/Certificate/Permit

Revocation is the process of rescinding a Delaware license/certificate/permit for reasons of immorality, misconduct in office, incompetence, willful neglect of duty or

disloyalty. Revocation may be considered at the request of a local school district or initiated by the Secretary of Education.

Specialized Assignment License

An assignment that is deemed necessary by a local public school district but for which no specific requirements for licensure exist is termed a "Specialized Assignment". The license is issued on the basis of a job description for the position. A Standard License will be issued to an employed individual who meets all the qualifications of the job description, including passing PRAXIS I scores. A Limited Standard license will be issued if any requirements or qualifications are not met and can be attained. A Temporary License shall be issued when the person hired does not meet the job description for the position. Any certificate issued for a Specialized Assignment is valid only for the specific position for which it was issued. The certificate is not valid for use in another position, another district, or another state.

Standard License

A license issued when an individual has met all requirements for a specific area of licensure, including the testing requirement. It is issued for an indefinite period of time period. This license can only be renewed when the individual is currently working in a public school setting or other setting for which it is required by the State of Delaware, such as the correctional system.

Sub-Standard License

A non-renewable license issued for a specific and limited period of time, during which the specific requirements for a Standard license in that area shall be met. A salary reduction may or may not be required. Example: Temporary License.

Temporary License

A one-year non-renewable license issued to a district employee who meets neither the Standard or Limited Standard requirements for a specific Delaware license and who is hired after August 15th of that school year. A 10% salary reduction is required. This license is a one year, non-renewable license and can be issued only one time to the same individual in the same area of licensure. Unless the individual holds a Standard license in another area, they are not eligible for a salary

Exhibit B

PLEASE NOTE THAT THE FOLLOWING REGULATORY CHANGES WERE INITIATED PRIOR TO THE EFFECTIVE DATE OF THE CURRENT ADMINISTRATIVE PROCEDURES ACT. THE FOLLOWING IS PRESENTED FOR INFORMATIONAL PURPOSES ONLY.

EDUCATIONAL IMPACT ANALYSIS PURSUANT TO 14 DEL. C., SECTION 122(d)

DEPARTMENT OF EDUCATION

Manual for the Certification of Professional School Personnel

A. TYPE OF REGULATORY ACTION REQUESTED

Reauthorization of Existing Regulation

B. SYNOPSIS OF SUBJECT MATTER OF REGULATION

The Delaware Professional Standards Council (DPSC) appointed a sub-committee to review the General Regulations Section of the Manual for the Certification of Professional School Personnel in Spring of 1995. The committee worked for over a year with the intent that :

- all General Regulations (pages 1-47 of the Manual) be reviewed and policy recommendations be made to the DPSC; and that
- the Manual would be revised and reorganized into a more user friendly document.

The result of the General Regulations Review Committee's work is being presented to the State Board of Education for approval and reauthorization. In general, the Manual has been reorganized without changing policy or intent except as indicated below. The Manual has been reviewed by the Delaware Professional Standards Council and found to meet with its approval.

I. Listed below are the general categories in which changes have been made regarding policy:

A. Some of the Committee's policy recommendations have been sent to the Board for approval over the last year. Those recommendations were:

- change in reporting process for the State Superintendent's "power of exception";
- National Teacher Certification policy and rewards.

B. Other policy recommendations that were not carried forth as yet:

- Development of policy related to the Americans with Disabilities Act – policy still under review and

development;

- Revision of current policy on Revocation or Denial of licensure-subcommittee met and studied the issues at length. It was their recommendation that a Code of Conduct for the Profession is necessary in order to define policy further. Work will resume when Code of Conduct is forthcoming from the Delaware Professional Standards Council.

C. Policy change that will be presented at the June State Board meeting for adoption in July 1997:

- The addition of a Glossary of terms to the Manual.

II. In addition to policy changes, the Manual has been revised/reorganized in the following ways:

1. The front of the Manual is enhanced by the addition of:

- An overview
- A set of "Frequently Asked Questions" to guide the reader;
- A more detailed "Table of Contents".

2. The various "Sections" of the General Regulations were re-organized in a manner that the committee felt was a more logical sequence;

- Some Titles were changed to be better descriptors;
- Former "Sections" were made "Chapters";
- The formatting of the document was made consistent throughout;
- The formatting of the document was made consistent throughout;
- The addition of a Glossary.

3. New documents were placed in the Appendix:

- Certification Flow Chart;
- Certification Types;
- Reciprocity Explanation;
- PRAXIS I Description of current requirements and responsibilities of the applicant; and
- General information on the National Board Certification process.

Again, it is important to note that there are no changes in the policy or intent that have not been brought to the State Board as a separate item for its action. All other changes are "cosmetic" or organizational and add only to the general information provided to the user.

It is intended that, after advertisement and upon your approval in July, the Manual will be printed and distributed to various constituent groups during the late Summer 1997 (July-September).

C. IMPACT CRITERIA

1. Will the regulation help improve student achievement as measured against state achievement standards? (If so,

how? If not, why?)

Chapter I - Authority for Delaware Licensure. This question is not applicable.

Chapter II - Licenses, Certificates and Permits

Research shows that better prepared educators have a greater impact on student achievement. Our licensure system requires adequate preparation for all educators and consequently should support student learning.

Chapter III - Delaware Testing Requirements for Initial Licensure

As with all the scores for licensure in the state of Delaware it is believed that a certain baseline of basic skills in reading, writing, and mathematics is required to adequately serve the Delaware student population.

Chapter IV - Application for Initial Licensure - This question is not applicable.

Chapter V - Renewal of Licenses/Certificates

Keeping current with changes in education is necessary for all educators. Having to renew certificates/licenses or take refresher coursework enables those educators in the field to be familiar with any new techniques that can improve student learning.

Chapter VI - Licensure Agreements/Reciprocity - This question is not applicable.

Chapter VII - Revocation of Licenses/Certificates - This question is not applicable.

Chapter VIII - Denial of Licenses/Certificates - This question is not applicable.

Chapter IX - Professional Growth Programs - This question is not applicable.

Chapter X - National Board Certification

Delaware values excellent teaching believing a master teacher will effect student achievement. To encourage teachers to pursue National Board Certification, the legislature has supported teachers by sharing the cost of this expensive but valuable process.

Chapter XI - Alternative Routes to Certification Program for Secondary Teachers

Delaware believes that many people, other than those specifically trained at the undergraduate level, can prove to be fine educators and impact student learning. For that reason an alternative program to certify non-traditional candidates as secondary educators has been developed.

2. Will the regulation help ensure that all students receive an equitable education? (If so, how? If not, why?)

Chapter I - Authority for Delaware Licensure. This question is not applicable.

Chapter II - Licenses, Certificates and Permits

All educators are required to meet the same requirements to be employed in Delaware. All students are required to have certified teachers. To the degree that, certification is the same level, students are being treated equitably.

Chapter III - Delaware Testing Requirements for Initial Licensure

Since testing for initial licensure is required for all teachers and other professional staff, there should be a common impact on the minimal qualifications for teaching which should have an impact on an equitable education for students.

Chapter IV - Application for Initial Licensure - This question is not applicable.

Chapter V - Renewal of Licenses/Certificates

The maintenance of certification by all educators will effect all students equally.

Chapter VI - Licensure Agreements/Reciprocity - This question is not applicable.

Chapter VII - Revocation of Licenses/Certificates - This question is not applicable.

Chapter VIII - Denial of Licenses/Certificates - This question is not applicable.

Chapter IX - Professional Growth Programs - This question is not applicable.

Chapter X - National Board Certification

The fact that some teachers are certified at a higher level than others should benefit students. Since all teachers will not hold such a certification the impact will not effect all students evenly unless the nationally certified teachers are used to help all teachers.

Chapter XI - Alternative Routes to Certification Program for Secondary Teachers

The Alternative Route teacher program will meet the same standards as other teacher education programs. Consequently there should be no effect on students.

3. Will the regulation help to ensure that all students' health and safety are adequately protected? (If so, how? If not, why?)

Chapter I - Authority for Delaware Licensure. This question is not applicable.

Chapter II - Licenses, Certificates and Permits. This question is not applicable.

Chapter III - Delaware Testing Requirements for Initial Licensure. This question is not applicable.

Chapter IV - Application for Initial Licensure. This question is not applicable.

Chapter V - Renewal of Licenses/Certificates. This question is not applicable.

Chapter V - Renewal of Licenses/Certificates. This question is not applicable

Chapter VI - Licensure Agreements/Reciprocity - This question is not applicable.

Chapter VII - Revocation of Licenses/Certificates

This Chapter relates to revoking certificates to individuals who are not of moral character to associate with children. This process protects student safety.

Chapter VIII - Denial of Licenses/Certificates

This Chapter relates to denying certificates to individuals who are not of moral character to associate with children. This process protects student safety.

4. Will the regulation help to ensure that all students' legal rights are respected? (If so, how? If not, why?)

Chapters VII and VIII are the only chapters that can be interpreted to protect students' legal rights. There is a legal responsibility by the state to provide a safe environment for the public school students, keeping out those individuals of questionable moral character.

5. Will the regulation preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

Since there are no changes in the policy being readopted in Chapters I through XI, there is no change in the flexibility for decision makers at the local level. In addition, local flexibility is not necessarily desirable if we are to protect and foster the rights of students as presented in 1 through 4 above.

6. Will the regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

Chapters I through XI do not place any additional or unnecessary reporting or administrative requirement at the local level since there are no changes from the previous policy that has been in place for some time.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

Yes, all accountability and decision making authority are placed appropriately and the same as in previous policy. These regulations have not been problematic from this perspective.

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

This policy is consistent with educational policies addressing achievement in the core academic subjects because it supports a level of certification for teachers that should be prerequisite to attaining the skills and knowledge to teach the core academic subjects and all other subjects.

9. Is there a less burdensome method for addressing the purpose of the regulation? (If so, why is it appropriate to adopt the regulation?)

At the current time, there is no less burdensome method for addressing these regulations. In the future, consideration

will be given to a redesign of the system of certification based on a more technological approach. That is not feasible at this time.

10. What is the cost to the state and local school boards of compliance with the regulation?

There is no new cost associated with compliance with these readopted regulations.

BEFORE THE STATE BOARD OF EDUCATION
OF THE STATE OF DELAWARE
REGULATORY IMPLEMENTING ORDER

Readoption of General Regulations Section of the Manual
for the Certification of Public School Personnel

I. SUMMARY OF THE EVIDENCE AND
INFORMATION SUBMITTED

During the period of time that the certification Manual was under review, 14 Del. Code, Section 122 (d) passed into law. All current regulations must be reviewed and acted upon by the State Board in order to remain in effect. The Regulations/policies set forth in this Manual have undergone a thorough and formal review process. Changes were made as appropriate and sent to the State Board for adoption. Because of this lengthy process, the Manual for the Certification of Professional School Personnel is also being presented to the State Board for readoption/reauthorization of the General Regulations Section. As determined by a review committee of educators, the current policies/regulations in the General Regulations Section of the Manual for the Certification of Professional School Personnel continue to be appropriate umbrella regulations for the certification of teachers, administrators, and specialists.

The Manual for the Certification of Professional School Personnel will be advertised as required and will include the Frontispiece, General Regulations, and Appendix for public review. It is however only the General Regulations section that is required to be readopted since all policy is contained therein, the other parts of the Manual remain explanatory.

Attached is Exhibit "A" which indicates the policy described above has been advertised for the appropriate amount of time. During the advertisement period, there were no comments received either supporting or questioning the reauthorization of the General Regulations policy.

II. FINDINGS OF FACT

The review process was intended to revise and reorganize the General Regulations, making them more understandable to lay readers. At the same time the Committee gave the regulations a thorough review for their continued appropriateness. The General Regulations contain

no new policy. Policy changes recommended by the Review Committee have been submitted independently over time and either have been previously adopted by the State Board; or will be adopted in the future by the State Board.

It is necessary for the State Board to readopt/reauthorize the General Regulations section of the Manual for the Certification of Professional School Personnel, a policy manual, as per 14 Del. C. Sec. 122, (d).

III. DECISION TO REAUTHORIZE REGULATION(S)

For the foregoing reasons, the Board concludes that the proposed regulation(s) attached as Exhibit "B" (as sent out last month) are necessary to adopt. Pursuant to the provisions of 14 Del. C. Sec. 122 the regulation(s) hereby adopted shall be in effect for a period of five years from the effective date of this order as set forth in Section V. below.

IV. TEXT AND CITATION

The text of the regulation(s) adopted hereby shall be in the form attached hereto as Exhibit "B," (as sent out last month) and said regulations shall be cited in the Manual for the Certification of Professional School Personnel, General Regulations Section, Chapter I - XI, pages 1-44.

V. EFFECTIVE DATE OF ORDER

The actions hereinabove referred to were taken by the State Board of Education pursuant to 14 Del. C. Sec. 122 in open session at the said Board's regularly scheduled meeting on July 17, 1997. The effective date of this Order shall be thirty days from the date hereof.

IT IS SO ORDERED this 17th day of July, A.D. 1997.

STATE BOARD OF EDUCATION

Dr. James L. Spartz, President
 Jean W. Allen, Vice President
 Nancy A. Doorey
 John W. Jardine, Jr.
 Dr. Joseph A. Pika
 Dennis J. Savage
 Dr. Claibourne D. Smith
 Dr. Iris T. Metts, Secretary of Education

Table of Contents

	Page
Overview	viii
Most Frequently Asked Questions and Referred Sections	ix

General Rules and Regulations

Glossary	1
Chapter I - Authority for Delaware Licensure	
A. State Board of Education	6
B. Provisions for Exceptions and Changes	6
C. Effect of Changes in Rules and Regulations adopted 7/1/93	7
Chapter II - Licenses, Certificates and Permits	
A. Current Licenses, Certificates and Permits	9
B. Previous Licenses	14
C. Teaching Assignment Out of Licensed Area	14
D. Permits	15
Chapter III - Delaware Testing Requirements for Initial Licensure	
A. Initial Licensure	16
B. Certification Testing Data from Delaware Institutions of Higher Education with State Approved Teacher Education Programs (Effective 1/1/97)	20
Chapter IV - Application for Initial Licensure	
A. Credentials for Application	21
B. Other Considerations for Initial Licensure	23
C. Denial of License	26
Chapter V - Renewal of Licenses/Certificates	
A. Employees of Delaware Public School Districts and other State Agencies Employing Educational Personnel	27
B. Individuals Who are not Employed in a Delaware Public School District or Other State Agency Requiring Certified Educational Personnel	29
C. Recency Requirement	30
Chapter VI - Licensure Agreements/Reciprocity	
A. National Council for Accreditation of Teacher Education (NCATE)	31
B. National Association of State Directors of Teacher Education and Certification (NASDTEC) Certification Reciprocity System	31
C. Interstate Certification Project (ICP)	31
D. Licensed Educational Personnel from other States (Except Local District Superintendent),	32
Chapter VII - Revocation of Licenses/Certificates	33
Chapter VIII - Denial of Licenses/Certificates	35
Chapter IX - Professional Growth Programs	
A. Rationale and Philosophy	36

<p>B. Rules and Regulations 36</p> <p>C. Definitions and Explanation of Terms Used in this Program 38</p> <p>D. Application Procedures 39</p> <p>Chapter X - National Board Certification</p> <p>A. Certification/National Board of Professional Teaching Standards 40</p> <p>B. Eligibility 40</p> <p>C. Application Procedures 40</p> <p>D. Salary Adjustment 41</p> <p>Chapter XI - Alternative Routes to Certification Program for Secondary Teachers</p> <p>A. Eligibility for Participation in Program 42</p> <p>B. Participation in the Program 43</p> <p>C. The Alternative Routes to Certification Process 43</p> <p>D. Recommendation for Certification of Teacher 45</p> <p>E. Appeal Procedure 45</p> <p>F. Program Evaluation 46</p> <p style="text-align: center;">Specific Requirements</p> <p>Section I - Administrative 1</p> <p>Superintendent 2</p> <p>Assistant Superintendent for Business 4</p> <p>Assistant Superintendent for Curriculum 6</p> <p>Administrative Assistant 8</p> <p>Director 9</p> <p>Director of Special Education 12</p> <p>Supervisor 14</p> <p>Supervisor of Special Education 16</p> <p>Supervisor/Reading Coordinator 18</p> <p>Elementary Principal/Assistant Principal 20</p> <p>Secondary Principal/Assistant Principal 22</p> <p>Principal of a School for Children with Disabilities 24</p> <p>Principal/Assistant Principal/Administrator of Adult and Alternative Education 26</p> <p>Manager of School Bus Transportation 28</p> <p>Supervisor of School Bus Transportation 29</p> <p>School Business Manager 31</p> <p>Manager of School Food Service Programs 33</p> <p>Supervisor of School Food Service Programs 35</p> <p>Section 2 - Secondary 1</p> <p>Adult Education 2</p> <p>Agriculture 4</p> <p>Business Education 6</p> <p>Computer Science 8</p> <p>Driver Education & Traffic Safety Education 10</p> <p>English 12</p> <p>English to Speakers of Other Languages (ESOL) 14</p> <p>Endorsement - English to Speakers of Other Languages (ESOL) 16</p>	<p>17</p> <p>19</p> <p>21</p> <p>24</p> <p>27</p> <p>30</p> <p>32</p> <p>34</p> <p>36</p> <p>40</p> <p>42</p> <p>44</p> <p>46</p> <p>48</p> <p>51</p> <p>1</p> <p>2</p> <p>4</p> <p>6</p> <p>8</p> <p>10</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>18</p> <p>21</p> <p>23</p> <p>1</p> <p>2</p> <p>5</p> <p>9</p> <p>14</p> <p>1</p> <p>2</p> <p>3</p> <p>6</p> <p>9</p> <p>12</p> <p>15</p> <p>16</p> <p>18</p> <p>19</p> <p>20</p> <p>23</p> <p>24</p> <p>27</p> <p>1</p> <p>2</p>	<p>Foreign Language - Comprehensive</p> <p>Foreign Language - Secondary</p> <p>Foreign Language - Elementary</p> <p>Home Economics</p> <p>Technology Education (Formerly Industrial Arts)</p> <p>Journalism</p> <p>Marketing Education</p> <p>Mathematics</p> <p>Sciences</p> <p>Secondary Teacher Bilingual</p> <p>Social Studies</p> <p>Speech</p> <p>Theatre</p> <p>Trade and Industrial (T&I)</p> <p>Trade & Industrial - Special Education Endorsement</p> <p>Section 3 - Teacher/Specialists</p> <p>Art - Comprehensive</p> <p>Art - Elementary</p> <p>Art - Secondary</p> <p>Health Education</p> <p>Librarian/Media Specialist</p> <p>Music - Comprehensive</p> <p>Music - Elementary</p> <p>Music - Secondary</p> <p>Physical Education - Comprehensive</p> <p>Physical Education - Elementary</p> <p>Physical Education - Secondary</p> <p>Reading Specialist</p> <p>Section 4 - Early Childhood/Elementary</p> <p>Early Care and Education (Ages 0 - K)</p> <p>Primary (Grades K - 4)</p> <p>Middle Level (Grades 5 - 8)</p> <p>Primary/Middle Level - Bilingual</p> <p>Section 5 - Special Education/Related Services</p> <p>Audiology</p> <p>Early Childhood - Special Education</p> <p>Exceptional Children Special Education/Elementary</p> <p>Exceptional Children Special Education/Secondary</p> <p>Exceptional Children - Gifted/Talented</p> <p>Interpreter Tutor for the Hearing Impaired</p> <p>Resident Advisor (Houseparent)</p> <p>School Occupational Therapist</p> <p>School Physical Therapist</p> <p>School Psychologist</p> <p>Speech Language Pathologist</p> <p>Teacher of Autistic/Severely Disabled Children</p> <p>Teacher of the Hearing Impaired</p> <p>Section 6 - Support Personnel</p> <p>Administrative Support Personnel (Formerly Secretarial Personnel)</p>
--	---	---

Coordinator, Cooperative Occupational/Vocational and/or Work-Study Programs	4	School Nurse	
Counselor - Career Guidance and Placement	5	Certificate of Agreement	57
Counselor - Elementary School	7	Maintenance Guidelines	58
Counselor - Secondary School	9	Maintenance Form	59
Human Relations Specialist	11	Guide to the Implementation of Certification Policy Changes, Effective July 1, 1991	61
Intern	13	Implementation of Policy Changes Related to Elementary, Early Childhood and Middle Level (Effective 7/1/94)	65
Paraprofessional	14	Implementation of Policy Changes Related to Special Education Effective 1994	69
School Nurse	16	Course Descriptions for Teacher of Autistic License	71
School-to-Work Transition Teacher	18	Contracts	
School Social Work Services	20	Professional Education Employee	73
Licensed School Social Worker (LSW)	22	School Administrator	75
Master's Degree School Social Worker (MSW)	23	Temporary Education Employee	77
Bachelor's Degree School Social Worker (BSW)	24	District Transmittal Form	79
School Social Worker	25	Record of Leave/Termination of Service Form	81
Visiting Teacher	26	Form EV - Evaluation Request	83
Permits - School, Classroom Aides and Autistic Residential Child Care Specialists	28	School Employment Record	85
Permits - Substitute Teachers	29	Form R - Verification for License/Renewals	87
		Request for Duplicate Certificate(s)	89
Appendix		Application for Certification Form CPC- 154-R92	91
Information Regarding National Board Certification	1	Progression of Licensure	93
Award Application for National Board Certification	3	State of Delaware Office of Pensions Verification of In-State Service Form (VS-1)	95
Licenses/Certificates Currently Issued	5		
Certificates No Longer Issued	6		
PRAXIS I Dates for 1996-97	7		
PRAXIS I Exemption Options	9		
Remediation Resources for PPST/PRAXIS I	11		
Reciprocity of Licenses and/or Certificates	13		
Delaware Interstate Agreement Contract States	15		
Regulations for School Districts for Background Checks	17		
Form A - Release for Criminal Background Check Information	23		
Form B - Notification of Determination of Suitability	25		
Form C - Inter-District Request to Forward Background Check	27		
Form D - Release of Criminal Background Check Information	29		
Form E - Notification of Determination of Suitability	31		
Form F - Notification of Determination of Suitability	33		
Form G - Release for Criminal Background Check Information	35		
Foreign Credentials Evaluation Services	37		
Form T - Request for Transcript	39		
Form E - Verification of Teaching Experience	41		
Form E/NT - Verification of Non-Teaching Experience	43		
Application for Professional Growth Program (Salary Increments)	45		
In Lieu of Student Teaching Approval Form	49		
Internship			
Guidelines for Internship - School Psychologist	53		
School Counseling Internship Agreement	55		

DELAWARE

State Department of Education

Certification of Professional Public School Personnel

OVERVIEW OF THE CERTIFICATION MANUAL

This Manual has been edited, reorganized and amended by a subcommittee of the Professional Standards Council. The Council's charge specified the development of a user-friendly document that explicates current rules, regulations and practices relevant to teacher licensure and certification. The subcommittee met this charge by assuming that the document will be read by teachers, administrators, teacher educators, and prospective Delaware teachers -- both those considering entering a teacher education program and those who are teaching in other states and considering a move to Delaware. The Manual has been reorganized and several explanatory documents added. This document will be accessible via the Internet.

The Manual is organized as follows:

The front of the Manual contains some questions that are frequently asked about the general topic of teacher licensure. In this section after each question, there is a reference to the appropriate section of the Manual where the reader can find information relevant to that topic.

The next section of the Manual comprises a glossary of terms frequently used in conversations and regulations concerning teacher licensure. The glossary is followed by the “General Regulations” for licensure. In this framework, regulations are considered “general” if they apply to whole groups of educator licenses, and the procedures governing such.

The third section is a compilation of the documents that convey the language of the current rules and regulations concerning teacher licensure called “Specific Requirements”. These are considered “specific” since they pertain to smaller categories of educators in Delaware, such as mathematics teachers, principals, or school nurses, etc. Persons interested in the literal regulatory language pertaining to a particular topic may use the documents in this section as a source.

Following the “Specific Requirements” section of the Manual is an Appendix containing some important clarifying documents written to-be informative regarding the processes and procedures stemming from the various regulations. The Appendix also includes various forms that must be used to document information when applying for licensure to the Department of Education, either as an individual or through a public school district.

The field of education is undergoing rapid change. As a result, the rules and regulations that are applicable to licensure and certification procedures are themselves in a state of constant flux. Very shortly after this Manual has been published, almost certainly elements in it will become out of date, or superseded by new rules, regulations, or procedures. As is the case when dealing with any governmental body of rules and regulations, it is important to check and re-check that one’s understandings are current and accurate.

MOST FREQUENTLY ASKED QUESTIONS AND REFERRED SECTIONS

Most Frequently Asked Questions See Table of Contents

What teaching licenses are offered in Delaware? Current Licenses/
Certificates/Permits,
Specific Regulations

Can someone hold more than one license in Delaware? Renewal of Licenses/
Certificates

In what other states are Delaware licenses recognized? Reciprocity, Reciprocity Chart, Appendix

What other states’ licenses are recognized in Delaware? Reciprocity, Reciprocity Chart, Appendix

How does someone apply for an initial teaching license? Application for Initial Licensure

How are teaching licenses renewed? Renewal of Licenses, Appendix

Under what conditions can teaching licenses be revoked? Revocation of Licenses

How does someone appeal from a decision concerning an initial application or a revocation? Appeals Procedures, Revocation of Licenses

Can someone teach in Delaware schools without a teaching license? Temporary Licenses and Substitute Permits

Can someone enhance a teaching license with additional academic preparation and/or experiences? Endorsements

Is there an advantage in Delaware to holding “National Certification”? National Board Certification

Does Delaware give financial support to National Board Candidates? National Board Certification

How is application made for salary increment? Salary Increments

How is appeal for salary increment or degree made? Appeals Procedures, Salary Increments

What are the requirements for other certification areas? Specific Requirements

What tests are required for certification in Delaware? Testing, Appendix

What testing exemption options are available in Delaware? Testing, Appendix

Who needs a criminal background check? Background Regulations, Appendix

Who is eligible for participation in the Alternative Routes Program? Alternative Routes to Certification Program for Secondary Teachers

PLEASE NOTE THAT THE FOLLOWING REGULATORY CHANGES WERE INITIATED PRIOR TO THE EFFECTIVE DATE OF THE CURRENT ADMINISTRATIVE PROCEDURES ACT THE FOLLOWING IS PRESENTED FOR INFORMATIONAL PURPOSES ONLY

EDUCATIONAL IMPACT ANALYSIS PURSUANT TO 14 DEL. C., SECTION 122(d)

DEPARTMENT OF EDUCATION

A. TYPE OF REGULATORY ACTION REQUESTED
New Regulation

B. SYNOPSIS OF SUBJECT MATTER OF REGULATION

The Department of Education staff recommends that the State Board of Education approve a regulation dealing with satellite school agreements to comply with 14 Del.C. §2005. The regulation specifies reviews and approvals of the plans and specifications of proposed satellite facilities and directs the operator to confer with the State Risk Manager regarding liabilities and appropriate protection and coverage for same. The primary function of the regulation is to ensure that the physical facilities are sufficient to protect the health and safety of the students who are attending the school.

C. IMPACT CRITERIA

1. Will the regulation help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)
No. The regulation is not directed at achievement.

2. Will the regulation help ensure that all students receive an equitable education? (If so, how? If not, why?)
No. The regulation is not directed at educational equity.

3. Will the regulation help to ensure that all students' health and safety are adequately protected? (If so, how? If not, why?)

Yes. It is specifically intended to insure students' health and safety as it relates to the physical facilities.

4. Will the regulation help to ensure that all students' legal rights are respected? (If so, how? If not, why?)

No. It is not aimed at students' legal rights.

5. Will the regulation preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

Yes. It merely ensures that the agreement provides for the health and safety of the students, the standards of which are the same as that of any school within the jurisdictional boundaries of a political entity.

6. Will the regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

No. The regulation focuses attention on the need to meet the life safety code.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

Yes. Authority and accountability remains at the local level.

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

Not applicable. It is a health and safety rule/regulation.

9. Is there a less burdensome method for addressing the purpose of the regulation? (If so, why is it appropriate to adopt the regulation?)

No.

10. What is the cost to the state and local school boards of compliance with the regulation?

None.

Before the State Board of Education
of the State of Delaware
**ORDER APPROVING CHANGES TO THE SCHOOL
CONSTRUCTION MANUAL**

**I. SUMMARY OF THE EVIDENCE AND
INFORMATION SUBMITTED**

The Department of Education staff recommends that the State Board of Education adopt a regulation dealing with satellite school agreements to comply with 14 Del.C. \approx 2005. The regulation specifies reviews and approvals of the plans and specifications of proposed satellite facilities and directs the operator to confer with the State Risk Manager regarding liabilities and appropriate protection and coverage for same. The primary function of the regulation is to ensure that the physical facilities are sufficient to protect the health and safety of the students who are attending the school. Notice of the proposed regulation was published in the News Journal and Delaware State News on June 20, 1997 in the form attached hereto as Exhibit "A". The notice invited written comments and none were received.

II. SUMMARY OF FINDINGS AND FACT

The Board concurs with the evidence/information submitted and finds the regulation reasonable and appropriate to specify the reviews and approvals required for the proposed physical facilities and conferring with the State Risk Manager regarding liabilities and insurance.

III. DECISION TO ADOPT

For the foregoing reasons, the Board concludes that the proposed regulation is necessary to ensure that the health and safety of students are protected by the physical plant. Therefore, pursuant to 14 Del.C \approx 122 and 2005, the regulation attached hereto as Exhibit "B" is hereby adopted. Pursuant to 14 Del.C \approx 122(e), the regulation hereby adopted shall be in effect for a period of five years from the effective date of the order as set forth in Section V below.

IV. TEXT AND CITATION

The text of the regulation adopted hereby shall be in the form attached hereto as Exhibit "B" and said regulation shall be cited as School Construction Manual, 13.8 Rules and Regulations, Satellite School Agreements.

V. EFFECTIVE DATE OF ORDER

The actions referred to above were taken by the State Board of Education pursuant to 14 Delaware Code \approx 122 and 2005 in open session at the said Board's regularly scheduled meeting on July 17, 1997. The effective date of this Order shall be thirty days from the date hereof.

IT IS SO ORDERED this 17th day of July, 1997.

STATE BOARD OF EDUCATION

Dr. James L. Spartz, President
Jean W. Allen, Vice President

Nancy A. Doorey
John W. Jardine, Jr.
Dr. Joseph A. Pika
Dennis J. Savage
Dr. Claibourne D. Smith
Dr. Iris T. Metts, Secretary of Education
13.0STANDARDS, POLICIES AND GUIDELINES OF
THE STATE BOARD OF EDUCATION AND OTHER
STATE AGENCIES

13.1Lighting Standards

The general or ambient light levels in classrooms shall be 30 foot-candles if supplementary lighting is available for difficult visual tasks such as work at the art easel, sewing machine, drafting table, chalkboard or vocational equipment. If no supplementary lighting is available, the minimum ambient lighting level shall be 50 foot-candles.

13.2Ventilation Standards

Outside air requirements for classrooms shall be in accordance with the current ASHRAE 90 standards but no less than 4 cubic feet per minute, per occupant.

13.3Renovation, Modernization and Additions Guidelines

The same as in Section 3.10.

13.4Radiological Protection Policy

It is the policy of the State Board of Education (adopted March 21, 1968) to recommend that school districts continue to include radiological fall-out protection in new construction if such protection can be funded within the overall cost of the building as determined by the space and cost formula, or if the local district decides to fund the cost from local sources.

13.5Educational Technology

All school buildings being constructed or renovated under the Major Capital Improvement Program shall include, in the project, wiring for technology that meets the Delaware Center for Educational Technology standards appropriate to the building type (high school, administration, etc.) The cost of such wiring shall be borne by project funds.

Revised 6/97

Exhibit B

**PLEASE NOTE THAT THE FOLLOWING
REGULATORY CHANGES WERE
INITIATED PRIOR TO THE EFFECTIVE
DATE OF THE CURRENT
ADMINISTRATIVE PROCEDURES ACT
THE FOLLOWING IS PRESENTED
FOR INFORMATIONAL PURPOSES
ONLY**

**EDUCATIONAL IMPACT ANALYSIS PURSUANT
TO 14 DEL. C. SECTION 122(d)**

DEPARTMENT OF EDUCATION

A. TYPE OF REGULATORY ACTION REQUESTED

Amendment to Existing Regulation

**B. SYNOPSIS OF SUBJECT MATTER OF THE
REGULATION**

An amendment is requested in order to bring the regulation, "Student Activities, Athletics and Organizations", Section K.1.a.b.c. and d., Page A-27, of the Handbook For K-12 Education, State Board approved August, 1984, in line with the newly adopted bylaws of the Delaware Secondary School Athletic Association. The amendment changes the number of courses that a student must be passing in order to participate in extra curricular activities and / or sports from four credits to five credits beginning with the 1998-1999 school year

C. IMPACT CRITERIA

1. Will the amendment help improve student achievement as measured against state achievement standards? (If so, how? If not, why?)

Yes, it should because it raises the number of credits that students must be passing in order to participate in student activities and/or sports.

2. Will the amendment help ensure that all students receive an equitable education? (If so, how? If not, why?)

Yes, it will help ensure that all students receive an equitable education since the amendment applies to all students.

3. Will the amendment help to ensure that all students' health and safety are adequately protected? (If so, how? If not, why?)

This amendment and the original regulation do not address health and safety issues.

4. Will the amendment help to ensure that all students' legal rights are respected? (If so, how? If not, why?)

Yes, in that the amendment effects all students in the same way.

5. Will the amendment preserve the necessary authority and flexibility of decision makers at the local board and school level? (If so, how? If not, why?)

Yes, the amendment does not change the necessary authority and flexibility of decision making of the original regulation.

6. Will the amendment place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? (If so, why?)

No, the amendment does not change the reporting or administrative requirements of the original regulation.

7. Will decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? (If not, why?)

Yes, the decision making and accountability remain in the same entity.

8. Will the regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular the state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? (If inconsistent and/or an impediment to other policies, why?)

Yes, because the amendment seeks to raise the standards for participation in athletics and other student activities.

9. Is there a less burdensome method for addressing the purpose of the amendment? (If so, why is it appropriate to adopt the regulation?)

No, the regulation must be amended to be in line with the amended DSSAA bylaws.

10. What is the cost to the state and local school boards of compliance with the amendment?

The amendment does not effect the cost of implementing the original regulation.

**BEFORE THE STATE BOARD OF EDUCATION
OF THE STATE OF DELAWARE
REGULATORY IMPLEMENTING ORDER**

**I. SUMMARY OF THE EVIDENCE AND
INFORMATION SUBMITTED**

An amendment is requested in order to bring the regulation, "Student Activities, Athletics and Organizations" Section K.1.a.b.c. and d., Page A-27, of the Handbook for K-12 Education, State Board approved August, 1984, in line with the newly adopted bylaws of the Delaware Secondary School

Athletic Association. The amendment changes the number of courses that a student must be passing in order to participate in extra curricular activities and/or sports from four credits to five credits beginning with the 1998-1999 school year.

Notice of the proposed amendment was published in the News Journal and the Delaware State News on June 20, 1997, in the form hereto attached as Exhibit A. There were no comments received concerning the amendment.

II. FINDINGS OF FACT

The State Board of Education finds that the amendment should be approved because the amended regulation now concurs with the amendments to the bylaws of the Delaware Secondary School Athletic Association which were approved by the State Board of Education at their May, 1997 meeting.

III. DECISION TO AMEND THE REGULATION

For the foregoing reason it is necessary to amend the regulation. Pursuant to 14 Delaware Code, Section 122 the amended regulation attached hereto as Exhibit B is hereby adopted. Pursuant to the provisions of 14 Delaware Code, Section 122(e), the amended regulation hereby shall be in effect for a period of five years from the effective date of this order as set forth in Section V. below.

IV. TEXT AND CITATION

The text of the amended regulation hereby shall be in the form of the attached hereto as Exhibit B and said regulation shall be cited in the Handbook for K-12 Education, section K.1.a.b.c. and d., Pages A-27 and A-28.

V. EFFECTIVE DATE OF ORDER

The actions herein above referred to were taken by the State Board of Education pursuant to 14 Delaware Code, Section 122, in open session at the said Board's regularly scheduled meeting on July 17, 1997. The effective date of this Order shall be thirty days from the date hereof.

IT IS SO ORDERED this da___ day of_____, 1997.

STATE BOARD OF EDUCATION

Dr. James L. Spartz, President
ean W. Allen, Vice President
Nancy A. Doorey
John W. Jardine, Jr.
Dr. Joseph A. Pika
Dennis J. Savage

Dr. Claibourne D. Smith
Dr. Iris T. Metts, Secretary of Education

PROPOSED AMENDMENT TO SECTION IV.K.1.a.b.c.
and d. OF

HANDBOOK FOR K-12 EDUCATION FOR STUDENT
ACTIVITIES,
ATHLETICS AND ORGANIZATIONS

K. STUDENT ACTIVITIES, ATHLETICS AND
ORGANIZATIONS

1. REGULATIONS FOR PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES

a. In order to be eligible for participation in non-credit granting extra-curricular activities, each participant must pursue a regular course or its equivalent as approved by the Department of Public Instruction, and must be passing at least ~~four credits~~ five credits beginning with the 1998-1999 school year. Two of these credits must be in the academic areas such as English, mathematics, science, or social studies.

b. Any twelfth grade student who wishes to participate in extra-curricular activities must be passing all courses necessary for graduation from high school.

c. A student whose work in any regular marking period does not meet the above standards shall be ineligible to participate in extra-curricular activities for the next marking period. In case of a conflict between the mark of a report period or regular final grade, the semester or final mark shall determine eligibility. When a student makes up a failure during the summer or earns the required credit or credits, the student shall become eligible.

d. Local school boards may establish requirements over and above these minimums prescribed for eligibility.

(State Board Approved August 1984)

Exhibit B

**DEPARTMENT OF HEALTH &
SOCIAL SERVICE, DIVISION OF
PUBLIC HEALTH**

Statutory Authority:
16 Del.C. 122(1),(3)(d) & (j)

**PLEASE NOTE THAT THE FOLLOWING
REGULATORY CHANGES WERE
INITIATED PRIOR TO THE EFFECTIVE
DATE OF THE CURRENT
ADMINISTRATIVE PROCEDURES ACT
THE FOLLOWING IS PRESENTED
FOR INFORMATIONAL PURPOSES
ONLY**

**STATE OF DELAWARE REGULATIONS
GOVERNING PUBLIC POOLS**

DIVISION OF PUBLIC HEALTH

ADOPTED May 22, 1958, Amended May 26, 1960, June 21, 1962,

February 15, 1983, April 15, 1990, April 15, 1993
BY THE DELAWARE STATE BOARD OF HEALTH and
Amended April 22, 1997 BY THE SECRETARY,
DELAWARE OF HEALTH AND SOCIAL SERVICES
UNDER AUTHORITY OF 16 Del. C. S122(1)and (3)(d)
and (j).

TABLE OF CONTENTS

	Page
SECTION 26.1 DEFINITIONS.....	1
26.101 Approved.....	1
26.102 Approved Pool Operator.....	1
26.103 Attendant.....	1
26.104 Attendant on Duty.....	1
26.105 Beneficial Owner.....	1
26.106 Competitive Diving.....	1
26.107 Cyanuric Acid.....	1
26.108 Director.....	1
26.109 Diving.....	2
26.110 Diving Board Water Entry Area.....	2
26.111 Division.....	2
26.112 Fence.....	2
26.113 Fixture Set.....	2
26.114 Flume.....	2
26.115 Halogen.....	2
26.116 Inactive Pool.....	2
26.117 Lifeguard.....	2
26.118 Lifeguard on Duty.....	2

26.119 Maximum Bathing Load.....	2
26.120 NTU.....	3
26.121 ORP.....	3
26.122 Person.....	3
26.123 Person In Charge.....	3
26.124 Private Pool.....	3
26.125 Public Pool.....	4
26.126 Run-Out Slide.....	4
26.127 Sanitary Survey.....	4
26.128 Secretary, Delaware Health and Social Services.....	5
26.129 Slip Resistant.....	5
26.130 Spa Pool.....	5
26.131 Special Purpose Pool.....	5
26.132 Splash Pool.....	5
26.133 Superchlorinate.....	5
26.134 Swimming Pool Slide.....	5
26.135 Swimming Pool Slide Water Entry Area.....	5
26.136 Turbidity.....	5
26.137 Turnover.....	6
26.138 Wading Pool.....	6
26.139 Water Slide Flume.....	6
26.140 Wet Deck/Walkway Area.....	6

SECTION 26.2 GENERAL PROVISIONS.....6

6.201 Scope and Purpose.....	6
26.202 Plans and Specifications.....	6
26.203 Site Inspection.....	9
26.204 Operating Permit.....	9
26.205 Pool Builder/Pool Service Company.....	9
26.206 Pool Operator.....	9
26.207 Right of Entry and Sanitary Surveys.....	9
26.208 Inactive Pools.....	10
26.209 Standards.....	10

**Section 26.3 LOCATION, DESIGN AND
CONSTRUCTION.....10**

26.301 Location.....	10
26.302 Design.....	10
26.303 Construction.....	11
26.304 Hydrostatic Relief Valve.....	11
26.305 Walls.....	11
26.306 Floor/Slope.....	11
26.307 Shallow End Minimum/Maximum Depth.....	12
26.308 Ladders and Steps.....	12
26.309 Decks and Walkways.....	13
26.310 Electrical and Lighting Requirements.....	14
26.311 Hose Bibbs.....	14

26.312 Trees, Sand Areas
and Planted reas.....14

26.313 Sanitary/ Bathhouse Facilities.....15

26.314 Drinking Fountain.....16

26.315 Food and Beverage Facilities.....16

26.316 Starting Blocks.....16

26.317 Escutcheon Plates.....16

26.318 Handicapped Access.....16

26.319 Swimming Pool Slides.....17

26.320 Diving Area/Diving Pool and Diving
Board.....17

SECTION 26.4 RECIRCULATION SYSTEM.....17

26.401 General Requirements.....17

26.402 Recirculation Pump.....20

26.403 Rate of Flow Indicator.....20

26.404 Floor Outlets/Drains.....20

26.405 Perimeter Overflow Gutters and Surface
Skimmers.....21

26.406 Inlets.....22

26.407 Vacuuming.....22

26.408 Piping.....22

26.409 Multiport Valves.....22

26.410 Pool Water Heaters.....22

26.411 Equipment Access, Freezing Protection
and Drainage.....23

SECTION 26.5 FILTRATION SYSTEM.....23

26.501 General Requirements.....23

26.502 Rapid Sand Filters.....23

26.503 High Rate Sand Filters.....23

26.504 Diatomaceous Earth Filters.....24

26.505 Cartridge Filters.....24

**SECTION 26.6 POTABLE WATER SUPPLY, POOL
WATER QUALITY/TESTING, CHEMICALS AND
WASTEWATER.....24**

26.601 Potable Water Supply.....24

26.602 Fillspout.....25

26.603 Clarity.....25

26.604 Bacteriological Quality.....25

26.605 Chemical Quality.....25

26.606 Disinfection.....26

26.607 Water Testing Equipment and Sampling
Frequency.....28

26.608 Pool Water Level and Recirculation
System.....29

26.609 Chemical Storage.....29

26.610 Wastewater Disposal.....29

26.611 Ozone.....29

**SECTION 26.7 OPERATION, MAINTENANCE,
GENERAL**

**SANITATION, PERSONNEL SUPERVISION AND
SAFETY.....29**

26.701 Operation and Maintenance.....29

26.702 General Sanitation and Sanitary
Facilities.....30

26.703 Animals.....30

26.704 Bathing Suits.....31

26.705 Employee/Bather Health.....31

26.706 Lifeguard.....31

26.707 Attendant.....32

26.708 Lifeguard Warning Sign.....32

26.709 Lifeguard Stand.....32

26.710 Unsupervised Solo Bathing.....32

26.711 Maximum Bathing Load.....33

26.712 Injury, Resuscitation or Death.....33

26.713 Pool Security.....33

26.714 Depth Markings.....33

26.715 Safety Line.....33

26.716 Safety Equipment.....34

26.717 Diving.....35

26.718 Shallow End Starting Blocks.....35

26.719 Wading Pool Supervision.....35

26.720 Spa Pool Attendant Alarm.....35

26.721 Spa Pool Warning Sign.....35

26.722 Spa Pool Timer Switch.....36

26.723 Spa Pool Temperature/High Temperature
Prevention System.....36

26.724 Spa Pool Clock.....36

26.725 Water Slide Flume-Head of the Flume
Personnel.....36

26.726 Water Slide Flume-Splash Pool
Attendant.....37

26.727 Ventilation.....37

26.728 Cartridge Filtration.....37

SECTION 26.8 WADING POOLS.....37

26.801 General Requirements.....37

26.802 Location.....37

26.803 Floor/Slope.....37

26.804 Fencing.....37

26.805 Recirculation System.....37

26.806 Floor Outlets/Drains.....37

26.807 Perimeter Overflow Gutters and Surface
Skimmers.....38

26.808 Inlets.....38

26.809 Water Replacement.....38

SECTION 26.9 SPA POOLS.....38

26.901 General Requirements.....38

26.902 Location.....38

26.903 Decks and Walkways.....38

26.904 Steps and Benches.....38

26.905 Fencing.....39

26.906 Recirculation System.....39

26.907	Floor Outlets/Drains.....	39
26.908	Perimeter Overflow Gutters and Surface Skimmers.....	39
26.909	Inlets.....	39
26.910	Air Jetting System.....	39
26.911	Water Replacement.....	39
Section 26.10	WATER SLIDE FLUMES.....	39
26.1001	General Requirements.....	39
26.1002	Splash Pool Design and Depth.....	40
26.1003	Flume End.....	40
26.1004	Decks and Walkways.....	40
26.1005	Recirculation System.....	40
26.1006	Pump Reservoirs.....	40
26.1007	Perimeter Overflow Gutters and Surface Skimmers.....	41
26.1008	Disinfection.....	41
SECTION 26.11	SPECIAL PURPOSE POOLS.....	41
26.1101	General Requirements.....	41
SECTION 26.12	PROCEDURE FOR ADMINISTRATIVE ACTION.....	41
26.1201	Operating Without a Permit.....	41
26.1202	Suspension of a Permit.....	42
26.1203	Administrative Hearings for Serious Violations and Repeat Violations.....	43
26.1204	Records of Administrative Hearings.....	44
26.1205	Reapplication After Revocation.....	44
SECTION 26.13	ENFORCEMENT AND INTERPRETATION	44
SECTION 26.14	PENALTY.....	44
SECTION 26.15	REPEAL, DATE OF EFFECT AND AMENDMENTS.....	44
SECTION 26.16	SEPARABILITY.....	45
APPENDIX A	LANGELIER INDEX/WATER BALANCE FORMULA METHOD.....	46
APPENDIX B	LANGELIER INDEX/WATER BALANCE NOMOGRAPH METHOD.....	47

STATE OF DELAWARE
REGULATIONS GOVERNING PUBLIC POOLS

SECTION 26.1 DEFINITIONS

26.101 "Approved" means acceptable to the Division, unless stated otherwise, based on its determination as to conformance with appropriate standards and good public

health practices.

26.102 "Approved Pool Operator" means a person who is at least eighteen (18) years of age and has successfully completed pool operator training course which is approved by the Division.

26.103 "Attendant" means a person who meets the training requirements of the Division specified in Section 26.707.

26.104 "Attendant on Duty" means an attendant who is on the premises and can be easily located and summoned to render assistance to someone in distress. If the attendant is not in direct view of the pool when it is open, he/she shall be located such that the poolside alarm required by Section 26.720 can be easily heard.

26.105 "Beneficial Owner" means an ownership interest in the entity owning the pool through direct ownership of the real property where the pool is located, direct ownership of stock in a stock corporation owning the real property where the stock represents an equity interest in the corporation, or direct ownership through being a member in a limited liability company (L.L.C.) or a partner in a partnership owning the real property upon which the pool is placed.

26.106 "Competitive Diving" means either the training of divers or an actual diving competition among trained divers, which is sanctioned by the Federation Internationale de Natation Amateur (FINA), the National Collegiate Athletic Association (NCAA), the National Federation of State High School Associations (NFSHSA) or United States Diving Inc. (USD). The institution which is sponsoring the diving training or diving competition shall be responsible for the hiring of a qualified person(s) who is competent and knowledgeable in the areas of diving mechanics and safety. This person(s) shall be present at every practice session and competition in order to ensure proper training, supervision and safety.

26.107 "Cyanuric Acid" means a chemical added to pool water intended to counteract degradation of the chlorine residual by ultraviolet light.

26.108 "Director" means the Director of the Division of Public Health or an authorized agent.

26.109 "Diving" means a head first entry into a body of water.

26.110 "Diving Board Water Entry Area" means a water surface area of three hundred twenty (320), three hundred sixty (360) or four hundred (400) square feet (see Section 26.320) immediately in front of a diving board.

26.111 "Division" means the Division of Public Health of the Department of Health and Social Services, or anyone authorized by the Division as its designated representative, in conformance with Title 29, Section 7904 (a), Delaware Code.

26.112 "Fence" means a continuous vertical barrier, either solid, or with openings, holes or gaps not exceeding four (4) inches in diameter or width, completely enclosing the pool area which will prevent the entry of small children and minimize the entry of unauthorized or unwary persons. Chain link may be used provided that the openings are not greater than 1 and 3/4 inches measured horizontally.

26.113 "Fixture Set" means one (1) lavatory, two (2) water closets* and 1 shower for each sex. *In the male facilities, up to fifty (50) percent may be substituted with urinals, and if more than one (1) fixture set is required based on water surface area, this is reduced to one (1) water closet (male and female) for the subsequent fixture sets.

26.114 "Flume" means an inclined channel receiving a constant supply of flowing water which is designed to provide a safe transit path for conveying sliders to the splash pool or run out slide of a water slide flume.

26.115 "Halogen" means one of the chemical elements chlorine, bromine, or iodine.

26.116 "Inactive Pool" means a pool which has been closed for twelve (12) or more continuous months.

26.117 "Lifeguard" means a person who meets the training requirements of the Division specified in Section 26.706.

26.118 "Lifeguard on Duty" means a lifeguard who is either at poolside or in the pool (special situations), visually guarding the life of the bathers. A lifeguard on duty shall not be assigned other duties that will distract his/her attention from proper observation of the bathers, or prevent the rendering of immediate assistance to someone in distress. All lifeguards on duty should be identified by emblems or distinguishing apparel.

26.119 "Maximum Bathing Load" means the maximum number of persons allowed in a pool at the same time.

26.120 "NTU" means Nephelometric Turbidity Unit which is a means of measuring the water turbidity.

26.121 "ORP" means oxidation reduction potential which is an electrical measurement in millivolts (mV) of the strength of the disinfectant (oxidizer). A higher ORP means a higher disinfecting potential. Pools should maintain a minimum ORP of 650 mV.

26.122 "Person" means any corporation, company, association, firm, partnership, society, joint stock company or individual.

26.123 "Person In Charge" means the/an owner of the pool. This individual shall represent the pool at any hearing scheduled pursuant to Section 26.12. Every pool shall, upon request, provide the Division with the name of the person(s) in charge and how they can be contacted. An operator, hired by the/an owner, cannot be the person in charge.

26.124 "Private Pool" means any indoor or outdoor artificial basin containing a body of water which is used for swimming, wading, diving, recreative bathing, or other aquatic purposes and is not open to the general public, or a limited section of the public, but is intended strictly for the use of the beneficial owner(s) and his/her/their family and/or their guests in either of the following situations:

- a. Individual beneficial owner or
- b. Multiple beneficial owners where all of the following can be demonstrated to the Division:
 1. The pool is owned by a legal entity which is in turn owned by the beneficial owners.
 2. Pool ownership is part of the ownership of real property by the beneficial owners.
 3. The beneficial owners are able to assert ultimate dominion and control over access to and maintenance of the pool.
 4. No pool memberships are available to non-beneficial owners.

If it can be demonstrated that a pool meets all of the above criteria and if the owners want the pool to be approved as private, they shall contact the Division for the required procedure. Any multiple beneficial ownership pool that is approved private shall remain so until the owners notify the Division that the pool no longer meets all of the above criteria. These Regulations shall not apply to private pools. Multiple ownership private pools, however, should go through the plan review/approval process outlined in Section 26.202 so the pool will be in compliance with the design and construction requirements of these Regulations in the event that, at some future time, the pool no longer meets all of the criteria for remaining private.

26.125 "Public Pool" means any indoor or outdoor artificial basin constructed of concrete, metal, fiberglass or any other nontoxic, impervious, and structurally rigid approved materials, which contains a body of continuously recirculated and filtered water with automatic disinfection which is used for swimming, wading, diving, recreative bathing, or other aquatic purposes and is open to either the general public, or a limited section of the public, with or without a fee. These Regulations shall not apply to pools that are used by one (1) patron at a time and whose water is completely changed after

each patron. A public pool may hereafter be referred to as a pool, a swimming pool, a wading pool, a spa pool, a water slide, or a special purpose pool in these Regulations. Based on the design, size, usage, or other factors, public pools shall be categorized as follows:

“SwP” means a swimming pool which is open to either the general public, or a limited section of the general public based on residency, membership, or some other specific criteria.

“WP” means a wading pool which is open to either the general public, or a limited section of the general public based on residency, membership, or some other specific criteria.

“SpP” means a spa pool which is open to either the general public, or a limited section of the general public based on residency, membership, or some other specific criteria.

“WSF” means a water slide flume which is open to either the general public, or a limited section of the general public based on residency, membership, or some other specific criteria.

“SpPP” means a special purpose pool which is open to either the general public, or a limited section of the general public based on residency, membership, or some other specific criteria.

26.126 “Run-Out Slide” means a flume where the bathers stop in the flume and then exit to the pool deck/walkway.

26.127 “Sanitary Survey” means a comprehensive on-site review of the facilities, operation and management of a pool for the purpose of determining whether a safe environment and bathing water of acceptable quality are being provided.

26.128 “Secretary, Delaware Health and Social Services” means the Administrator of the Department of Health and Social Services (DHSS) of the State of Delaware, who shall hereafter in this document be referred to as the Secretary, DHSS.

26.129 “Slip Resistant” means a textured surface that is neither conducive to slipping when wet nor abrasive to bare feet and has a minimum static coefficient of friction of 0.6 (measured by an approved method).

26.130 “Spa Pool” means a pool containing water greater than ninety five (95) degrees Fahrenheit (°F), which is not emptied after each use, which has a maximum depth of four (4) feet, a maximum water surface area of two-hundred fifty (250) square feet, a high velocity air and/or water jet system, and is large enough for the immersion of at least one (1) person.

26.131 “Special Purpose Pool” means a pool which is used for a specific supervised purpose, and which does not fall into any of the first four (4) categories listed in Section

26.125 (SwP, WP, SpP, or WSF).

26.132 “Splash Pool” means the body of water located at the end of a flume from which bathers exit to the deck.

26.133 “Superchlorinate” means the addition to the pool water of an amount of chlorine sufficient to produce a free chlorine residual which is at least ten (10) times the amount of the combined chlorine residual plus the required minimum free chlorine residual, in order to oxidize any ammonia or other nitrogenous materials which may be present in the pool water.

26.134 “Swimming Pool Slide” means a commercially manufactured water entry device consisting of an inclined plane (either straight or curved) with a raised edge which receives a constant supply of flowing water, is securely attached to the pool deck and is designed to provide a safe transit path for conveying sliders to a pool (water slide flumes are not included in this definition).

26.135 “Swimming Pool Slide Water Entry Area” means a water surface area of two hundred fifty-six (256) square feet (16' X 16') immediately in front of a swimming pool slide.

26.136 “Turbidity” means a measure of the clarity or cloudiness of water.

26.137 “Turnover” means the circulation, through the recirculation system, of a quantity of water equal to the pool volume.

26.138 “Wading Pool” means a pool for small children with a maximum wall height (distance from rim to bottom) of nine (9) inches at the pool edge and a maximum depth of eighteen (18) inches.

26.139 “Water Slide Flume” means a water entry device consisting of one or more flumes with run-out slides or a splash pool (swimming pool slides are not included in this definition).

26.140 “Wet Deck/Walkway Area” means any deck/walkway area that may become wet from splash or from bather traffic, the pump/filter room floor and the floors of all sanitary and bathhouse facilities.

SECTION 26.2 GENERAL PROVISIONS

26.201 Scope and Purpose - The provisions of these Regulations shall apply to all public pools in the State of Delaware. The purpose of these Regulations is to provide minimum standards for design, construction, maintenance and operation of public pools in the State of Delaware, and to assure a clean, healthful, and safe environment for all bathers using these pools. These Regulations in no way preclude a facility from establishing additional rules and operating procedures as long as they do not contradict those established herein.

26.202 Plans and Specifications - No person shall construct, install, alter or replace a pool, auxiliary pool structure, or pool equipment, and no person shall convert a private pool to a public pool until three (3) copies of plans and specifications have been submitted to the Division, and a Certificate of Approval has been issued. Whenever it is discovered that any of the above have occurred or are occurring without such approval, the Director shall order the owner, operator or contractor to immediately close the pool if it is open or stop the work or conversion, and to submit plans and specifications to the Division. Any part of the unapproved work or pool that is not in compliance with these Regulations shall be removed, replaced or reconstructed in order to achieve compliance. Plans and specifications shall be legible and on paper no larger than 30" X 42" and shall include, but are not limited to the following information:

- a. The facility name and the name and telephone number of a contact person at or near the site.
- b. The name, mailing address and telephone number of the owner.
- c. The name, mailing address and telephone number of the builder/contractor/engineer.
- d. A map of the area (city, town, rural area, etc.) showing the project location and a scaled drawing of the site showing the pool location.
- e. A scaled drawing showing an overhead view of the pool which includes the location of but is not limited to: all recirculation system fittings and piping, depth markings, steps/ladders, diving board, lifeguard stand, fillspout, safety line/bottom marking, lights (underwater and overhead), deck/walkway, fence, pump/filter room*, bathhouse facilities, food/beverage service facilities and any other pools (e.g. wading pool, spa pool). This drawing shall also specify the materials of construction for the pool and deck, and the color of the pool walls and floor. If wood is planned for the wet deck/walkway area the manufacturer of the wood shall be specified, and if the wood has been treated by the manufacturer or will be treated by the installer, any preservatives, coatings, paints, etc. shall be specified.

*Either on this drawing or a separate sheet, a blown up scaled drawing of the pump/filter room showing all piping, equipment, fittings, and the flow pattern shall be provided.

f. A scaled drawing showing a profile view(s) of the pool, the pool depths and the relative elevation of the pump and filter. If a diving board is planned, an end view showing the required dimensions shall also be provided.

g. The following pool information: volume, water surface area, perimeter, filter type, filter surface area, design flow rate, recirculation pump capacity, total dynamic head (TDH) in feet [if not provided a minimum of sixty (60) TDH will be used], pool turnover time, and the size and type of all piping (i.e. ductile iron, copper, plastic).

h. Specifications for and drawings or pictures of all recirculation system components, including but not limited to: skimmers* or gutters; drains; inlets; recirculation pump with pump curve; rate of flow indicator with manufacturer's installation instructions; the type, brand and surface area in square feet of the filter(s)*; multiport valve*; the type, brand and capacity of automatic disinfection equipment*; heater (including proof of AGA or UL approval); portable vacuum equipment; and the chemical name of the disinfectant to be used. All specifications shall include the manufacturer's name and model #.

*Specifications shall include proof of NSF International listing, or approved equivalent. In the remainder of these Regulations, wherever there is a referral to NSF, it means NSF International or approved equivalent.

i. The manufacturer and model # of any underwater lighting fixtures, the number of fixtures and the number of lamp lumens per fixture.

j. The source of potable water (i.e. their own on-site well or the name of the water supplier if the water comes from off-site), and the location and methods of disposal for sanitary waste, filter backwash water and pool water pumped to waste.

k. For new pools, the following signed statement from the owner in all three (3) sets of plans and specifications: "I hereby acknowledge that all items either listed or shown in these plans and specifications as not in contract (NIC), by others, or equivalent, are my responsibility. I also realize that this entire project must be completed in accordance with the approved plans and specifications, and all conditions listed in the Certificate of Approval, prior to the issuance of an operating permit by the Division." This statement with signature may appear directly on the plan drawings.

l. For changes to existing pools, the following signed statement from the owner in all three (3) sets of plans and specifications: "I hereby acknowledge that all items either listed or shown in these plans and specifications as not in contract (NIC), by others, or equivalent, are my responsibility. I also realize that this entire project must be completed in accordance with the approved plans and specifications, and all conditions listed in the Certificate of Approval, prior to this pool receiving permission from the Division to reopen." This statement with signature may

appear directly on the plan drawings.

Upon receipt of plans and specifications, the Division shall determine if the project is approved or disapproved and notify the responsible person within thirty (30) days. If disapproved, the reasons shall be specified. If approved, a Certificate of Approval shall be issued which shall be valid for one (1) year. All construction shall be in accordance with the approved plans and specifications, and all conditions listed in the Certificate of Approval. Prior to opening, the owner or operator of a new pool shall contact the Division for a pre-opening inspection in order to receive an operating permit.

The Division may establish a fee for plan review/approval. Public notice and opportunity for a public hearing will be provided prior to the implementation of such a fee.

26.203 Site Inspection - Prior to the issuance of a Certificate of Approval for the construction of a new outdoor pool, a site inspection shall be made by a representative of the Division in order to confirm that the pool location meets the requirements of Section 26.301. After a specific site is approved, any change of location shall require another site inspection.

26.204 Operating Permit - No person shall operate a pool without a valid permit from the Division and operating permits shall expire annually. The operating permit is not transferable if either the pool name or ownership changes. For new pools, the operating permit application should be submitted at least thirty (30) days prior to the planned opening date. The operating permit shall be available for viewing by any patron or representative of the Division upon request and should be conspicuously posted. The Division may establish an annual fee for the operating permit. Public notice and opportunity for a public hearing will be provided prior to the implementation of such a fee.

26.205 Pool Builder/Pool Service Company - No person or company shall install, construct or sell a public pool that does not conform to these Regulations. All pools should be built/serviced by a qualified person or company. The Division may establish certification and licensing requirements for pool builders/service companies along with a fee for such license. At such time, the Division shall require that all pools be built/serviced by a certified and licensed person. Public notice and opportunity for a public hearing will be provided prior to the implementation of certification and licensing requirements and/or a license fee. This section is in no way meant to preclude the owner of a pool or the owner's employees from performing work on their own pool.

26.206 Pool Operator - The operation of every pool shall be monitored by an approved pool operator. This person may be part of the pool staff or from a private company and shall monitor the pool as often as necessary to maintain compliance with these Regulations.

26.207 Right of Entry and Sanitary Surveys - Representatives of the Division shall have the right of immediate entry any time a pool is open, and in special situations, at any reasonable time, in order to perform a sanitary survey to determine compliance with these Regulations. A sanitary survey shall be conducted at least once per year at every active pool. These surveys may include any room or area associated with the pool operation. In addition, the representatives shall be permitted to examine any pertinent records.

26.208 Inactive Pools - Any pool which closes for thirty (30) continuous days or more, should contact the Division for a sanitary survey prior to re-opening. Any pool which closes for twelve (12) or more continuous months shall: be classified as inactive; contact the Division for a sanitary survey prior to re-opening; and make whatever changes are deemed necessary to achieve compliance with the current Regulations. If the inactive pool does not have its own recirculation/filtration/disinfection system, this shall be provided prior to receiving approval to reopen. If there is no intention of reopening an inactive pool, it should be properly abandoned (filled with dirt to ground level).

26.209 Standards - The Division may allow for some deviation from these Regulations on a temporary trial basis, in order to allow the pool owner or operator to demonstrate that some alternate procedure or innovation in design, construction or operation should be approved. Such permission shall only be granted if the Division is convinced that the health, safety and well-being of the pool patrons will not be jeopardized. If the procedure or innovation in design, construction or operation is approved, the Regulations shall be amended accordingly, if necessary.

SECTION 26.3 LOCATION, DESIGN AND CONSTRUCTION

26.301 Location - Pools shall not be located in areas which are subject to contamination from dust, soot, flyash, smoke, improper drainage, a high water table, or other undesirable substances. For outdoor pools, any overhead wiring not inside an electrical conduit shall not pass over any part of the deck or an area within twenty (20) feet of the nearest edge of the pool. If the edge of a pool, extended upward vertically, is located within fifteen (15) feet of a building, building roof or balcony, a protective barrier may be required (discretion of the Division) to prevent diving from the building, roof or balcony.

26.302 Design - No limits are specified for the shape of pools, however, consideration shall be given to shape from the standpoint of safety and proper water circulation. Pools shall be designed such that: there is even and complete water circulation throughout; safe, sanitary conditions can be maintained at all times; all bathers can be effectively monitored; and all bather entry points to the pool deck are at the shallow end of the pool if any part of the pool is greater than five (5) feet deep. When the bather entrance gate cannot be located at the shallow end, an interior fence at least four (4) feet high shall be provided, which will create a corridor to the shallow end. There shall be no protrusions, extensions, means of entanglement, or other obstructions in the pool which can cause entrapment or injury. Underwater or overhead projections or obstructions except for handholds, steps, ladders, handicapped access facilities or recirculation system fittings shall be prohibited, unless such construction can be justified by engineering design. Underwater seat benches may be permitted in areas where the water depth is five (5) feet or less provided that: the maximum water depth over the seat bench is twenty-four (24) inches; the seat bench is completely recessed; the outer edge of the seat bench shall be outlined in contrasting color by a solid marking line at least one (1) inch wide; and the seat bench surface is slip resistant.

26.303 Construction - Pool walls and bottoms shall be constructed of concrete, fiberglass, metal or other nontoxic, impervious and structurally rigid materials approved by the Division, which will provide a watertight basin, smooth, easily cleanable surfaces and a finish without cracks. Sand, earth or wood construction shall be prohibited. The walls and bottom shall be white or light in color for the purpose of insuring contrast to identify objects. Corners formed by the intersections of walls or walls and floors shall be curved (radiused). Surfaces within the pool intended to provide footing for patrons shall be designed to be slip resistant. Offset or safety ledges shall be prohibited.

26.304 Hydrostatic Relief Valve - All below ground pools, with the exception of indoor crib bed pools, should have a hydrostatic relief valve, which will relieve ground water pressure and prevent the shell from being lifted upward.

26.305 Walls - All SwP and WSF splash pool walls shall be vertical for a minimum depth of two (2) feet six (6) inches in areas less than five (5) feet deep. Exceptions may be made for irregularly shaped pools (e.g. zero depth entry, T, L or Z shapes) in the recessed areas out of the main swimming area.

26.306 Floor/Slope - All pool floors shall be sloped toward the outlet/drain and all slopes shall be constant. The slope shall not exceed one (1) foot in twelve (12) feet (1':12") where the water depth is five (5) feet or less, shall not exceed one (1) foot in three (3) feet (1':3") where the depth is greater than five

(5) feet. Any pool having a transition from the slope in the shallow end to the deep end shall do so through a slope break starting at a depth not less than three and one half (3 1/2) feet and not greater than five (5) feet. At least one (1) foot and not more than two (2) feet on the shallow side of the slope break directly under the safety line, the floor shall be marked with a line of contrasting color that is either: solid and at least two (2) inches wide or intermittent with sections that are at least four (4) inches by four (4) inches and not more than one (1) foot apart on centers.

26.307 Shallow End Minimum/Maximum Depth - With the exception of diving pools, all SwP pools shall have a minimum depth in the shallow area of three (3) feet and a maximum depth of four (4) feet. Exceptions may be made for irregularly shaped SwP pools (e.g. T, L or Z shapes) with recessed areas out of the main swimming area.

26.308 Ladders and Steps - With the exception of WP, SpP and WSF splash pools, all pools shall have at least two entry/exit points (ladders or steps), one (1) for each end. Any pool with water deeper than five (5) feet shall have at least two (2) ladders in the deep end. In addition to the above, any pool with a perimeter greater than two hundred twenty-five (225) feet shall have one (1) additional ladder or set of steps for each additional seventy-five (75) feet of perimeter or fraction thereof.

Ladders shall be constructed of corrosion resistant materials and shall be securely anchored into the pool deck or built into the pool wall. All ladders shall have two (2) handrails and at least two (2) slip resistant treads which are at least one and one half (1 1/2) inches deep, with a uniform length of at least twelve (12) inches and a uniform spacing of at least seven (7) inches and not more than twelve (12) inches. The clearance between any ladder and the pool wall shall be at least three (3) inches and not more than six (6) inches. Recessed ladders (built into the wall) shall have two (2) handrails and shall have a tread at least five (5) inches in depth, at least twelve (12) inches in width and the uppermost tread shall be within twelve inches of the pool coping top edge or the deck surface. All treads shall slope toward the pool.

Where steps are provided, they shall either be recessed or located in a corner. All steps shall have a minimum tread length of twenty-four (24) inches, a tread depth of at least ten (10) inches and a uniform height of not more than twelve (12) inches, with the exception of either the top or bottom tread which may vary + two (2) inches. The top surface edge of each step shall be outlined in contrasting color by a line (painted, tile, etc.) at least one (1) inch wide. Each set of steps shall have at least one (1) handrail per seven (7) feet of tread length. If the steps are less than four (4) feet wide the handrail shall be located at the side and if the steps are four (4) feet

wide or wider, the handrail shall be located in the center. The tread surface shall be slip resistant.

26.309 Decks and Walkways - Every pool shall have a continuous unobstructed deck at rim level around the entire perimeter. The deck shall be no less than four (4) feet wide at any point, measured from the pool edge. For outdoor pools, the area of the deck shall be at least equal to the area of the pool water surface, and for indoor pools, the area of the deck shall be at least equal to two thirds (2/3) of the pool water surface. A minimum width of four (4) feet shall be provided behind lifeguard stands and the ladders/steps of all diving boards. Walkways shall be provided from the deck to all pool sanitary and bathhouse facilities. In computing the minimum deck area for adjacent pools, no area of the deck shall be considered as serving both pools.

In order to prevent standing water, decks and walkways shall have a uniform slope of not less than one quarter (1/4) inch per foot and not more than one half (1/2) inch per foot, away from the pool and toward deck drains or areas where the water will have a free unobstructed flow to points of disposal. The edge of the pool deck at its junction with the pool wall shall be constructed of bullnose coping, or some other acceptable material, which will provide an adequate hand hold around the entire pool perimeter and which is not more than twelve (12) inches above the normal water level.

Wet deck/walkway areas shall be constructed of concrete or other approved material which has an impervious slip resistant surface, can be easily cleaned and is installed such that there are no hazards to patrons or their bare feet (e.g. tripping, abrasions, splinters, etc.). If expansion joints are provided, the joint shall be filled with a non-rigid material such as mastic which shall not protrude above the deck. Carpeting shall be prohibited in wet deck/walkway areas. Wood may be used in wet deck/walkway areas if all of the following conditions are met (the following conditions apply only to the wood that forms the wet deck/walkway surface and not to support structures below):

- a. The wood shall not be treated with creosote, pentachlorophenol, inorganic arsenicals or any other substance which has been shown to have either an acute or a chronic health effect. Any substance that has been applied to the wood by the manufacturer and any substance that will be applied to the wood by the installer shall be approved prior to installation.
- b. Spacing between boards not to exceed one quarter (1/4) inch shall be provided.
- c. The area below the wooden deck or walkway shall properly drain to points of disposal.
- d. All wood fasteners shall be corrosion resistant.

26.310 Electrical and Lighting Requirements - All electrical wiring and equipment associated with the pool shall be in compliance with all appropriate state and local codes and the current edition of the National Electric Code. For indoor pools and all bathhouse facilities, all overhead wiring which is not behind the wall or ceiling shall be inside an electrical conduit.

Artificial lighting shall be provided at all pools which do not have adequate natural lighting or which are to be used for evening/night swimming. The artificial lighting shall meet all of the following conditions:

- a. Lighting shall be sufficient such that all areas of the pool, and either of the following are clearly visible without glare from the deck: the main drain(s) and all bottom markings; or a black disk six (6) inches in diameter superimposed upon a white field and placed on the bottom at the deepest point.
- b. Outdoor pools shall provide at least thirty (30) footcandles and indoor pools shall provide at least fifty (50) footcandles of illumination at the water surface from natural and/or artificial lighting.
- c. All overhead lights shall be covered with adequate shatter resistant shields and equipped with shatter resistant bulbs.

26.311 Hose Bibbs - A sufficient number of hose bibbs shall be provided and located such that all parts of the deck area, the pump/filter room and the bathhouse facilities are easily reachable with a fifty (50) foot hose, without the hose passing over or through the pool water. Hose bibbs shall be located at the edge of the deck such that they do not constitute a tripping hazard and shall be equipped with vacuum breakers or other approved backflow prevention devices.

26.312 Trees, Sand Areas and Planted Areas - Trees at the pool site prior to construction shall not be permitted inside the pool fence and should be removed if they will be within fifty (50) feet of the pool edge. Sand areas and other nongrass/unsodded areas designed for bather access shall not be permitted inside the pool fence or room. Provisions shall be made so that bathers returning to the pool deck from these areas are routed past a foot rinse shower. Flower beds, shrubs and other similar planted areas may be permitted inside the pool fence or room if all of the following conditions are satisfied:

- a. There shall be a separation distance of at least ten (10) feet between the edge of the pool and the edge of the planted area.
- b. The planted area shall be designed such that regular maintenance can be easily accomplished.
- c. All planted area drainage shall be conducted away from the pool in a manner that will not create muddy,

hazardous, or objectionable conditions.

d. The planted area shall be designed to discourage patron entry.

26.313 Sanitary/Bathroom Facilities - All pools shall have at least one (1) permanent water closet with lavatory for the lifeguard\attendant, which is accessible when the pool is open and is located contiguous to the pool deck or pool room. Furthermore, all pools, with the exception of those where all patrons' sanitary/bathroom facilities are within one thousand (1000) feet, shall provide the following permanent sanitary/bathroom facilities located contiguous to the pool deck or pool room:

Number of Fixture Sets for Each Sex	*Pool(s) Water Surface Area (Square Feet)
One (1)	Up to 2000
Two (2)	Over 2000 to 4000
Three (3)	Over 4000 to 6000
Four (4)	Over 6000 to 8000

*For pools greater than eight thousand (8000) square feet, one additional fixture set for each sex shall be provided for each additional four thousand (4000) square feet, or fraction thereof.

All sanitary and bathroom facilities shall be indoors, enclosed to provide privacy, finished in light colors, well ventilated, in good working order and designed such that good sanitation can be maintained throughout at all times. Floors shall constructed of concrete or other approved material, shall have a smooth slip resistant finish and shall be sloped to floor drains or points of drainage. Floor and wall junctions shall be curved (radiused) for easy cleaning. Lighting shall provide at least thirty (30) foot candles of illumination at floor level. All lavatories and showers shall have hot and cold water and shall be equipped with tempering valves which provide water at a temperature not exceeding 120°F. All bathrooms shall have soap (liquid recommended), single service towels or hot air dryers, toilet tissue, and waste baskets. All plumbing shall be in compliance with the "State of Delaware Regulations Governing a Detailed Plumbing Code" and new installations shall be inspected and approved by the appropriate authority prior to use. Floors shall have a slip resistant finish, and carpeting and duckboard shall be prohibited. All bathroom facilities shall be at the same elevation as the pool deck or at an elevation that is accessible with a ramp having a slope that shall not exceed one (1) inch per foot and should not exceed one (1) inch per twenty (20) inches. The pool operator should require all bathers to take a shower prior to entering the pool.

All outdoor pools, except those where bathers must go through the bathroom in order to reach the deck, shall have

a foot rinse shower at each patron entry point. Any indoor pool with direct bather access to an outdoor sand beach or other unsodded area shall also have a foot rinse shower at the access point. The foot rinse shower shall be located such that bathers must walk past the deck discharge area. In order to prevent standing water, the deck discharge area shall slope toward a drain or an area where the water will have a free unobstructed flow to points of disposal. The foot rinse shower should: be a shower head; be approximately twelve (12) to twenty four (24) inches above the deck; have an automatic shut off valve when released; and point toward the deck at approximately a forty five (45) degree angle. Foot baths (standing water in which patrons rinse their feet) shall be prohibited.

26.314 Drinking Fountain - At least one (1) sanitary type (guarded angle jet) drinking fountain in good working order shall be provided. The fountain shall be easily accessible and located inside the pool fence or room at the shallow end. Common drinking cups shall be prohibited.

26.315 Food and Beverage Facilities - Food and beverage service facilities that are inside the pool fence or room shall not be located within twenty (20) feet of the pool edge. If licensing is required, all such facilities shall be licensed by the Division or the appropriate authority.

26.316 Starting Blocks - If starting blocks for competitive swimming events are installed, the water depth under the blocks shall be greater than five (5) feet.

26.317 Escutcheon Plates - All anchor bolts shall be covered by escutcheon plates.

26.318 Handicapped Access - Steps, ramps, handrails, lifts, or other appurtenances designed to accommodate handicapped individuals will be approved within the limits of sound engineering practice and nationally recognized standards. Lifts shall be mounted into the pool deck and shall have a minimum deck width of four (4) feet behind the lift mount.

26.319 Swimming Pool Slides - The installation of swimming pool slides shall be prohibited. All swimming pool slides that are in existence on the effective date of these Regulations (April 15, 1990) should be removed.

26.320 Diving Area/Diving Pool and Diving Board - The dimensions of the diving area/diving pool and the diving board shall be in accordance with the following:

Pools with diving boards higher than three (3) meters, and/or pools with diving platforms shall be constructed in accordance with the standards of the FINA, NCAA and USD and these devices shall be labeled "COMPETITIVE DIVING

ONLY.”

Diving boards shall have guardrails on both sides which are at least thirty (30) inches high and extend from the back end of the board to at least one (1) foot past the pool edge. Diving boards which are greater than one (1) meter high shall have handrails on both sides of the ladder/steps and the guardrails should be completely closed but in no case shall the spacing between them exceed twelve (12) inches.

All diving boards shall be level and shall have slip resistant surfaces. All supports, steps, and railings shall be made of material which is of sufficient strength to handle the anticipated load. Trampoline type diving facilities and rope drops shall be prohibited. With the exception of competitive diving, any adjustable fulcrum diving board shall have the fulcrum locked in the maximum forward position.

Any diving board in existence on the effective date of these Regulations (April 15, 1990) that cannot comply with the requirements of this Section by being shortened and/or lowered, should be removed. Also, in order for the replacement of any diving board stand, or the replacement of any diving board stand and diving board to be approved, the pool shall be in compliance with the requirements of this Section.

SECTION 26.4 RECIRCULATION SYSTEM

26.401 General Requirements - Each pool shall have its own recirculation system. The recirculation system shall consist of, but is not limited to: a pump, a flow measuring device, a removable strainer with spare basket (not required on vacuum filters), a filter with at least one (1) pressure gauge, an automatic disinfectant feeder, piping, deep end floor outlet/drains, a perimeter overflow gutter or surface skimmers, return inlets, valves and other necessary equipment. The recirculation system shall be designed to provide a minimum of four (4) turnovers of the pool volume per day [one (1) every six (6) hours] against the maximum head. In the pump/filter area, each suction and discharge line shall have a manual control valve capable of regulating flow or shutting off flow completely. If the required flow rate is provided collectively by multiple pumps, all of these pumps shall operate by a single control switch. The difference between the minimum required flow rate in gallons per minute (gpm) (based on the type of pool) and the maximum allowable flow rate in gpm (based on the type of filtration) shall be at least ten (10) gpm. Water velocities through piping should not exceed the following: three (3) feet per second in gravity pipe; five (5) feet per second in suction pipe and ten (10) feet per second in pressure pipe.

26.402 Recirculation Pump - All recirculation pumps shall

be of adequate capacity to provide the required turnover rate, a sufficient backwash rate and sufficient suction for any vacuum fittings. If the pump or any suction side piping is located above the pool water level, the pump shall be self-priming. All recirculation pumps shall be equipped with the necessary piping, valves etc. such that pool water can be pumped directly to waste. This line shall terminate above any drain entry point by a distance of at least twice its diameter. For the purpose of confirming or determining the flow rate, all recirculation pumps shall be equipped with pressure gauges on both the suction and pressure side the pump and the pump curve should conspicuously posted nearby.

26.403 Rate of Flow Indicator - At least one (1) rate of flow indicator reading in gpm shall be installed after filtration on the pool return line. The indicator shall be easily accessible for viewing, in proper working condition when the pool is open, sized such that the design flow rate is in the mid range of the indicator, and capable of measuring at least fifty (50) per cent more than the design flow rate. The clearance upstream and downstream from the indicator shall comply with the manufacturer's specifications. In lieu of the above, a pre-set flow control valve with a direct mounted meter kit and conversion chart may be used.

26.404 Floor Outlets/Drains - All pools shall be provided with at least two (2) floor outlets/drains at the deepest point which: are connected to the recirculation system through the same line; are at least six (6) feet apart; are not more than fifteen (15) feet from the side wall; are equipped with a flow control valve(s) near the recirculation pump; have an antivortex cover or a twelve inch by twelve inch (12" x 12") grate or larger; and can completely drain the pool. The velocity of the water entering the outlet/drain should not exceed one and one half (1 1/2) feet per second. All drain outlet pipes shall be recessed within the fitting or in a pit and equipped with a cover which can only be removed with a Phillips screwdriver or a special tool. The width and length of slot openings in the cover shall not exceed one half (1/2) inch and one (1) inch respectively.

26.405 Perimeter Overflow Gutters and Surface Skimmers - All pools shall have either perimeter overflow gutters or surface skimmers (not recommended for pools with a water surface area greater than 2500 square feet) which: are capable of conducting one hundred (100) percent of the required flow rate; are connected to the recirculation system; have flow control valves near the recirculation pump; and effectively remove any floating material. If perimeter overflow gutters are used, they shall be continuous around the pool with a uniform level rim which is not more than twelve (12) inches below the deck and which will provide a suitable handhold. Gutters shall be designed so that the channel is easily accessible for cleaning and presents no entanglement hazard

to bathers. If the gutters are recessed, the access opening shall be at least four (4) inches. Gutter drains shall be provided at uniform intervals not to exceed fifteen (15) feet and the gutter shall slope sufficiently to these drains. The design shall ensure that the recirculation pump receive a continuous supply of water at all times either by adequate surge capacity within the gutters or a surge/balancing tank. Any perimeter overflow gutter with a submerged protruding edge, shall have a solid marking line of contrasting color which is at least one (1) inch wide on the top surface edge of the gutter. Under normal operating conditions the flow rate through the gutter should be one hundred (100) per cent of the design flow rate.

If surface skimmers are used, they shall be NSF listed and at least two (2) shall be provided. For pools that are greater than one thousand (1000) square feet of water surface, one (1) additional skimmer shall be provided for each additional (500) square feet of pool water surface or fraction thereof. Skimmers shall be optimally located around the pool perimeter and the recirculation system shall be designed such that the flow through each skimmer is at least twenty (20) gpm. All skimmers shall have individual flow controls devices, an equalizer line (except WP pools), an easily removable, cleanable basket or screen and a cover. Under normal operating conditions the total flow rate through the skimmers should be at least eighty (80) per cent of the design flow rate.

26.406 Inlets - With the exception of WP and SpP pools, all pools shall have at least four (4) inlets, either on the side walls or on the floor, which are connected to the recirculation system. Side wall inlets, with the exception of those built into a gutter, shall discharge at a depth of at least twelve (12) inches below the normal water level. The distance between side wall or bottom inlets, measured along the wall or floor surface, shall not exceed twenty (20) feet and the spacing between any floor inlet and the side wall, measured along the surface, shall not exceed ten (10) feet. When wall inlets are used, an inlet shall be provided within five (5) feet of each corner and one (1) in each recessed step area. The inlets, either by adjustability or by design, shall provide the necessary flow to maintain the required disinfectant residual and chemical quality evenly throughout the pool.

26.407 Vacuuming - All pools shall have the capability of vacuuming the bottom either through a skimmer, a separate vacuum fitting or a portable vacuum system. If a portable vacuum system must be used, it shall be stored on-site when the pool is open. Vacuuming through a portable vacuum system that is connected to the potable water supply shall be prohibited. In line and portable vacuum pumps must be equipped with a removable strainer with a spare basket.

26.408 Piping - Recirculation system piping shall be made

of non-toxic material and should be sized such that: head losses do not exceed one (1) foot per hundred (100) feet on suction lines and three (3) feet per hundred (100) feet on discharge lines; and flow velocities do not exceed three (3) feet per second in gravity, six (6) feet per second under suction, and ten (10) feet per second under pressure. All plastic piping shall be: labeled with the manufacturer's name and the NSF logo for potable water; listed in the current NSF "Listing of Plastic Materials, Pipe, Fittings, and Appurtenances for Potable Water and Wastewater, or approved equivalent;" and used/installed in accordance with the manufacturer's specifications.

26.409 Multiport Valves - All multiport valves shall be NSF listed.

26.410 Pool Water Heaters - All gas heaters shall be design-certified by the American Gas Association (AGA) and shall display a rating data plate and the AGA seal. All electric heaters shall be Underwriters Laboratories (UL) approved and shall display the UL seal. All heaters shall have sufficient piping and valves to permit isolation and removal of the heater from the system.

26.411 Equipment Access, Freezing Protection and Drainage - Easy access shall be provided to all parts of the recirculation system that must be inspected or serviced. All piping and equipment that is subject to freezing shall be provided with an adequate means of draining. At least thirty (30) foot candles of illumination shall be provided around all equipment. In order to prevent standing water, all equipment rooms shall be adequately graded toward floor drains or areas where the water will have a free unobstructed flow to points of disposal.

SECTION 26.5 FILTRATION SYSTEM

26.501 General Requirements - Each pool shall have its own filtration system. All filters shall bear the manufacturer's name, the model #, the surface area and the filter shall be NSF listed. All filtration systems shall be sized such that the maximum allowable filtration rates are not exceeded and shall be operated such that the passage of unfiltered water will be prevented. The filter effluent water shall have a turbidity of one (1) NTU or less. All filters shall be capable of being totally drained through a manual valve or by disconnecting a union, and all filtration surfaces shall be accessible for inspection, maintenance or replacement. Filters that require backwashing shall have a pressure gauge(s) for determining the time to backwash, and a site glass for observing the backwash water clarity. The backwash discharge line shall terminate above the drain entry point by a distance of at least twice its diameter. All pressure filters shall be equipped with manual or automatic air release valves, or shall be self-

purging. If a manual air release valve is present, specific instructions explaining its use shall be provided and shall be conspicuously posted on or near the filter. In multiple filter installations filter piping shall be valved such that each filter can be isolated for repairs, while other filters remain in service.

26.502 Rapid Sand Filters - All media shall meet all of the specifications of the filter manufacturer. In multiple filter installations filter piping shall be valved such that each filter can be individually backwashed. The filtration rate for rapid sand filters shall not exceed three (3) gpm per square foot of filter area, or the NSF listed flow rate, whichever is less.

26.503 High Rate Sand Filters - All media shall meet all of the specifications of the filter manufacturer. The filtration rate for high rate sand filters shall not exceed twenty (20) gpm per square foot of filter area, or the NSF listed flow rate, whichever is less.

26.504 Diatomaceous Earth Filters - If diatomaceous earth filters are equipped with a pressure type separation tank, there shall be no manual valves on the effluent line, and the following statement or equivalent shall be conspicuously posted on the top of the separation tank and at the pump control switch "Do not start the pump without opening the manual air release on the separation tank and checking to make sure that the top of the separation tank is securely attached." Also, any manufacturer's instructions for the proper use of this separation tank shall be displayed either on the top of the separation tank or on the wall nearby. The filtration rate for diatomaceous earth filters shall not exceed two (2) gpm per square foot of filter area, or the NSF listed flow rate, whichever is less. Diatomaceous earth filters that have an NSF listing for slurry feed shall not exceed a filtration rate of 2.5 gpm per square foot of filter area. All diatomaceous earth filters that are backwashed to waste should have a settling tank/chamber for capturing the earth.

26.505 Cartridge Filters - All pools with cartridge filtration systems shall have at least one (1) spare cartridge for each cartridge in use, which is clean and ready for installation, along with at least one (1) vat which is capable of submerging all of the cartridges from one filter vessel. Pools with modular media cartridge filtration shall have at least one (1) spare cartridge for each type of cartridge in use, which is clean and ready for installation. When cartridges become clogged to the extent that cleaning does not restore them, or they become damaged, they shall be discarded. The filtration rate for cartridge filters shall not exceed three hundred seventy-five one thousandths (.375) gpm per square foot of filter area, or the NSF design listed flow rate, whichever is less.

SECTION 26.6 POTABLE WATER SUPPLY, POOL WATER QUALITY/TESTING, CHEMICALS AND WASTEWATER

26.601 Potable Water Supply - All pools shall have a water supply which: is approved by the Division; is in compliance with the requirements of the "State of Delaware Regulations Governing Public Drinking Water Systems;" and is of adequate capacity to meet peak demands while maintaining at least twenty five (25) pounds per square inch (psi) and not more than one hundred (100) psi at all points in the system. All drinking fountains shall be in good working order. Cross connections between the potable water supply and the pool water shall be prohibited. Hose bibbs shall be located such that they do not constitute a tripping hazard and shall be equipped with vacuum breakers or other backflow prevention devices approved by the Division.

26.602 Fillspout - All pools shall have a permanent fillspout which shall be air gapped at least two (2) pipe diameters above the pool rim, or the rim of any vessel or pipe that connects to the pool. In order to minimize the possibility of creating a tripping hazard, all fillspouts that are on the deck shall be located immediately next to one of the pool ladders, or another approved location. The portion of the water line passing through a concrete deck shall either be non-plastic piping or shall be inside a metal sleeve. All pools which are in existence on the effective date of these Regulations and do not have a permanent fillspout, or have a fillspout that is a potential tripping hazard, should take whatever steps are appropriate to install the fillspout or eliminate the potential tripping hazard. All fillspouts located on the pool deck should be braced.

26.603 Clarity - The water in all pools shall be sufficiently clear and the lighting shall be sufficient such that all areas of the pool, and either of the following are clearly visible from the deck: the main drain(s) and all bottom markings; or a black disk six (6) inches in diameter superimposed upon a white field and placed on the bottom at the deepest point. The turbidity of the pool water shall be five tenths (.5) NTU or less.

26.604 Bacteriological Quality - If samples are taken for the heterotrophic plate count test [standard plate count (SPC)], the result shall be less than (<) two hundred (200) colonies per milliliter. If samples are taken for the total coliform test, when the membrane filtration (MF) technique is used, the result shall be less than (<) one (1) colony per one hundred (100) milliliters of sample, when the multiple tube fermentation or most probable number (MPN) method is used, none of the confirmed portions shall show the presence of the coliform group [result reported as less than (<) 2.2] and when the presence/absence test is used, the result shall be absent.

Samples shall be taken by, or required by the Division whenever it is deemed necessary. For the purpose of determining compliance with this Section, samples may be considered only if they have been analyzed by the Division or by another approved laboratory.

26.605 Chemical Quality - The chemical quality of pool water shall not cause any irritation to the eyes or skin of bathers and shall be in compliance with the requirements of the "State of Delaware Regulations Governing Public Drinking Water Systems." The pH shall not be less than 7.2 or greater than 7.8. All pool water should be balanced (pH, calcium hardness, alkalinity, and temperature) and maintained in accordance with either Langelier Index/Water Balance method shown in Appendices A and B, or an approved equivalent, and the total dissolved solids (TDS) level should not exceed one thousand five hundred (1500) parts per million (ppm). Any chemical added directly or indirectly to a pool shall be approved by the Division, registered with the U. S. Environmental Protection Agency, used strictly in accordance with the manufacturer's directions and properly labeled in accordance with the Hazardous Chemical Information Act 16 Del. C. Chapter 24 (Right to Know). The Material Safety Data Sheet (MSDS) for each chemical should be kept at the pool.

All pools should have an automatic pH adjustment chemical feeder. Any pool using gas chlorine, and any pool with a documented history of pH level violations shall have an automatic pH adjustment chemical feeder that: is the NSF listed; is approved by the Division; has approved anti-siphon protection; and is wired such that it feeds only when the recirculation pump runs (shall be done on all pools which are in existence on the effective date of these Regulations when either the chemical feeder or recirculation pump are replaced). The manual addition of approved non-disinfectant chemicals shall be permitted only in special situations (e.g. trying to achieve water balance), which require that the pool be closed. After this manual addition has been completed, the pool shall remain closed for at least one (1) turnover and until such time as the chemical is thoroughly and evenly dispersed throughout the pool.

26.606 Disinfection - All pools shall be disinfected with an approved halogen that imparts an easily measured residual and is fed through an automatic feeder that: is NSF listed (with the exception of gas feeders); is approved by the Division; has approved anti-siphon protection; is capable of providing a dosage of at least ten (10) ppm for outdoor pools and a dosage of five (5) ppm for indoor pools (shall be done on an existing pool when the disinfectant feeder is replaced); and is wired such that it feeds only when the recirculation pump runs (shall be done on all pools which are in existence on the effective date of these Regulations when either the disinfectant feeder

or recirculation pump are replaced). A flow-through (erosion) feeder shall feed only the disinfectant(s) specified by the manufacturer. All feeders, with the exception of flow-through feeders, shall add the disinfectant downstream from the filter and heater. All pool disinfectants shall be registered with the U.S. Environmental Protection Agency and approved by the Division. Manual addition of an approved halogen disinfectant shall be permitted only in special situations (e.g. superchlorination), which require that the pool be closed. After this manual addition has been completed, the pool shall remain closed: for at least one (1) turnover and until such time as the chemical is thoroughly and evenly dispersed throughout the pool; and the automatic feeder is operating properly if it was not at the time of the manual addition. Use of stabilized chlorine (cyanuric acid) in indoor pools shall be prohibited. In order for any non-halogen to be approved as a stand alone disinfectant, satisfactory performance shall be demonstrated during an NSF evaluation.

Pools using gaseous type chlorination shall comply with the following requirements:

- a. All gas chlorine shall be fed by use of a vacuum injector system. Direct cylinder feed shall be prohibited.
- b. All chlorine gas feed and storage shall be located at or above ground level in a separate room used for nothing else, and all openings from this room to any other rooms shall be sealed.
- c. The chlorine room shall be provided with a light and a positive ventilation fan with a floor level discharge to the outdoors that provides one complete air change per minute and operates continuously while the pool is open.
- d. The chlorine room shall have a shatter resistant inspection window and a door that opens outward to the building exterior.
- e. Light and fan switches shall be located outside the chlorine room.
- f. All chlorine cylinders shall be securely fastened or restrained against falling and all chlorine cylinders in use (connected to the feeder) shall be mounted on scales or equipped with an automatic switchover device. All cylinders should be stored in the chlorine room.
- g. The chlorinator shall be vented outdoors above grade and the vent shall be screened.
- h. If floor drains must be installed, they shall discharge outside of the building and shall not be connected to any other drains.
- i. The chlorine room temperature shall be at least 60°F at all times and shall be protected against excessive heat.
- j. A self contained breathing apparatus, and a bottle of ammonia for leak detection, shall be kept readily accessible at a location outside the chlorine room.
- k. A gas chlorine warning sign shall be posted outside the room.
- l. A new seal shall be installed each time a cylinder is changed.

m. A chlorine leak detection device with audible and visual alarm should be provided.

All pools shall/should be disinfected in accordance with the following requirements/recommendations:

	REQUIRED Minimum Level	RECOMMENDED RECOMMENDED Level	Maximum Maximum Level
Free Chlorine	0.5 ppm	1.0-3.0 ppm	5.0 ppm
Free Chlorine (Spa Pool)	1.0 ppm	2.0-5.0 ppm	10.0 ppm
Free Chlorine with Cyanuric Acid	1.5 ppm	1.5-3.0 ppm	5.0 ppm
Free Chlorine with Cyanuric Acid (Spa Pool)	2.0 ppm	2.0-5.0 ppm	10.0 ppm
Bromine	10 ppm	2.0-4.0 ppm	6.0 ppm
Bromine (Spa Pool)	2.0 ppm	3.0-6.0 ppm	10.0 ppm
Cyanuric Acid	None	30-50 ppm	*100 ppm
Combined Chlorine	None	0.0 ppm	0.2 ppm
ORP**	**650 mV	**700-750 mV	

*(required) **(recommended)

NOTE-Pools using bromine should use ozone as a supplementary disinfectant/oxidizer.

26.607 Water Testing Equipment and Sampling Frequency - All pools shall have approved testing equipment for pH, disinfectant residual, alkalinity, and calcium hardness. For disinfectant residual, the DPD (Diethyl-P-Phenylene Diamine) method, or any other method in the current edition of Standard Methods for the Examination of Water and Wastewater, shall be used. If the disinfectant is chlorine, the test kit shall be capable of measuring both free and total chlorine residual. For pH, the phenol red colorimetric method, or any other method in the current edition of Standard Methods for the Examination of Water and Wastewater, shall be used and the test kit shall have a range of at least 6.8-8.2. In addition to these parameters, pools that use a stabilized halogen shall have approved cyanuric acid testing equipment. All chemical test kit reagents shall be dated when received, and shall be replaced just prior to the start of each outdoor pool season, and at least yearly for indoor pools, with the exception of phenol red which shall be replaced at least every six (6) months.

pH and disinfectant residual shall be measured daily, prior to the pool opening, and as often as necessary while the pool is open (recommended every one (1) to two (2) hours) in order to ensure the proper levels. Alkalinity, calcium

hardness and cyanuric acid (if applicable) shall be measured after each addition of make up water and at least weekly. All sample results shall be recorded along with the date, time and sample location (area of the pool). Records of sample results shall be kept at the pool for at least one (1) year, shall be available for viewing by any representative of the Division during an inspection and shall be submitted to the Division upon request. If any other substance is added to the pool on a regular basis (e.g. copper/silver from a supplemental disinfection system), the Division may require testing to ensure that the concentrations do not exceed acceptable levels.

26.608 Pool Water Level and Recirculation System - When the pool open, the pool water level shall be maintained at an elevation suitable for continuous flow into the perimeter overflow gutter or surface skimmers. The recirculation system shall operate continuously (24 hours per day), with the exception of the automatic disinfectant feeder when the disinfectant level approaches or exceeds the upper recommended level. All pools shall have the capability of pumping water to waste either directly or via filter backwash. A dye test should be performed at least annually on every pool. The Division may require a dye test to ensure that the recirculation system is providing even and complete recirculation throughout the pool.

26.609 Chemical Storage - All chemicals, including test kits, shall be stored in accordance with the storage recommendations on the manufacturer's label and the MSDS, and they shall be stored in areas that are not easily accessible to bathers or other unauthorized personnel. All pools shall keep adequate quantities of chemicals on hand such that shortages are not experienced. "NO SMOKING" signs shall be conspicuously posted in all chemical storage areas.

26.610 Wastewater Disposal - Cross connections between the pool recirculation system and any wastewater system, including the filter backwash drain, shall be prohibited. The backwash discharge line shall terminate above the drain entry point by a distance of at least twice its diameter. All wastewater, including filter backwash water, should discharge into facilities that are in compliance with all appropriate state and local codes.

26.611 Ozone - All ozone systems should be NSF listed.

SECTION 26.7 OPERATION, MAINTENANCE, GENERAL SANITATION, PERSONNEL, SUPERVISION AND SAFETY

26.701 Operation and Maintenance - All pools, their premises, and appurtenances, shall be operated and maintained at all times with regard to the safety of bathers and employees. All plumbing shall be properly installed and maintained. During an electrical storm, use of any pool

(indoor or outdoor) shall be prohibited. Alcoholic beverages shall be prohibited in the pool and on the pool deck (area required by Section 26.309). Food and beverages shall be prohibited in the pool and within four (4) feet of the pool edge. Glass or other breakable containers, utensils, etc. shall be prohibited within the pool fence, pool room or bathhouse facilities. Pool walls and floors shall be refinished when safe sanitary conditions cannot be maintained. Any deck/walkway areas that are hazardous to patrons or their bare feet (e.g. tripping, abrasions, splinters, etc.) or do not properly drain, shall be repaired or replaced such that the hazard or drainage problem is eliminated. Any electrical hazard shall be eliminated. All pools which have a slope break, shall install a line of contrasting color one (1) to two (2) feet on the shallow side of the break directly under the safety line that is either: solid and at least two (2) inches wide or intermittent with sections that are at least four (4) inches by four (4) inches and not more than one (1) foot apart on centers. All pools which have steps or benches, shall install a solid marking line of contrasting color which is at least one (1) inch wide on the top surface edge of each pool step or bench. All pools which have any type of overflow gutter or a safety ledge with a submerged protruding edge, shall install a solid marking line of contrasting color which is at least one (1) inch wide on the top surface edge of the gutter.

26.702 General Sanitation and Sanitary Facilities - All pools and related facilities shall be maintained in a clean sanitary condition. The pool floor, walls, deck, walkways and bathhouse facilities shall be cleaned and disinfected with an approved disinfectant as often as necessary in order to maintain an environment which is free of sediment, dirt, algae, grass/weeds and foreign objects. All garbage shall be stored in containers which are sufficient in number and properly covered so as not to attract vermin. Effective control measures shall be utilized to minimize or eliminate the presence of rodents, flies, roaches or other vermin. All pools shall have at least one (1) permanent or portable water closet for the lifeguard/attendant, which is accessible when the pool is open and is located such that the path of travel from the nearest pool entrance/exit does not exceed five hundred (500) feet. If a portable water closet is provided, it shall be properly vented, designed to exclude flies, equipped with a self-closing door, provided with toilet tissue and maintained in a clean sanitary condition. This water closet should be located contiguous to the pool deck or pool room.

26.703 Animals - With the exception of guide animals for the handicapped, animals shall be prohibited within the pool fence, pool room or bathhouse facilities.

26.704 Bathing Suits - All bathers should wear bathing suits. A bathing suit should be a garment designed for that purpose which covers the buttocks (male and female) and

breasts (female). If anyone who is not toilet trained is going to use a pool, the operator should take whatever steps are necessary to ensure that fecal material does not enter the water (e.g. requiring the use of a swimsuit diaper). Should fecal material enter any pool, the pool shall be closed immediately and the operator shall follow Division procedures for reopening.

26.705 Employee/Bather Health - No person with evidence of a communicable or contagious disease shall be employed at a pool. No person with evidence of a communicable disease, cough, cold, open sore, bandaged wound shall be allowed to enter the pool water except where certified by a physician not to have a disease in the communicable stage. Any person suspected of being under the influence of alcohol or drugs shall be prohibited from entering the pool.

26.706 Lifeguard - Unless exempted by Title 16 Delaware Code, each pool that is greater than 250 square feet (water surface) or greater than four (4) feet deep (any portion) shall have a lifeguard on duty when the pool is open. It is recommended that there be a minimum of two (2) lifeguards on duty when the pool is open and further recommended that there be one (1) lifeguard per either: fifty (50) bathers; or two thousand (2000) square feet of pool water surface; or fractions thereof. If a lifeguard who is working alone must leave poolside, for whatever reason, he/she shall take whatever steps are necessary to ensure that no one remains in or enters the water in his/her absence. Copies of training/certification documentation for all lifeguards currently employed by the pool's management shall be present at the pool when it is open and should be available for viewing by patrons. No person shall serve as a lifeguard unless he or she meets all of the following training requirements and can produce the appropriate documentation upon request of the Division:

a. Current certification in National YMCA Lifeguarding, or American Red Cross Basic Lifeguarding, Ellis & Associates National Pool & Waterpark Lifeguard Training, Aquatic Resource Service Associates Aquatic Rescue Training or approved equivalent.

b. Current certification in American Red Cross, American Heart Association, or National Safety Council (NSC) Cardiopulmonary Resuscitation (CPR), or approved equivalent, that includes training in: one (1) person adult CPR, child CPR and infant CPR.

c. Current certification in American Red Cross Standard First Aid, or approved equivalent, that includes training in: obstructed airway, artificial breathing, control of bleeding, and treatment for shock.

26.707 Attendant - If none of the pools at a facility require a lifeguard based on surface area or depth, each pool, with the exception of those exempted by Title 16 Delaware Code, shall

have at least one (1) attendant with approved training on duty when the pool is open. If the attendant is not in direct view of the pool, he/she shall be located such that the poolside alarm required by Section 26.720 can be easily heard. Copies of training/certification documentation for all attendants currently employed by the pool's management shall be present at the pool when it is open and should be available for viewing by patrons. No person shall serve as an attendant unless he or she meets all of the following training requirements and can produce the appropriate documentation upon request of the Division:

a. Current certification in American Red Cross, American Heart Association or NSC Cardiopulmonary Resuscitation (CPR), or approved equivalent that includes training in: one person adult CPR, child CPR and infant CPR.

b. Current certification in American Red Cross Standard First Aid, or approved equivalent, that includes training in: obstructed airway, artificial breathing, control of bleeding, and treatment for shock.

26.708 Lifeguard Warning Sign - Any exempted pool that does not have a lifeguard or attendant on duty shall conspicuously post the following sign at the pool entrance(s) and at least one (1) other location inside the pool room/fence: "WARNING NO LIFEGUARD ON DUTY" in letters at least four (4) inches high along with "CHILDREN UNDER THE AGE OF SIXTEEN (16) SHOULD BE ACCOMPANIED BY A PARENT OR GUARDIAN" in letters at least one (1) inch high. (NOTE - A guardian is an adult who is responsible for the children and their behavior)

26.709 Lifeguard Stand - All pools with a water surface area greater than two thousand (2000) square feet shall have at least one (1) lifeguard stand and additional stands should be provided based on each additional two thousand (2000) square feet or fraction thereof. The lifeguard stand shall be at poolside, however, no part of the stand shall extend past the edge of the pool. The lifeguard stand seat should be four (4) to six (6) feet above the pool deck.

26.710 Unsupervised Solo Bathing - Unsupervised solo bathing shall be prohibited at all pools with the exception of those exempted by Title 16 Delaware Code.

26.711 Maximum Bathing Load - In SwP pools, the maximum bathing load shall be based on one (1) bather per twenty-five (25) square feet of pool water surface. If a diving board is present and in use, the three hundred twenty (320), three hundred sixty (360) or four hundred (400) square feet of diving board water entry area per device (Sections 26.110 and 26.320) shall not be included in computing the maximum bathing load. If a swimming pool slide is present and in use, the two hundred fifty-six (256) square feet of swimming pool slide water entry area (Section 26.137) shall not be included

in computing the maximum bathing load.

26.712 Injury, Resuscitation or Death - The Division shall be notified within twenty-four (24) hours of any incident at a pool which: requires referral to a hospital, doctor or other facility for medical attention; requires resuscitation; or results in death. The notification shall be followed up by a written report within thirty (30) days which contains all pertinent details of the incident.

26.713 Pool Security - All entrances to indoor pools shall be equipped with locks and each entrance shall be locked when the pool is closed. All outdoor pools shall be enclosed by a fence which provides a barrier that is at least four (4) feet high everywhere [six (6) feet recommended], measured from ground level outside the fence. All pool fences shall be equipped with a locking gate which shall be locked when the pool is closed.

26.714 Depth Markings - With the exception of wading pools and spa pools, the water depth of all pools, in feet to the nearest one half (1/2) foot, shall be plainly marked at or above the water surface on the vertical pool wall, and on the coping or deck within eighteen (18) inches of the pool edge. For pools with open gutters, the depth marking required on the vertical pool wall may be located on the wall of the room for indoor pools, and on the fence for outdoor pools. These pairs of depth markings shall be located at the points of minimum depth, maximum depth, intermediate depths at no more than two (2) foot depth increments with one (1) foot increments recommended, breaks in slope and on each end of the pool. All depth markings shall be at least four (4) inches high, of a contrasting color and spaced no more than twenty-five (25) feet apart on the pool perimeter. Markings on the pool walls shall be positioned to be read from the water. Markings on the deck shall be positioned to be read while standing on the deck and facing the pool and shall be slip resistant.

26.715 Safety Line - Whenever non-swimmers are in the water, all pools that have a slope break shall have a safety line located at least one (1) foot and not more than two (2) feet on the shallow side of the slope break, directly above the line on the bottom. The safety line shall have clearly visible colored floats spaced not more than five (5) feet apart. The safety line shall be of sufficient size and strength to provide a handhold which will support any bather who is in need of help and the connections to the pool wall shall be recessed.

26.716 Safety Equipment - All pools shall have the following safety equipment which shall be easily accessible:

a. A telephone, within or immediately adjacent to the pool fence or room, with appropriate emergency numbers posted nearby. Pay telephones are acceptable if they do not require coins in an emergency. In lieu of a telephone, a

manually activated emergency alarm system which alerts someone else to dial the telephone is acceptable. All of the above must be able to send and receive calls.

b. Two blankets.

c. A first aid kit with the current edition of the American Red Cross standard first aid book or equivalent. The kit should include at least the following: soap, ice packs, band-aids, compresses (2" X 2" & 4" X 4"), gauze roller bandages, two(2) triangle bandages, surgical gloves and a mouth to mouth mask.

d. One rigid backboard (long board) with at least three (3) attached ties/straps which is compatible for transport in the Delaware State Police MED-E-VAC helicopter, meets the design requirements of Emergency Medical Services, and is approved by the Division. Six (6) attached ties/straps are recommended. If a pool, because of size, will not accommodate a long board being placed under a bather, a reduced backboard (short board) with at least one (1) tie/strap may be substituted. Current specification requirements for backboards are available upon request from the Division (NOTE - This is not required for exempted pools that operate without a lifeguard).

In addition to the above, all SwP pools shall also be equipped with the following safety equipment which shall be and easily accessible:

e. One (1) or more lightweight poles at least twelve (12) and not more than fifteen (15) feet long, and equipped with a shepherd's hook.

f. One ring buoy at least eighteen (18) to twenty-four (24) inches in diameter attached to at least fifty (50) feet of rope.

g. At least one (1) rescue tube for each lifeguard on duty. (NOTE - This is not required for exempted pools that operate without a lifeguard).

26.717 Diving - With the exception of official competition or when there is qualified instruction, diving shall be prohibited into water that is five (5) feet deep or less. At SwP and WSF pools, all areas where the water is five (5) feet deep or less shall be clearly labeled "No Diving" on the coping (edge of the deck). For indoor pools, the "No Diving" markings may be approved on the walls of the room if it can be demonstrated that it is not feasible to provide them on the edge of the deck. The "No Diving" markings shall be: of a contrasting color; easily readable; slip resistant and at least four (4) inches high consisting of the words "No Diving," the words "No Diving" in combination with the picture (international) sign (diver inside a red circle with a red line across), or other approved markings. The number of markings shall be at least equal to the number of depth markings within the "no diving area" and shall be spaced no more than twenty-five (25) feet apart on the perimeter of the "no diving" area.

26.718 Shallow End Starting Blocks - Shallow end starting blocks (water depth that is five (5) feet or less) shall be removed when there is no official competition, instruction or practice. Shallow end starting blocks that are not removable shall be labeled "starting blocks shall be used only during official competition or when there is qualified instruction."

26.719 Wading Pool Supervision - All children using a wading pool should be supervised by a responsible person who is at least sixteen (16) years of age.

26.720 Spa Pool Attendant Alarm - Any SpP pool, with the exception of those at exempted facilities, which is located such that it is not in direct view of the attendant shall have, in the immediate vicinity of the pool, a clearly labeled alarm device that can be activated when a bather is in trouble and is easily heard throughout the area or building. This alarm shall produce a distinctly different sound than that of the high temperature alarm.

26.721 Spa Pool Warning Sign - A clearly visible sign shall be mounted at the entrance of each SpP pool facility or adjacent to each SpP pool and shall include, but is not limited to, the following:

a. All bathers should take a shower prior to entering.

b. Enter and exit slowly and cautiously.

c. Unsupervised solo bathing is prohibited.

d. Use by anyone under sixteen (16) years of age is prohibited unless there is documented written permission from their physician.

e. Elderly persons and anyone with heart disease, diabetes, high or low blood pressure, or anyone under a physician's care should not enter without consulting with their physician.

f. Pregnant women should not enter unless the temperature is less than 102°F.

g. Hot water immersion while under the influence of alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, narcotics or tranquilizers may be hazardous to your health and is prohibited.

h. Observe a fifteen (15) minute time limit, then shower, cool down and return if you wish. Longer exposures to this water may result in nausea, dizziness or fainting.

i. Do not submerge to the bottom of the pool, hair may become entangled in bottom outlet. Long hair should be tied in a knot or a bun in order to keep it out of the water.

j. No body lotions or oils are permitted.

26.722 Spa Pool Timer Switch - All SpP pools shall have a clearly labeled reversible aeration/jetting system timer switch with a fifteen (15) minute time limit located in the pool area but such that it cannot be reset from within the pool.

26.723 Spa Pool Temperature/High Temperature Prevention

System - The water temperature in SpP pools should not exceed 100°F and shall not exceed 104°F. All spa pools shall have a thermometer that is measuring the current water temperature and the temperature should be checked and recorded at least hourly when the pool is open. If the thermometer is in the pool, it shall be non-glass and tethered. All SpP pools shall be equipped with an approved system that will ensure that the water does not exceed 104°F (e.g. a high temperature alarm, an automatic heater shut off device, etc.) The alarm shall produce a distinctly different sound than that of the attendant alarm. If there is a documented history of high temperature violations, the high temperature prevention system shall be replaced/upgraded. The Division may test the high temperature prevention system to ensure proper operation.

26.724 Spa Pool Clock - A clock which is easily readable from the SpP pool shall be provided.

26.725 Water Slide Flume-Head of the Flume Personnel - At least one person who meets the training requirements of Section 26.707a shall be stationed at the head of the flume to supervise and control the start of each slider, the spacing of sliders and the monitoring of the downward progress of each slider.

26.726 Water Slide Flume-Splash Pool Attendant - At least one attendant shall be stationed near the end of the flume/run out to supervise and control the sliders as they arrive. Additional attendants shall be required at the discretion of the Division.

26.727 Ventilation - All bathhouse rooms, equipment rooms, chemical storage rooms and indoor pool rooms shall be provided with adequate natural or mechanical ventilation such that satisfactory indoor air quality is maintained.

26.728 Cartridge Filtration - All pools with cartridge filtration systems shall have at least one (1) spare cartridge for each cartridge in use, which is clean and ready for installation, along with at least one (1) vat which is capable of submerging all of the cartridges from one filter vessel. Pools with modular media cartridge filtration shall have at least one (1) spare cartridge for each type of cartridge in use, which is clean and ready for installation. When cartridges become clogged to the extent that cleaning does not restore them, or they become damaged, they shall be discarded.

SECTION 26.8 WADING POOLS

26.801 General Requirements - Except as otherwise noted previously and in this Section, WP pools shall comply with all other requirements of these Regulations.

26.802 Location - WP pools which are installed in conjunction with a SwP pool shall be located adjacent to the shallowest area of the SwP pool and shall be at least ten (10) feet away. If any part of the SwP pool is greater than five (5) feet deep the WP pool shall be located at least twenty (20) feet away.

26.803 Floor/Slope - The slope of a WP pool floor shall not exceed six (6) inches in ten (10) feet (6"/10') and the floor shall be slip resistant.

26.804 Fencing - All WP pools which are indoors or within the confines of another pool fence shall be surrounded by a fence which is at least three (3) feet high and is equipped with a gate.

26.805 Recirculation System - The WP pool recirculation system shall be capable of providing a minimum of twenty-four (24) turnovers of the pool volume per day [one (1) every hour] against the maximum head.

26.806 Floor Outlets/Drains - All WP pools shall be provided with at least one (1) of the following connected to the recirculation system and capable of draining the pool: two (2) antivortex floor outlets/drains as far apart as possible on the same line with a flow control valve; one (1) antivortex floor outlet/drain connected to the skimmer line with no individual flow control valves prior to the pump; or another approved fitting. The velocity of the water entering the outlet/drain should never exceed one and one half (1 1/2) feet per second.

26.807 Perimeter Overflow Gutters and Surface Skimmers - All WP pools shall be equipped with either a perimeter overflow gutter or at least one skimmer which is connected to the recirculation system and effectively remove any floating material. For WP pools that are greater than five hundred (500) square feet of water surface, one (1) additional skimmer shall be provided for each additional (500) square feet of pool water surface or fraction thereof. Under normal operating conditions the total flow rate through the skimmers should be one hundred (100) per cent of the design flow rate.

26.808 Inlets - All WP pools shall have at least two (2) inlets and in WP pools where only one (1) skimmer is required, the inlets shall be located such that they direct water toward the skimmer.

26.809 Water Replacement - The entire WP pool water volume should be replaced on at least a weekly basis either by normal backwashing or by pumping directly to waste.

SECTION 26.9 SPA POOLS

26.901 General Requirements - Except as otherwise noted previously and in this Section, SpP pools shall comply with all other requirements of these Regulations.

26.902 Location - A SpP pool shall be at least eight (8) feet away from any other pool.

26.903 Decks and Walkways - A deck at least four (4) feet wide shall be provided around at least fifty (50) per cent of the perimeter of a SpP pool. If the SpP pool is free standing and not higher than thirty six (36) inches, the deck may be at floor level.

26.904 Steps and Benches - SpP pools which are greater than twenty-four (24) inches deep shall have at least one (1) step with at least one (1) handrail (two (2) are recommended) and all steps shall be located at a point where the deck is at least four (4) feet wide. The step tread shall be at least ten (10) inches deep and at least twelve (12) inches wide, and the step riser shall be at least seven (7) inches and not be more than twelve (12) inches high. When the bottom tread also serves as the bench, the height above the pool floor shall not exceed fourteen (14) inches. The first and last risers need not be uniform. Intermediate risers, however, shall be uniform in height. Benches that are installed in SpP pools shall be permanent and the depth of water over the bench shall not exceed twenty-four (24) inches. The top surface edge of all benches and steps shall be outlined in contrasting color by a marking line at least one (1) inch wide.

26.905 Fencing - SpP pools that are installed inside the confines of another pool fence are not required to be fenced.

26.906 Recirculation System - The SpP pool recirculation system shall be completely separate from the air/water jet system and shall be capable of providing a minimum of ninety-six (96) turnovers of the pool volume per day [one (1) every fifteen (15) minutes] against the maximum head.

26.907 Floor Outlets/Drains - All SpP pools shall be provided with at least one (1) of the following connected to the recirculation system and capable of draining the pool: two (2) floor outlets/drains as far apart as possible on the same line with a flow control valve; one (1) floor outlet/drain connected to the skimmer line with no individual flow control valves prior to the pump; or another approved fitting. The velocity of the water entering the outlet/drain should never exceed one and one half (1 1/2) feet per second.

26.908 Perimeter Overflow Gutters and Surface Skimmers - All SpP pools shall be equipped with either a perimeter overflow gutter or at least one skimmer which is connected to

the recirculation system and effectively removes any floating material. If the second option in 26.908 is chosen, any approved through the wall skimmer with a weir may be used.

26.909 Inlets - All SpP pools shall have at least two (2) inlets which are connected to the recirculation system and in SpP pools where only one (1) skimmer is required, the inlets shall be located such that they direct water toward the skimmer.

26.910 Air Jetting System - All air jetting (blower) systems shall have a raised loop or some other approved method to prevent water backup that could cause electrical shock hazards.

26.911 Water Replacement - The entire SpP pool water volume should be replaced on at least a weekly basis either by normal backwashing or by pumping directly to waste.

SECTION 26.10 WATER SLIDE FLUMES

26.1001 General Requirements - Except as otherwise noted previously and in this Section, WSFs shall comply with all other requirements of these Regulations.

26.1002 Splash Pool Design and Depth - In order to facilitate prompt, safe exiting by bathers, all splash pools shall have either a set of steps along the entire length of the exit side (side opposite the flume terminus), or a floor that slopes upward to meet the water surface. The steps or upward sloping floor shall have one (1) handrail per flume or one (1) handrail every seven (7) feet, whichever is greater. Ladders shall be prohibited. The depth of the splash pool at the flume end shall be at least three (3) feet and not more than four (4) feet, and this depth shall be maintained for at least twenty (20) feet in front of the flume end. The floor slope shall not exceed one (1) foot in seven (7) feet and all slopes shall be constant.

26.1003 Flume End - Flumes shall terminate either at a depth of at least six (6) inches below the splash pool operating water level, or not more than two (2) inches above the splash pool operating water level, provided the flume is level for at least the last ten (10) feet. The distance between the side of any flume end and the side of the splash pool shall be at least five (5) feet. The distance between the sides of adjacent flumes shall be at least six (6) feet and adjacent flumes utilizing the same splash pool shall be parallel at the ends.

26.1004 Decks and Walkways - A deck at least ten (10) feet in width shall be provided along the entire exit side of the splash pool. All walks and steps from the exit side to the top of the flume shall be: at least four (4) feet wide; constructed of concrete or other slip resistant material approved by the Division; smooth, easily cleanable and properly maintained; and separated from any flume by a physical barrier such that

people on the walks or steps cannot reach the flumes.

26.1005 Recirculation System - The WSF recirculation system shall be capable of providing a minimum of twenty-four (24) turnovers of the splash pool and pump reservoir volume per day [one (1) every hour] against the maximum head.

26.1006 Pump Reservoirs - Pump reservoirs shall be separate from the splash pool, shall be made of concrete or other impervious material with a smooth slip-resistant finish, and shall be connected to the splash pool by a weir. The minimum pump reservoir volume shall be equal to five (5) minutes of the combined flow rate in gpm of all water slide flume pumps. Pump reservoirs shall be accessible only to authorized individuals. Access decks shall be provided. The pump intake(s) shall be located in the pump reservoir and shall be designed to allow cleaning without danger of operator entrapment. The pump reservoir shall have a minimum of one (1) main drain with separate piping and valve to the filtration system. Pumps shall have check valves on all discharge lines.

26.1007 Perimeter Overflow Gutters and Surface Skimmers - All splash pools and pump reservoirs shall have either perimeter overflow gutters or surface skimmers which effectively remove any floating material and are connected to the recirculation system. Where perimeter overflow gutters are used, they are not required along the weirs or under the flume end. Where surface skimmers are used, one (1) shall be in the splash pool and one (1) shall be in the pump reservoir. Where an odd number of surface skimmers are required they shall be positioned appropriately based on the size of the splash pool and pump reservoir.

26.1008 Disinfection - WSF pools may be permitted to manually add a halogen disinfectant, in addition to the automatic feeder, if it can be done somewhere other than the flume or splash pool.

26.11 SPECIAL PURPOSE POOLS

26.1101 General Requirements - Child care facility pools and other pools which do not fit into the categories SwP, WP, SpP, or WSF, of Section 26.125 because of the design, size, usage, or other factors, shall be classified as SpPP by the Division, provided that the design is within the limits of sound engineering practice. The Division shall require compliance with any Sections of these Regulations which are deemed necessary, to assure the health and safety of SpPP pool bathers.

SECTION 26.12 PROCEDURE FOR ADMINISTRATIVE ACTION

26.1201 Operating Without a Permit - If a pool is found operating without a valid permit as required by Section 26.204, the Director shall issue a written notice for immediate closure. This notice shall be delivered to either the lifeguard/operator or the person in charge. The closure shall be effective upon delivery of the notice and a closure notice statement on the sanitary survey report constitutes a written notice. A sign stating that the pool is closed may be posted at the bather entry point(s) and this sign shall be removed only by, or with the consent of the Director. Within five (5) days of receipt of this closure notice, the person in charge may request a hearing before the Director. If a hearing is requested, it shall be scheduled within ten (10) days. At least five (5) days prior to the hearing, the person in charge shall be notified of the date, time and place. If plans and specifications for the pool have been previously approved by the Division, the pool may reopen when approval of the Director has been granted and a permit has been issued. If there is no record of a Certificate of Approval, plans and specifications shall be submitted in accordance with Section 26.202.

26.1202 Suspension of a Permit - If some condition exists at a pool which presents an imminent health hazard to the public, the Director may suspend the operating permit and issue a written notice for immediate closure, without a hearing, for a period not to exceed fifteen (15) days. This notice shall be delivered to either the lifeguard/operator or the person in charge. The suspension shall be effective upon delivery of the notice and a closure notice statement on the sanitary survey report constitutes a written notice. This written notice shall state the reason(s) for the suspension/closure and the person in charge shall be requested to yield the permit to the Director. A sign stating that the pool is closed may be posted at the bather entry point(s) and this sign shall be removed only by, or with the consent of the Director. A suspension/closure notice shall be issued for any of the following conditions:*

- a. The clarity of the water is not in compliance with the provisions of Section 26.603.
- b. The bacteriological quality of the swimming pool water is not in compliance with the provisions of Section 26.604.
- c. The pH of the swimming pool water is less than 7.2 or greater than 7.8.
- d. The automatic disinfection system is not functioning properly, or, there is no automatic disinfection system or disinfectant present.
- e. The free chlorine residual is less than the level specified in Section 26.606.
- f. The bromine residual is less than the level specified in Section 26.606.

- g. The cyanuric acid level is greater than one hundred (100) ppm.
- h. The recirculation pump is not operating or not present.
- i. The filter is not operating or not present.
- j. There is no qualified lifeguard or attendant on duty.
- k. The water temperature exceeds 104°F in a spa pool.
- l. There is a bare electrical wire or other obvious electrical hazard present.
- m. The lighting is not in compliance with the provisions of Section 26.310 and because of this, the following are not clearly visible without glare from the deck: the main drain(s) and all bottom markings; or a black disk six (6) inches in diameter superimposed upon a white field and placed on the bottom at the deepest point.
- n. The bottom drain cover/grate is missing, broken, or not properly secured.
- o. An authorized representative of the Division is denied immediate access to the pool pursuant to Section 26.207.
- p. Fecal material is discharged into the pool water.
- q. There is any other condition, or combination of conditions which may endanger the health, safety, or welfare of the bathers.

*If the person in charge, the pool operator or the lifeguard/attendant determines that any of the above conditions exist, they shall immediately close the pool. The Division shall be notified of the closure and the pool shall remain closed until the condition is satisfactorily corrected.

Within five (5) days of receipt of a suspension notice, the person in charge may request a hearing before the Director for the purpose of demonstrating that the imminent public health hazard no longer exists. If a hearing is requested, it shall be scheduled within ten (10) days. At least five (5) days prior to the hearing, the person in charge shall be notified of the date, time and place. After the hearing, if the Director determines that the public health hazard no longer exists, the suspension shall be immediately lifted. If, however, the Director determines that the public health hazard still exists, the suspension shall continue, and the Director may recommend that the permit be revoked. The person in charge may appeal the decision of the Director to the Secretary, DHSS. However, any such appeal does not stay the decision. This appeal must be in writing and must be filed with the offices of the Secretary, DHSS in Dover, Delaware within ten (10) days of the Director's decision. The Secretary, DHSS shall hear this appeal at its earliest opportunity.

26.1203 Administrative Hearings for Serious Violations and Repeat Violations - If any condition listed in Section 26.1202 is not corrected within fifteen (15) days or if there are repeated violations of any provision of these Regulations, the Director shall schedule an administrative hearing within ten (10) days

of such a determination. At least five (5) days prior to the hearing, the person in charge of the pool shall be notified of the date, time, place, and the specific reason(s) for the hearing. After this hearing the Director may establish a compliance schedule, suspend the permit for a period not to exceed ninety (90) days or may recommend revocation of the permit. Failure of the person in charge to be present for an administrative hearing shall result in automatic suspension of the permit and recommendation for revocation to the Secretary, DHSS. The person in charge may appeal the decision of the Director to the Secretary, DHSS. However, any such appeal does not stay the decision. This appeal must be in writing and must be filed with the offices of the Secretary, DHSS in Dover, Delaware within ten (10) days of the Director's decision. The Secretary, DHSS shall hear this appeal at its earliest opportunity.

26.1204 Records of Administrative Hearings - Records shall be made of all hearing proceedings and shall become documents of record. A written report of the hearing decision shall be furnished to the Secretary, DHSS, the Office of Health Systems Protection and the person in charge of the pool within ten (10) days following the hearing.

26.1205 Reapplication After Revocation - The person in charge of a pool may make written application for a new permit ninety (90) days after the revocation of a permit has become final.

SECTION 26.13 ENFORCEMENT AND INTERPRETATION

No provisions of Sections 26.3, 26.4, 26.5, 26.8, 26.9, 26.10 of these Regulations shall be applied retroactively, or interpreted to require reconstruction, alteration or replacement of a pool, or any part of a pool, which has been approved by the Division and which has been installed or is under construction. If, however, a pool or any part of a pool is reconstructed, altered or replaced, or if a private pool is converted to a public pool after the effective date of these Regulations, this conversion, reconstruction, alteration or replacement shall meet all of the provisions of these Regulations.

SECTION 26.14 PENALTY

Any person who neglects or fails to comply with these Regulations shall be subject to penalty as provided in 16 Del. Code S107.

SECTION 26.15 REPEAL, DATE OF EFFECT AND

AMENDMENTS

All Regulations or parts of Regulations in conflict with these Regulations are hereby repealed, and these Regulations shall be in full force and effect on the date of adoption by the Secretary, DHSS. The Secretary, DHSS may propose changes to the Regulations herein established and shall hold at least one public hearing on the proposed changes. At least thirty (30) days in advance of the public hearing, notice of proposed changes shall be published in at least two newspapers of general circulation in the State. Notice shall include a brief synopsis of the changes to be made, information on when and where the proposed changes may be reviewed by the public, the procedure for submitting comments, and the time, date and location of the public hearing. A hearing officer shall be appointed by the Secretary, DHSS, and a record shall be kept of the hearing.

SECTION 26.16 SEPARABILITY

If any provision of these Regulations should be declared invalid for any reason, the decision shall not effect the remaining provisions, which shall remain in full force and effect, and to this end, the provisions of these Regulations are hereby declared separable.

APPENDIX A

All chemicals in pool water affect the tendency of the water to be corrosive or to deposit a calcium carbonate scale. It is possible to control these two (2) conditions through the use of the Langelier Index (L.I.). The index was developed in 1936 by Professor W.F. Langelier at the University of California (Berkeley). It expresses the relationship between pH, alkalinity, calcium hardness and temperature. The resulting number (formula method - below) or position on the nomograph (nomograph method - Appendix B) indicates whether the pool water is chemically "balanced". In theory, pool water that is "balanced" will neither corrode nor deposit a scale.

LANGELIER INDEX/WATER BALANCE FORMULA METHOD

"Balanced" pool water has an L.I. between -0.3 and +0.3. An L.I. that is greater negatively than -0.3 indicates a corrosive water and an L.I. greater than +0.3 indicates a water that will deposit scale. After determining the pool water pH, alkalinity, calcium hardness and temperature, find the alkalinity factor(AF), calcium hardness factor(CHF) and temperature factor(TF) using the table below. Use the pH and these three (3) factors in the following equation:

$$\text{L.I.} = \text{pH} + \text{AF} + \text{CHF} + \text{TF} - 12.1$$

FACTORS NECESSARY TO CALCULATE THE L.I.

Alkalinity Factor	Calcium Hardness Factor	Temp. (F) Factor
5 ppm 0.7	5 ppm 0.3	32 0.1
25 ppm 1.4	25 ppm 1.0	37 0.1
50 ppm 1.7	50 ppm 1.3	46 0.2
75 ppm 1.9	75 ppm 1.5	53 0.3
100 ppm 2.0	100 ppm 1.6	60 0.4
150 ppm 2.2	150 ppm 1.8	66 0.5
200 ppm 2.3	200 ppm 1.9	76 0.6
300 ppm 2.5	300 ppm 2.1	84 0.7
400 ppm 2.6	400 ppm 2.2	94 0.8
800 ppm 2.9	800 ppm 2.5	104 0.9

Sample Problem

A pool water has the following characteristics: pH-7.4; alkalinity-50; calcium hardness-50 ppm; temperature-78 F. Using the tables above, the factors are 1.7 for alkalinity, 1.3 for calcium hardness; and 0.6 for temperature. Using the formula:

$$\text{L.I.} = 7.4 + 1.7 + 1.3 + 0.6 - 12.1 = -1.1$$

This pool water is not balanced and is corrosive. The pH is within the required range and almost ideal, however, the alkalinity and calcium hardness should be much higher (see Appendix B). Alkalinity can be raised by adding sodium bicarbonate (baking soda) and lowered by adding muriatic acid or sodium bisulfate (dry acid). Calcium hardness can be raised by adding calcium chloride but can only be lowered by replacing part or all of the pool water with lower calcium hardness water.

APPENDIX B

LANGELIER INDEX/WATER BALANCE
NOMOGRAPH METHOD

Measure the pool water pH, alkalinity and calcium hardness. The pH must be 7.2 - 7.8. pH can be raised by adding sodium carbonate (soda ash) and can be lowered by adding carbon dioxide (CO₂), muriatic acid or sodium bisulfate (dry acid). Using the 104 F pH scale for spa pools and the 76 F pH scale for other pools, use a straight edge to line up the pH and alkalinity readings. The point where this extended line intersects the calcium hardness line is the level of calcium hardness needed for the water to be balanced. Do the same for pH and calcium hardness to get the alkalinity level needed for balance. The alkalinity and calcium hardness levels needed should be within the recommended ranges. Alkalinity can be raised by adding sodium bicarbonate (baking soda) and lowered by adding muriatic acid or sodium bisulfate (dry

acid). Calcium hardness can be raised by adding calcium chloride but can only be lowered by replacing part or all of the pool water with lower calcium hardness water.

**STATE OF DELAWARE
STATE FIRE PREVENTION
COMMISSION
DELAWARE FIRE SERVICE
CENTER**

Statutory Authority: Title 16, Section 6603 of the Delaware Code (16 Del.C. 6603)

**PLEASE NOTE THAT THE FOLLOWING
REGULATORY CHANGES WERE
INITIATED PRIOR TO THE EFFECTIVE
DATE OF THE CURRENT
ADMINISTRATIVE PROCEDURES ACT
THE FOLLOWING IS PRESENTED
FOR INFORMATIONAL PURPOSES
ONLY**

Pursuant to the authority vested in the State Fire Prevention Commission, by the State of Delaware Code, Title 16, Chapter 66, Section 6603 - Promulgation of Regulations, the State Fire Prevention Commission shall have the power to promulgate, amend, and repeal regulations for the safeguarding of life and property from the hazards of fire and explosion. The Rules and Regulations adopted December 15, 1992, are hereby amended this date, August 20, 1996, as follows: Part I, Chapter 1, Sections 1-3.5.7, 1-7.6, 1-8; Part I, Chapter 4, Sections 4-1.3, 4-7; Part I, Annex A; Part I, Annex B; Part II, Chapter 4, Section 4-1.1; Part II, Chapter 6, Sections 6-1.3, 6-3.2, 6-5.1, 6-5.2, 6-5.4, 6-7; Part II, Chapter 7; Part III, Chapter 1, Section 1-4.9; Part V, Chapter 1, Section 1-2; Part V, Chapter 4, Section 4-1; Part VI, Chapter 1, Section 1-3; Part VI, Chapter 2, Sections 1-1, 1-2; Part VI, Chapter 3, Section 3-4; Part VI, Chapter 4, Section 4-4; Part VI, Chapter 5; Part VI, Chapter 6; Appendix D.

These rules and regulations shall not be construed as waiving nor abrogating any existing State nor County laws of a prohibitory nature, nor any similar municipal ordinance designed to eliminate, circumscribe, nor provide more

stringent safeguards to life and property. All incorporated cities are respectfully requested to pass city ordinances in accord with State regulations so that greater cooperation may be had in the enforcement of fire prevention.

The Regulation for NFPA 70, The National Electrical Code, shall take effect 30 days after the adoption of this order.

The rules and regulations, as amended, shall take effect at a date to be determined in conjunction with other regulations presently being discussed by the Commission.

Witness our Hands at Dover, Delaware, this 17th Day of September, 1996.

STATE FIRE PREVENTION COMMISSION

Gregory W. Haley, CFPS, Chairman
Robert E. Palmer, Vice Chairman
Carleton E. Carey, Sr., Commissioner
William R. Carrow, Commissioner
Francis J. Dougherty, Commissioner
Daniel W. Magee, Commissioner
I. Allen Metheny, Sr., Commissioner

BEFORE THE FIRE PREVENTION COMMISSION
FOR THE STATE OF DELAWARE

ORDER

The State Fire Prevention Commission ("the Commission") held a properly noticed, public hearing on January 29, 1997 to receive comment on proposed additions, revisions, deletions, modifications and reservations to Commission Regulations. The attendance sheets and transcribed minutes of this hearing are attached to this Order as Exhibit "A" in lieu of a statement of the summary of the evidence. Similarly, those written comments received by The Commission and introduced into evidence at the hearing by the State Fire Marshal and other speakers are attached to this Order as Exhibit "B"

Based upon the evidence received, the Commission finds the following facts to be supported by the evidence.

1. There was no public comment received concerning proposed Regulations, Part 1, Chapter 1, Section 1-4, Part I, Chapter 3, Section 3-3.2, Part 1, Annex B, NFPA 101, Section 183.5.2, Part II, Chapter 4, Section 4-1.1., Part 11, Chapter 5, Section 5-3.1.3, Part II, Chapter 6, Section 6-3.3.4, Part V, Chapter 5, Section 5-4.4, Part IV, Chapter 5, Section 5-7.5, Part V, Chapter 5, Table 5-7, Part V, Chapter 5, Figures 1-8, Part VI, Chapter 3, Section 3-3.2 and Part VI, Chapter 4, Section 4-4.6.

2. The language in Part 1, Chapter 2, Definition of

Elevator referencing "Private Residence" should be clarified to say "a one and two family dwelling" in lieu of private.

3. The language in Part I, Chapter 4, Sections 4-9.4, 4-9.6 and 4-9.7 caused concern among a few speakers, because of the perceived implications.

4. The reference to classifications in Exception No. 2 to Part II, Chapter 1, Section 1-4.1 should be clarified to state "subclassification".

5. The Standards for Fire Flow For Fire Protection, Part II, Chapter 6, Section 6-3 are clarified by noting the applicability of NFPA 1231 for subdivisions.

6. Comments suggested that Part II, Chapter 3, Section 3 -4. 1, Color Coding Hydrants, should require marking of both the cap and the trunk.

7. The provision of Part V, chapter 1, Section I- 1 5 is clarified by deleting exceptions 3, 4 and 5 and noting that the definition of private residence is changed to be a one and two family dwelling.

8. The comments concerning Fire Lanes in Part V, Chapter 5 suggest changes that are within the discretion granted to the State Fire Marshal in this same Part.

9. The addition to Part I, Annex B, NFPA 58, 1995, Chapter 3, Section 3-10.4 - Fire Protection at Bulk Plants, is designated to protect the first responders to any incident. The industry personnel object to both regulation and the extent of regulation, but the Commission finds that the extent of the possible problem requires warning devices and fire suppression capability as recommended by the State Fire Marshal. The detection devices, both heat sensors and hydrocarbon vapor detectors allow an earlier warning.

Although the Commission notes that the cost of the required detection devices may be high, the existence of bulk plants indicates a high volume operation. Moreover, by providing both heat and vapor detection, the Commission finds that the maximum protection to personnel is available.

THE LAW

The State Fire Prevention Commission's rulemaking authority is provided by 19 Del. C. § 6603 that states:

"The State Fire Prevention Commission shall have the power to promulgate, amend and repeal regulations for the safeguarding of life and property from the hazards of fire and explosion. Such regulations, amendments or repealers shall be in accordance with standard safe practice as embodied in widely recognized standards of

good practice for fire prevention and fire protection and shall have the force and effect of law in the several counties, cities, and political subdivisions of the State."

DECISIONS

The Commission hereby adopts the Regulations as proposed with the alterations and clarifications noted in this Order and a copy of the Regulations as adopted is attached to this Order. The Commission relies upon its expertise in this area and the evidence presented in the testimony and documents submitted especially the submission by the State Fire Marshal and The Guidelines of the American Petroleum Institute, National LP-Gas Association and the National Propane Gas Association comments pertinent to the NFPA 58 issues.

It is so ordered this 18th day of March 1997.

Gregory W. Haley, CFPS, Chairman
Robert E. Palmer, Vice Chairman
Carleton E. Carey, Sr., Commissioner
William R. Carrow, Commissioner
Francis J. Dougherty, Commissioner
Daniel W. Magee, Commissioner
I. Allen Metheny, Sr., Commissioner

BEFORE THE FIRE PREVENTION COMMISSION FOR THE STATE OF DELAWARE

ORDER

The State Fire Prevention Commission ("The Commission") held a properly noticed public hearing on May 27, 1997 to receive comment on proposed additions, revisions, deletions, modifications and reservations to Commission Regulations. The attendance sheets and transcribed minutes of this hearing are attached to this Order as Exhibit "A" in lieu of a statement of the summary of the evidence. Similarly, those written comments received by The Commission are attached to this Order as Exhibit "B".

Based upon the evidence received, The Commission finds the following facts to be supported by the evidence:

1. The changes to Part I, Annex A are needed to include the latest versions of NFPA standards.
2. The changes to Part II, Annex B are needed to include the latest enactments to the Delaware Code.
3. The changes to Part III, Chapter 4 are not recommended and are not accepted by The Commission.
4. The new chapter, Part III, Chapter 8, provides

needed regulation to insure that emergency and fire services have accurate identification and designation of protected properties from central and remote station services. The Commission finds that the existing regulations are not sufficient, and the proposed regulations will hold Commission licensees accountable for accurate designation of protected properties. The Commission finds that the reporting requirements of Chapter 8, Section 84.2 are burdensome and deletes this provision from the accepted regulations.

5. The changes to Appendix D are needed to include additional standards, recommendations, recommended practices, manuals, guides and model laws.

DECISION

The Commission hereby adopts the Regulations proposed with the exceptions noted in this Order and a copy of the Regulations as adopted is attached to this Order.

It is so ordered this 27th day of May, 1997.

Gregory W. Haley, CFPS, Chairman
Robert E. Palmer, Vice Chairman
Carleton E. Carey, Sr., Commissioner
William R. Carrow, Commissioner
Francis J. Dougherty, Commissioner
Daniel W. Magee, Commissioner
I. Allen Metheny, Sr., Commissioner

DELAWARE STATE FIRE PREVENTION REGULATIONS NOTE

This new document represents the compilation of several documents:

1993 State Fire Prevention Regulations;
1995 Addendum;
1996 Proposed Amendments; and
1997 Proposed Amendments.

All duly promulgated and adopted by the State Fire Prevention Commission.

1997 DELAWARE STATE FIRE PREVENTION REGULATIONS

On March 18, 1997, the State Fire Prevention Commission signed an order, promulgating the newest revisions to the Delaware State Fire Prevention Regulations (SFPR).

The Office State Fire Marshal has compiled the 1993 SFPR, the 1995 Addendum Booklet, and the 1996/1997 Amendments into one single document. The 1997 SFPR will come complete with Parts i through VIII, Appendixes, dividers, 3-ring binder, cover and spine inserts.

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

NUMBER OF 1997 SFPR: @ \$25.00 each = \$

POSTAGE & HANDLING @ \$5.00 each = \$

TOTAL ENCLOSED:\$

Make checks payable to "STATE OF DELAWARE" and mail to:

CODE COMMITTEE
OFFICE OF STATE FIRE MARSHAL
1537 CHESTNUT GROVE ROAD
DOVER, DE 19904

SPECIAL INTEREST: IN THE NEAR FUTURE, THE 1997 SFPR MAY BE AVAILABLE ON CD-ROM. PLEASE INDICATE ON YOUR ORDER IF YOU WOULD BE INTERESTED IN PURCHASING THE 1997 EDITION ON CD-ROM.

GOVERNOR'S APPOINTMENTS

BOARD/COMMISSION OFFICE	APPOINTEE	TERM OF OFFICE
GOVERNOR'S OFFICE		
Advisory Council / Tidal Fisheries	Timothy P. O'Conner	
Associate Judge of Superior Court	Richard S. Gebelein	
Atlantic States Marine Fisheries Commission	Dr. Timothy E. Targett	
Board of Parole	William C. Pfeifer	
Board of Pension Trustees	Keith Dorman	06/25/01
Board of Trustees of Delaware State University	Michelle D. Shepherd	06/27/02
Board of Trustees for Delaware Technical and Community College	Mary Dudek Norman D. Griffiths William L. Witham, Jr.	
Board of Trustees of the University of Delaware	The Honorable William T. Allen R.R.M. Carpenter, III The Honorable Richard S. Cordrey Dennis E. Kilma Katherine Lee Joseph A. Miller P. Coleman Townsend, Jr.	
Cash Management Policy Board	Margaret A. Iorii Howard R. Layton David F. Marvin	06/25/00
Chancellor of the Court of Chancery	William B. Chandler, III	06/30/09
Chief Judge/Court Common Pleas	Alex J. Smalls	
Commission on Adult Entertainment Establishments	Ms. Joan Wachstein Daniel E. Fleming, III, Esq.	06/25/00 06/25/00

GOVERNOR'S APPOINTMENTS

201

BOARD/COMMISSION OFFICE	APPOINTEE	TERM OF OFFICE
Commission on Adult Entertainment Establishments	Daniel E. Fleming, III, Esq. H. Thomas McGuire	06/25/00
Council on Forestry	Allen Jones	04/30/00
Delaware Advisory Council for Natural Areas	Mr. Terrance L. Higgins	06/25/01
Delaware Alcoholic Beverage Control Commission	Adam Balick Beverly G. Bell	
Delaware River and Bay Authority	Richard S. Cordrey Richard Derrickson	
Delaware Solid Waste Authority	William J. DiMondi John P. Healy J. Donald Isaacs Ronald McCabe	
Delaware Thoroughbred Racing Commission	W. Duncan Patterson, Jr.	06/04/03
Environmental Appeals Board	Ms. Joan Hayes Donoho Robert S. Ehrlich Diana Jones Charles E. Morris Robert I. Samuel Ray K. Woodward	06/25/00 06/25/00 06/25/00 06/25/00 06/25/00 06/25/00
Equal Employment Review Board	James Hussey	Pleasure of Governor
Family Court Commissioner	Sonja Truitt Wilson, Esq.	05/22/01
Industrial Accident Board	Jane E. Mitchell James P. Robinson, III R. Howard Seward	

GOVERNOR'S APPOINTMENTS

BOARD/COMMISSION OFFICE	APPOINTEE	TERM OF OFFICE
Justice of the Peace for Kent County	Agnes E. Pennella Charles M. Stump	
Justice of the Peace for New Castle County	Thomas P. Brown Rosalind Toulson Terry L. Smith	07/03/01 07/03/01
Justice of the Peace for Sussex County	Sheila Gagen Blakely Jana E. Mollohan Howard W. Mulvaney, III Abigayle E. Truitt Edward G. Davis	07/03/03 07/14/01 07/03/03
Merit Employee Relations Board	John F. Schmutz	
New Castle County Board of Elections	Helen M. Dudlek	
Parks and Recreation Council	Ronald A. Breeding	06/24/00
Public Defender of the State of Delaware	Lawrence M. Sullivan, Esq.	
Public Service Commission	Donald J. Puglisi	
State Board of Education	Joseph A. Pika Dennis J. Savage	
Unemployment Insurance Appeals Board	Ms. Christine Capone Richard L. Engle Mr. Robert Samuel	05/01/00
Wastewater Facilities Advisory Council	Lee J. Beetschen M.C. Karia Grace Pierce-Beck	06/25/00 06/25/00

**DELAWARE HARNESS RACING
COMMISSION
PROPOSED RULE AMENDMENTS**

The proposed Rules will be considered by the Commission at its next regularly scheduled meeting on August 22, 1997 at 9:00 a.m. at the Department of Agriculture Office, 2320 S. DuPont Highway, Dover, DE. Copies of the proposed rule may be obtained from the Commission. Comments may be submitted in writing to the Commission Office on or before 4:00 p.m. on August 30, 1997 and/or in person at the hearing. The Commission Office is located at 2320 South DuPont Highway, Dover, DE 19901 and the phone number is (302)739-4811.

**DELAWARE THOROUGHBRED RACING
COMMISSION
PROPOSED RULE AMENDMENT**

The Commission proposed this amendment to Rule 15.10 pursuant to 3 Del.C. sections 10103 and 10128(m)(1), and 29 Del.C. section 10115. The proposed Rule 15.10 would allow for the taking of secondary or split samples from horses for testing. The proposed rule 15.10 would allow an owner or trainer to have a secondary sample tested for illegal substances after the primary sample has revealed a positive test. The primary samples are sent to the Commission's laboratory for testing for illegal substances. The proposed rule was promulgated in response to requests by horsemen to allow for an opportunity to challenge the validity of the primary test result. The proposed Rule will be considered by the Commission at its next regularly scheduled meeting on August 27, 1997 at 11:00 a.m. at Delaware Park, Stanton, DE. Copies of the proposed rule may be obtained from the Commission. Comments may be submitted in writing to the Commission Office on or before 4:00 p.m. on August 30, 1997 and/or in person at the hearing. The Commission Office is located at 2320 South DuPont Highway, Dover, DE 19901 and the phone number is (302)739-4811.

DEPARTMENT OF TRANSPORTATION**DELAWARE DEPARTMENT OF
TRANSPORTATION
PUBLIC HEARING
STATEWIDE ACCESS MANAGEMENT
POLICY**

The Delaware Department of Transportation (DelDOT) is announcing the release of the Draft Statewide Access Management Policy for public review. The Draft Policy provides a combination of regulatory and administrative actions that will help determine how and where connections are made between land developments and the transportation system. The Draft Policy does not seek to limit access. Instead, it seeks to manage how appropriate access is provided to transportation infrastructure.

Beginning July 16, 1997 the Draft Policy will be available in libraries and municipal offices throughout the State. For a complete list of these locations or for a copy of the Draft Policy, please contact Mr. Joseph Cantalupo at (302) 739-2558.

Public hearings on the Draft Policy will be held to solicit comments from interested persons. Each of the hearings will utilize a workshop format where the public will have the opportunity to review display materials and ask questions of DelDOT staff. A court reporter will be available throughout each of the hearings to record formal comments. The hearings will be held at the following locations and on the following dates:

August 4, 1997 from 4 p.m. to 8 p.m.
The Stanton Campus of DelTech in New Castle
County
Conference Rooms 114A-116
40 Stanton-Christiana Road
Newark, DE 19713

August 5, 1997 from 4 p.m. to 8 p.m.
The Terry Campus of DelTech in Kent County
Conference Room 400B
1832 North DuPont Parkway
Dover, DE 19901

August 7, 1997 from 4 p.m. to 8 p.m.
 The Jack Owens Campus of DelTech in Sussex
 County
 Theatre Lobby
 Route 18
 Georgetown, DE 19947

As mandated by Subsection 8409, Chapter 84, Title 29 of the Delaware Code, the meetings are designed to ensure that the public has ample opportunity to participate in the transportation planning process. If requested in advance, DelDOT will make available the services of an interpreter for the hearing impaired. If an interpreter is desired, please make request by telephone or mail to DelDOT.

Written comments on the Draft Policy will be accepted through August 18, 1997 and may be submitted, along with questions or other written material, by mail to the Office of External Affairs, DelDOT, P.O. Box 778, Dover, DE 19903 or by telephone at 1-800-652-5600.

PROPOSED DELAWARE STATE TRAUMA REGULATIONS

DIVISION OF PUBLIC HEALTH

The comment period for the proposed Delaware State Trauma Regulations ends on August 26, 1997. All comments may be addressed to Mary Sue Jones, (302)739-6637, EMS Office, Blue Hen Corporate Center, Suite 4H, 655 S. Bay Road, Dover DE 19901.

The public hearing to discuss the proposed regulations will be held on August 26, 1997 in Room 309 of the Jesse Cooper Building, 417 Federal Street, Dover DE 19901.

DELAWARE EXAMINING BOARD OF PHYSICAL THERAPY NOTICE OF PUBLIC HEARING

The Delaware Examining Board of Physical Therapy proposes to revise its rules and regulations in accordance with 24 Del.C. section 2615. The proposed rules and regulations pertain to:

- (1) Section 8.3 - deleting the first sentence.
- (2) Section 9 - Continuing Education.
- (3) Section 12 - Foreign Trained Applicant

A public hearing will be held on Tuesday, September 2, 1997 at 6:00 p.m. in the Cannon Building, Conference Room A, 861 Silver Lake Boulevard, Dover, Delaware.

Anyone desiring a copy of the proposed rules and regulations may obtain same from the Board's Administrative Assistant, Lena M. Corder, Division of Professional Regulation, Cannon Building, Suite 203, P.O. Box 1401, Dover, Delaware 19903. Written comments should be submitted to the Board's administrative Assistant at the above address on or before September 2, 1997. Those individuals wishing to make oral comments at the public hearing are requested to notify the Board's Administrative Assistant at (302)739-4522, extension 206.

PUBLIC SERVICE COMMISSION

PUBLIC SERVICE COMMISSION

IN THE MATTER OF A REPORT		
BY THE PUBLIC SERVICE		
COMMISSION TO THE HOUSE		
OF REPRESENTATIVES		PSC DOCKET NO.
CONCERNING POSSIBLE		97-229
ALTERNATIVE APPROACHES		
TO THE RESTRUCTURING OF		
THE ELECTRIC UTILITY		
INDUSTRY WITHIN		
DELAWARE (Opened July 15)		

NOTICE AND SOLICITATION OF COMMENTS CONCERNING RESTRUCTURING THE ELECTRIC UTILITY INDUSTRY IN DELAWARE

In House Resolution No. 36, the House of Representatives of the General Assembly of the State of Delaware urged the Delaware Public Service Commission ("the Commission") to open a docket to explore issues surrounding the restructuring of the electric utility industry within Delaware and to provide to the House a Report containing possible alternative approaches for such restructuring. The PSC has opened this docket to provide a vehicle to produce such a Report under the procedures envisioned by the House Resolution.

By PSC Order No. 4554 (July 15, 1997), the Commission has determined to begin the process by having Commission Staff submit an initial draft Report on restructuring. Any interested party may then submit comments and offer alternative proposals for consideration by the Staff. The Commission Staff will also, upon further notice, conduct public hearings in each county to solicit additional comments on its draft Report. Notice of such hearings will be published in newspapers of general circulation and, if possible, in the Delaware Register of Regulations. The Staff may thereafter

revise its draft Report and solicit further comments before submitting its final draft to the Commission. The Commission will consider the draft and issue a final Report to be transmitted to the House of Representatives. such final Report will be issued on or before January 31, 1998.

The Commission anticipates that the final Report will offer proposals related to electric service provided both by utilities regulated by the Commission and other entities (such as municipalities) which are not currently regulated by the Commission. The Report will not be binding on any utility but will provide to the House of Representatives the Commission's recommendations, including alternatives, concerning the manner of restructuring of electric service within this State. The Report may include proposals for legislative initiatives. Because the Report is non-binding, the Commission's proceedings will not be governed by the Administrative Procedures Act, 29 **Del.C.** ch. 101.

The Commission Staff will file, for public inspection, its initial draft Report by August 8, 1997. Interested persons may inspect and copy that draft Report at the Commission's offices at 1560 South Dupont Highway, Dover, Delaware during normal business hours. **INTERESTED PERSONS MAY FILE COMMENTS TO THE INITIAL DRAFT, WHICH MAY INCLUDE ALTERNATIVE PROPOSALS, WITH THE COMMISSION ON OR BEFORE SEPTEMBER 12, 1997.** An original and twelve (12) copies of such comments must be filed with the Commission at the above address. Such comments shall identify: (1) the person filing comments; (2) the name, mailing address, voice and facsimile telephone numbers, and e-mail address of the person representing the commentator; and (3) the commentator's interest in electric restructuring. The Commission encourages persons filing comments to also submit an electronic word processing version in either WordPerfect or Word format. Persons filing comments will be included on a service list to receive further notice. Any person who does not wish to file comments but who wishes to be included on the service list shall so indicate in writing by September 12, 1997. That notice shall include the information set forth above.

Persons should consult PSC Order No. 4554 for a complete description of the procedural schedule. That Order is available at the Commission's web site at **www.state.de.us/govern/agencies/pubserv/delpsc.htm**.

Individuals with disabilities who wish to participate in this proceeding should contact the Commission to discuss any auxiliary aids or services needed to facilitate such participation. Such contact may be in person, by writing, telephonically, or otherwise. The Commission's toll-free telephone number is 800-282-8574. The Commission's Public Information Officer is available at (302) 739-4333, and that number should be used for Text Telephone calls.