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Strike Contingency Plans for Health Care Facilities

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Sec. 19a-497-1. Strike contingency plans for health care facilities

(a) Upon receipt of notice of an anticipated strike action, a health care institution, as defined in Section 19a-490 of the Connecticut General Statutes, shall immediately notify the Department of Public Health of such anticipated action and provide the Department with a copy of the strike notice.

(b) A strike contingency plan shall be submitted to the Department pursuant to Section 19a-497 of the Connecticut General Statutes. Such plan shall be filed with the Department as soon after a health care institution receives notification of a strike as possible but in no event later than five (5) calendar days prior to the date set forth for the strike in the notice received by the health care institution.

(c) The strike contingency plan for hospitals and any satellite locations of such hospitals shall contain the following information:

(1) Name, address and licensed capacity of the hospital and any satellite locations of such hospital;

(2) Name of labor organization that has notified the facility of its intention to strike;

(3) Date and time the strike is expected to occur;

(4) Categories and numbers of personnel expected to strike at each site;

(5) Names, addresses and telephone numbers of the following: president, administrator, medical director, medical staff, director of nurses, assistant director of nurses, maintenance supervisor;

(6) Names and emergency telephone numbers of the following:

(A) Local fire department;

(B) Local police department;

(C) Local director of health;

(D) Utility companies: (gas, water, electricity, telephone);

(E) Ambulance service;

(F) Closest hospital able to admit patients or clients in case of an emergency;

(G) All providers of basic services to the facility (i.e., oxygen service, emergency generator repair service, fuel supplier, electrical and plumbing service, suppliers or vendors of food and provisions, linen, pharmaceutical and medical supplies);

(H) Staff person charged with overall coordination of the facility's services during the strike; and

(I) The chair of the board of directors and the chief executive officer;

(7) Description of plans for the provision of professional and support services during the strike;

(8) Security measures specific to strike activities;

(9) Plan for orientation and training of replacement staff in emergency procedures related to the facility's patients or clients prior to the replacement staff assuming duties; and

(10) Plan for assuring access of patients or clients, personnel, visitors and vendors to and from the facility during the strike including special security arrangements to assure their safety and facility safety.

(d) The strike contingency plan for nursing homes, residential care homes, residential alcohol or drug treatment facilities and infirmaries in educational institutions shall contain the following information:

(1) Name, address, licensure category and licensed capacity of the facility;

(2) Name of labor organization that has notified the facility of its intention to strike;

(3) Date and time the strike is expected to occur;

- (4) Categories and numbers of personnel expected to strike;
- (5) Names, addresses and telephone numbers of the following: facility owner, administrator, medical director, medical staff, director of nurses, assistant director of nurses, maintenance supervisor;
- (6) Names and emergency telephone numbers of the following:
 - (A) Local fire department;
 - (B) Local police department;
 - (C) Local director of health;
 - (D) Utility companies: (gas, water, electricity, telephone);
 - (E) Ambulance service;
 - (F) Closest hospital able to admit patients or clients in case of an emergency;
 - (G) All providers of basic services to the facility (i.e., oxygen service, emergency generator repair service, fuel supplier, electrical and plumbing service, suppliers or vendors of food and provisions, linen, pharmaceutical and medical supplies);
 - (H) Staff person charged with overall coordination of the facility's services during the strike; and
 - (I) The chair of the board of directors and the chief executive officer;
- (7) Current patient or client census;
- (8) Numbers and diagnoses of patients or clients by unit;
- (9) Procedure by which to notify patients or clients and their family, guardians or conservators of the impending strike;
- (10) Staffing patterns, by shift, for all services which the facility intends to maintain during the strike;
- (11) Names and titles of all facility staff, by assignment and shift, who will be on duty during the strike;
- (12) Sources of any additional personnel that may be necessary to meet the staffing patterns described in subdivision (10) of this subsection;
- (13) Plan for orientation and training of replacement staff in emergency procedures related to the facility or the facility's patients or clients prior to the replacement staff assuming duties;
- (14) Plan for update of patient care plans, discharge plans and W-10 transfer forms;
- (15) Any changes in the tasks and responsibilities assigned to personnel, which meet all applicable state and federal requirements, including, but not limited to, changes to nursing, dietary, maintenance functions for which such personnel have been trained, shall be identified in the strike contingency plan;
- (16) If a reduction of patient or client census is anticipated, the names and types of health care facilities which will admit transferred patients or clients during the strike;
- (17) Plan for assuring access of patients or clients, personnel or visitors to and from the facility during the strike including special security arrangements to assure their safety and facility safety;
- (18) An adequate inventory of at least a one week supply of pharmaceutical and medical supplies. If additional supplies are needed to meet the one week minimum standard, a copy of the supply order shall be attached to the strike contingency plan;
- (19) An adequate inventory of at least a one week supply of food and provisions. If additional supplies are needed to meet the one week minimum standard, a copy of the supply order shall be attached to the strike contingency plan;
- (20) An adequate inventory of at least a one week supply of linens, laundry, dishwashing and cleaning supplies. If additional supplies are needed to meet the

one week minimum standard, a copy of the supply order shall be attached to the strike contingency plan;

(21) An adequate inventory of at least a one week supply of fuel. If additional fuel is needed to meet the one week minimum standard, a copy of the supply order shall be attached to the strike contingency plan; and

(22) A detailed plan for the delivery of supplies as identified in subdivisions (18) to (21) of this subsection and for the provision of alternate delivery sites if vendors choose not to cross the picket line.

(e) The strike contingency plan for outpatient clinics operated by a corporation or municipality shall contain the following information:

(1) Name, address, and licensure category of the facility;

(2) Name of labor organization that has notified the facility of its intention to strike;

(3) Date and time the strike is expected to occur;

(4) Categories and numbers of personnel expected to strike;

(5) Names, addresses and telephone numbers of the following: president, administrator, medical director, medical staff, nursing staff;

(6) Names and emergency telephone numbers of the following:

(A) Local fire department;

(B) Local police department;

(C) Local director of health;

(D) Utility companies: (gas, water, electricity, telephone);

(E) Ambulance service;

(F) Closest hospital able to care for patients in case of an emergency;

(G) All providers of basic services to the facility (i.e., oxygen service, emergency generator repair service, fuel supplier, electrical and plumbing service, suppliers or vendors of linen, pharmaceutical and medical supplies);

(H) Staff person charged with overall coordination of the facility's services during the strike; and

(I) The chair of the board of directors and the chief executive officer;

(7) Current patient or client caseload;

(8) Procedure by which to notify patients or clients and their families, guardians or conservators of the impending strike;

(9) Staffing patterns, by shift, for all services which the facility intends to maintain during the strike;

(10) Names and titles of all facility staff, by assignment and shift, who will be on duty during the strike;

(11) Plan for orientation and training of replacement staff in emergency procedures related to the facility or the facility's patients or clients prior to the replacement staff assuming duties;

(12) Any changes in the tasks and responsibilities assigned to personnel, which meet all applicable state and federal requirements, including, but not limited to, changes to nursing, dietary and maintenance functions for which such personnel have been trained, shall be identified in the strike contingency plan;

(13) If a reduction in caseload or services is anticipated, the names and types of facilities which will provide service to these patients or clients during the strike, and plans for transmitting information on the care or services to be provided;

(14) Plan for assuring access of patients or clients, personnel, vendors and visitors to and from the facility during the strike;

(15) Description of special security arrangements to assure patient or client, staff, vendors, visitors and facility safety;

(16) An adequate inventory of at least a one week supply of pharmaceutical and medical supplies. If additional supplies are needed to meet the one week minimum standard, a copy of the supply order shall be attached to the strike contingency plan;

(17) An adequate inventory of at least a one week supply of linens, laundry, dishwashing and cleaning supplies. If additional supplies are needed to meet the one week minimum standard, a copy of the supply order shall be attached to the strike contingency plan;

(18) An adequate inventory of at least a one week supply of fuel. If additional fuel is needed to meet the one week minimum standard, a copy of the supply order shall be attached to the strike contingency plan; and

(19) A plan that shall describe the operation of the professional and support services during the strike including the mechanism utilized to inform individuals of the potential strike and the provisions to ensure professional and support services are maintained.

(f) The strike contingency plan for home health care agencies and homemaker-home health aide agencies shall contain the following information:

- (1) Name and address of the agency;
- (2) Name of labor organization that has notified the agency of its intention to strike;
- (3) Date and time the strike is expected to occur;
- (4) Categories and numbers of personnel expected to strike;
- (5) Names, addresses and telephone numbers of the following: agency owner; administrator; supervisor of clinical services; and other supervisory personnel;
- (6) Names and emergency telephone numbers of the following:
 - (A) Local director of health;
 - (B) Staff person charged with overall coordination of the agency's services during the strike; and
 - (C) The chair of the board of directors and the chief executive officer of the agency;
- (7) Current patient caseload;
- (8) Numbers and diagnosis of critical and unstable patients;
- (9) Procedure by which to notify patients and their family, guardians or conservators of the impending strike;
- (10) Staffing patterns, by shift, for all services which the agency intends to maintain during the strike;
- (11) Names and titles of all agency staff, by assignment and shift, who will be on duty during the strike;
- (12) Sources of any additional personnel that may be necessary to meet the staffing pattern described in subdivision (10) of this subsection;
- (13) Plan for orientation of replacement staff to the agency's policies and patient caseload and training in emergency procedures related to the agency or patients prior to the replacement staff assuming duties;
- (14) Plan for update of patient care plans, discharge plans and W-10 transfer forms;
- (15) Any changes in tasks and responsibilities assigned to personnel;
- (16) If a reduction of patient caseload is anticipated, the names, telephone numbers and types of health care facilities which will admit transferred patients during the strike;
- (17) Plans for assuring access of staff or visitors to and from the agency during the strike;
- (18) Description of special security arrangements to assure staff safety during the strike; and

(19) Description of plans for the operation of professional and support services during the strike.

(g) Each institution as defined in section 19a-490 of the Connecticut General Statutes shall be subject to a civil penalty pursuant to section 19a-497 of the Connecticut General Statutes for noncompliance with any provision of Connecticut General Statutes section 19a-497 including, but not limited to:

(1) The failure to submit a strike contingency plan to the Department of Public Health not later than five (5) days prior to the indicated strike date;

(2) The failure of the plan to include documentation as required by this section of the Regulations of Connecticut State Agencies; and

(3) The failure of the plan to meet the needs of the population served by the institution in any respect including, but not limited to, any of the following:

(A) adequate staffing;

(B) security;

(C) pharmaceuticals;

(D) essential supplies, including, but not limited to, food, fuel and medical supplies; and

(E) necessary services to meet the needs of the patient population served by the institution in the event of a strike.

(Effective August 17, 1983, amended July 3, 2007, April 12, 2011)