

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH  
Acting Commissioner




Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

**BLAST FAX 2020-115**

**TO:** All Licensed Infirmaries Operated by Educational Institutions

**FROM:** Commissioner Deidre Gifford, MD, MPH 

**CC:** Deputy Commissioner Heather Aaron, MPH, LNHA  
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner  
Barbara Cass, Branch Chief, Healthcare Quality and Safety Branch  
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section  
Susan Newton, Supervising Nurse Consultant, Facility Licensing and  
Investigations Section

**DATE:** December 8, 2020

**SUBJECT:** Waiver request related to increasing licensed capacity for Licensed Infirmaries  
Operated by Educational Institutions in Response to COVID-19

---

As Infirmaries anticipate surge capacity in response to students who may potentially be infected with COVID-19 and require medical supports, the Department of Public Health is reviewing waiver requests in accordance with Connecticut General Statutes, Section 19a-495(c) that will permit infirmaries to expand their currently licensed capacity.

Any infirmary requesting a waiver shall apply in writing to the department. Such application shall include:

- (A) The specific regulations relative to the Regulations of the Connecticut State Agencies, Section 19-13 D43a for which the waiver is requested;
- (B) Reasons for requesting a waiver, including a statement that summarizes the reason for the request;
- (C) The specific relief requested; and
- (D) Any documentation which supports the application for waiver.



Phone: (860) 509-7400 • Fax: (860) 509-7543  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



Blast Fax 2020-115

When submitting the completed waiver, it will not be necessary to resubmit documentation if you have previously submitted information to the Department. Please submit the completed waiver request and any additional supporting documentation if not already submitted to Susan Newton, RN at Fax # 860-730-8390. Phone inquiries can be made directly to Susan Newton at 860-936-4640.

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH  
Acting Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### HEALTHCARE QUALITY AND SAFETY BRANCH

**Re: Waiver Application for Sections 19-13-D43a Licensure of infirmaries operated by educational institutions**

Please submit your request for a waiver of the Regulations of Connecticut State Agencies to [Susan Newton](#) of the Facility Licensing and Investigations Section [at Fax # 860-730-8390](#). Please submit in writing information and/or documentation to address each of the categories below:

- The name and address of the infirmary including the name of the Chief Administrative Officer and the contact telephone number;
- the specific regulations for which the waiver is requested;
- the level of care which the infirmary provides;
- the maximum patient capacity;
- the reasons for requesting the waiver, including a statement of the type and degree of hardship that would result to the infirmary upon enforcement of the regulation;
- the specific relief requested;
- the length of time for which the waiver is requested;
- the impact of a waiver on the care provided;
- alternative methods for meeting regulatory requirements; and
- any documentation which supports the application for waiver.

In consideration of any application for waiver, the commissioner or his/her designee may consider the following:

- (A) The level of care provided;
- (B) The maximum patient capacity;
- (C) The impact of a waiver on care provided;
- (D) Alternative policies or procedures proposed.



Phone: (860) 509-7400 • Fax: (860) 509-7543  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



If granted, the waiver shall remain in effect for the duration of the Public Health Emergency unless rescinded by the Department of Public Health. The Commissioner shall have the power to impose conditions which assure the health, safety and welfare of patients upon the grant of such waiver, or to revoke such waiver upon a finding that the health, safety, or welfare of any patient has been jeopardized.

Please list the sections of the Regulations of Connecticut State Agencies for which you are requesting a waiver:

19-13-D43a (c) Administration \_\_\_\_\_

19-13-D43a (d) Staffing \_\_\_\_\_

19-13-D43a (e) Physical Plant \_\_\_\_\_

19-13-D43a (f) Nutrition and Dietary Services \_\_\_\_\_

19-13-D43a (g) Service Operations \_\_\_\_\_

19-13-D43a (h) Emergency Preparedness \_\_\_\_\_

19-13-D43a (i) Infection Control \_\_\_\_\_

19-13-D43a (j) Handling, Storage, and Administration of Medications and Pharmaceuticals  
\_\_\_\_\_

19-13-D43a (k) Accident and Incident Reports \_\_\_\_\_

19-13-D43a (l) Intravenous Therapy \_\_\_\_\_

After the Department has reviewed the submitted waiver and supporting documentation, you will receive written approval or denial of the requested waiver.