

19a-116-1. Abortion services in outpatient clinics**Regulations on Abortions****19a-116-1. Abortion services in outpatient clinics**

Outpatient clinics which offer abortion services shall comply with sections 19-13-D45 through 19-13-D54 of the Regulations of Connecticut State Agencies and in addition thereto, shall comply with the following provisions:

- (a) Facilities, equipment and care shall be consistent with the national standards of the American College of Obstetrics and Gynecology.
- (b) Any women seeking an abortion shall be given:
 - (1) Verification of the diagnosis and duration of pregnancy, including preoperative history and physical examination;
 - (2) Information and an explanation of the procedure to be followed in accordance with subsection (c) of this section;
 - (3) Counseling about her decision;
 - (4) Laboratory tests, including blood grouping and Rh factor;
 - (5) Preventive therapy if at risk for Rh sensitization;
 - (6) Examination of tissue by a pathologist;
 - (7) Consultation as to the need for follow-up care;
 - (8) Information on family planning;
 - (9) A written discharge summary which indicates the patient's status and discharge plan, signed by both the patient and a licensed or certified health care provider, a copy of which shall be given to the patient and a copy shall be retained as part of the medical record; and
 - (10) Information regarding access to her medical record, which shall include a statement of patient confidentiality and the requirement for written consent for release of information to persons not otherwise authorized by law to access the record.
- (c) Informed consent. Prior to performing an abortion, a counselor shall obtain informed consent from the woman seeking to have the abortion. Informed consent shall exist only when a consent form is completed voluntarily and in accordance with the following provisions:
 - (1) An individual who obtains informed consent from a woman for an abortion procedure shall:
 - (A) Offer to answer any questions the patient may have concerning the procedure;
 - (B) Provide a copy of the informed consent form to the patient as described in subdivision (2) of this subsection;
 - (C) Provide all of the following information orally to the patient:
 - (i) A thorough explanation of the procedures to be performed; and
 - (ii) A full description of the discomforts and risks that may accompany or follow the performance of the procedure; and
 - (D) Assure the patient that an interpreter is provided to assist the patient if she does not understand the language used on the consent form or the language used by the counselor obtaining consent.
 - (2) Consent form requirements
 - (A) A consent form shall clearly spell out in language the patient can understand the nature and consequences of the procedure which shall be used.
 - (B) The consent form shall be signed and dated by:
 - (i) the patient;
 - (ii) the interpreter, if one is provided;
 - (iii) the counselor who obtains the consent; and
 - (iv) the physician who will perform the procedure.
- (d) Staff qualifications

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- (1) All counselors in an abortion clinic shall have background preparation in social work, psychology, counseling, nursing, or ministry. Such preparation shall have been obtained in formal course work or through in-service staff training.
- (2) Those counselors who do not have a graduate degree in any of the above mentioned fields shall be supervised by a person with such a graduate degree. Such supervision shall consist of the direction, inspection, and on-site observation of the activities of the counselors in performance of their duties.
- (e) Quality assurance and risk management. All abortion clinics shall implement a written quality assurance and risk management program which shall include but not necessarily be limited to the following components:
 - (1) annual program objectives and evaluation;
 - (2) quarterly clinical record review;
 - (3) annual documentation of clinical competence of professional staff; and
 - (4) annual outcome audits.
- (f) Emergency preparedness. Each clinic shall formulate and implement when necessary a plan for the safety of the patients in the event of fire, natural and other disasters, and bomb threat.
 - (1) Fire. A written plan shall include but not necessarily be limited to:
 - (A) posted fire evacuation plans in prominent areas showing two evacuation routes;
 - (B) fire drills conducted at unexpected times, at least quarterly on each shift;
 - (C) a written record of each fire drill including date, time, personnel in attendance and evaluation;
 - (D) tasks and responsibilities assigned to all personnel; and,
 - (E) an annual review and acceptance of the plan by the local fire marshal.
 - (2) Natural and other disasters. A written plan shall include but not necessarily be limited to:
 - (A) policies for internal and external disasters;
 - (B) notification of designated persons;
 - (C) orderly patient removal and relocation if required;
 - (D) accountability of patients and staff during evacuation; and
 - (E) patient notification in the event of an interruption in services.
 - (3) Bomb threat. A written plan shall include but not necessarily be limited to:
 - (A) collection of all information from the caller by the recipient of the call;
 - (B) notification of emergency and administrative personnel;
 - (C) total communication and coordination between emergency and facility personnel;
 - (D) responsibilities of all staff during bomb threat;
 - (E) orderly patient removal and relocation if required; and
- (f) accountability of patients and staff during evacuation.
(Effective August 1, 1983; Amended effective December 30, 1996.)