

GOVERNMENT NOTICE No. 57

TRINIDAD AND TOBAGO

THE PRIVATE HOSPITALS ORDINANCE, 1960

REGULATIONS

MADE BY THE MINISTER UNDER SECTION 21 OF THE PRIVATE HOSPITALS
ORDINANCE, 1960

THE PRIVATE HOSPITALS REGULATIONS, 1976

Citation 1. These Regulations may be cited as the Private Hospitals Regulations, 1976.

PART I—STAFF

Qualification
of Superin-
tendent

2. (1) A Superintendent shall possess such professional and other qualifications as in the opinion of the Minister are necessary for the efficient operation of a private hospital, and without limiting the generality of the foregoing he shall—

- (a) in the case of a private hospital licensed as a medical or surgical hospital or as a medical, surgical and maternity hospital, be a medical practitioner, nurse-midwife or qualified hospital administrator;
- (b) in the case of a maternity hospital, be a medical practitioner, nurse-midwife, midwife or qualified hospital administrator;
- (c) in the case of a home for the care and accommodation of convalescent or chronically ill persons, be a medical practitioner, nurse or qualified hospital administrator;
- (d) in the case of a hospital for the care of any specified disease, disorder or illness, be a medical practitioner or nurse with special qualifications or experience approved by the Minister, or a qualified hospital administrator.

(2) Where a Superintendent is not a medical practitioner the Minister shall require that every medical or surgical case be under the care of a medical practitioner and that for every maternity case there shall be a medical practitioner on call and readily available in case of emergency.

Staff to be
competent

3. The medical and nursing staff of a private hospital shall be such as are, in the opinion of the Minister, competent to give adequate care to the number and class of patients for which the hospital is licensed. A hospital licensed as a medical or surgical hospital, a medical, surgical and maternity hospital or a maternity hospital shall have on duty at all times a minimum of four members of nursing staff, at least one of whom shall be a nurse, to every twenty patients.

PART II—MANAGEMENT AND ADMINISTRATION

4. A person who is likely to constitute a danger to other patients whether by reason of contagious disease or any other cause shall not be admitted as a patient in a private hospital unless the Superintendent ensures that adequate precautions are taken for the protection of the other patients. Admission of dangerous patients

5. A patient may be physically restrained in a private hospital only where he is a danger to himself or others. Restraint of patients

6. Every private hospital shall maintain an adequate supply of drugs and equipment to deal with emergencies which may occur in rendering the service for which the hospital is licensed. Emergency supplies

7. Every order for treatment shall be in writing, either on a treatment sheet or in the order book provided for such purpose and shall be signed by a registered medical practitioner. However, in an emergency, treatment may be ordered by a registered medical practitioner by telephone, but the order shall be confirmed in writing in the order book within twenty-four hours. Orders for treatment

8. (1) A complete medical history of every patient including a report of physical examination and provisional diagnosis, shall be recorded within thirty-six hours of the patient's admission to hospital. Case records

(2) The medical practitioner attending a patient shall be responsible for the preparation of that patient's complete medical record indicating identification, complaint, present history, family history, physical examination, special reports, including reports of consultations, laboratory tests and X-ray examinations, provisional diagnosis, medical or surgical treatment, pathological findings, progress notes, reports of operations and anaesthesia, final diagnosis, condition on discharge and follow-up records.

(3) The Superintendent shall retain and preserve in a place of safe-keeping and in accordance with the policy of the Ministry of Health all case records relating to every patient of the hospital and a summary record of each case shall be made on the appropriate admission and discharge record form, that is to say—General Admission and Discharge Record, Obstetrical Admission and Discharge Record, Newborn Infant and Stillbirth Record and Admission and Discharge Record.

Admission and discharge record forms may be purchased from the Government Printer.

9. Not later than 31st March, in each year, every Superintendent shall submit to the Minister, a statistical report in respect of the functioning of his hospital in the year immediately preceding. The report shall indicate the numbers of admissions, surgical operations, discharges, births and deaths, as well as diagnoses as entered on the summary record forms. Annual statistical reports

PART III—SURGICAL OPERATIONS

Written
consent for
operation

10. (1) Subject to paragraph (2) no surgical operation shall be performed on any patient in a private hospital without the written consent of that patient. In the case of a patient who is a minor the written consent of his parent or guardian is required. Consents shall be in the form set out in the Schedule.

Schedule

(2) Where a patient is unable to give consent and where, in the opinion of the surgeon, delay would endanger the patient's life, the requirement of consent may be dispensed with.

Patient's
history to
be recorded

11. (1) Before a patient is submitted to any anaesthetic or undergoes any surgical operation, his history, physical examination and written pre-operative diagnosis shall be recorded by the operating surgeon or any registered medical practitioner so authorised by the surgeon.

(2) Where in the opinion of the operating surgeon, compliance with paragraph (1) would result in delay detrimental to the patient, he shall so state in writing and shall record only the pre-operative diagnosis.

Description
of operation
part of
patient's
record

12. Every operation performed in a private hospital shall be concisely described in writing by the operating surgeon or his assistant and such written description shall form part of the patient's record.

Operations
Register

13. There shall be kept in every private hospital an Operations Register showing the name of the patient, the date and nature of the operation, the name of the surgeon, the name of the anaesthetist, the anaesthetic given and the time the operation began and was completed.

Record of
anaesthetic

14. The anaesthetist shall be a registered medical practitioner and shall furnish a record showing the type of anaesthetic given, amount used, length of anaesthesia and the condition of the patient following the operation.

Inspector
may
prohibit
surgical
procedures

15. Where from an inspection of a private hospital, an Inspector is of the opinion that, that hospital has an insufficient number of qualified staff or that its supply of sterile equipment is inadequate or that it lacks facilities for sterilising instruments or operative equipment he shall, notwithstanding the terms of the licence of that hospital, prohibit that hospital forthwith from undertaking any surgical procedure for a period not exceeding five days.

Minister to
direct
inspection
team to
inspect,
where
Inspector
prohibits
surgical
procedures

16. An Inspector who prohibits surgical procedures at a private hospital shall immediately notify the Minister of the fact and the Minister shall thereupon direct an inspection by an inspection team. Within twenty-four hours of their inspection the inspection team shall report thereon to the Minister, with recommendations.

17. (1) The Minister may direct that any tissues or section removed at an operation shall be forwarded to a laboratory for examination and report. Minister may direct tissues to be sent to laboratory for examination and pathological report

(2) Upon a direction of the Minister referred to in paragraph (1), the tissues or section shall be set aside and preserved and labelled by the operating surgeon and shall be forwarded by the Superintendent, together with a short history of the case and a statement of the findings at the operation, to a laboratory approved by the Minister.

(3) The pathological report received from the laboratory shall become part of the patient's case record.

PART IV—ACCOMMODATION

18. No person shall operate or cause to be operated any private hospital unless:— Accommodation

- (a) every room used for the accommodation of patients has direct natural light by means of a window or windows of an area equal to or not less than 20 per cent of the floor area of the room;
- (b) every room in which not more than one patient is to be accommodated is not less than eighty square feet with a minimum ceiling height of eight feet six inches;
- (c) in every room that is to be occupied by more than one patient the space per bed shall be not less than eighty square feet; each bassinet shall occupy a space not less than twenty-four square feet: The space for a bassinet in an isolation area shall be a minimum of thirty square feet;
- (d) all bedroom windows are equipped with blinds or curtains maintained in a condition to ensure privacy;
- (e) each patient is provided with clean towels daily;
- (f) each bed is provided with pillows and clean pillow slips, sheets, blankets and bed covers;
- (g) freshly laundered bed linen is provided for each incoming patient;
- (h) all bedspreads, springs, mattresses, pillows, sheets, pillow slips and bedcovers are maintained in good repair and in a clean and insect free condition.

19. (1) The water supply of each private hospital shall be of sanitary quality and under sufficient pressure to serve all parts of the hospital. Water supply

(2) There shall be a continuous supply of hot and cold water and an adequate supply of potable water. Wherever necessary, reserve tanks of water shall be installed.

20. (1) In every private hospital there shall be not less than one water closet and one wash basin for every four patients. Toilet facilities

(2) Where male and female patients are accommodated on the same floor of the hospital, there shall be separate water closets and wash basins for both sexes. Where possible toilet facilities for male patients shall be at one end of the floor and for female patients at the other end.

(3) Where bath or showers are not provided in every room, there shall be at least one bath or one shower on each floor.

(4) Adequate supplies of soap and individual towels shall be provided. In addition each water closet shall be supplied with an adequate supply of toilet paper.

Plumbing

21. All plumbing fixtures shall be kept in good repair and the rooms and conveniences maintained in a clean and sanitary condition.

Premises of private hospital

22. (1) Every private hospital shall be equipped with:—

- (a) adequate lighting at all times in all halls, stairways, passages and closet compartments; and
- (b) a system of standby lighting for use in the operating suites and delivery rooms.

(2) All floors, walls and ceiling surfaces of a private hospital shall at all times be kept in a state of good repair and in a clean condition and cellars and basements shall be clear of waste and combustible materials.

(3) The premises of a private hospital shall be kept free of rodents, lice, bedbugs, cockroaches, flies and other pests and every yard, area, forecourt or other open space with its curtilage shall at all times be kept in a thoroughly clean and sanitary condition.

(4) All refuse and garbage shall be placed in suitably covered bins.

Surgical hospital accommodation

23. A private hospital licensed as a surgical hospital shall have and maintain at all times—

- (a) an operating suite suitably equipped to carry on the work of the hospital; and
- (b) an incinerator for the disposal of soiled dressings, and parts of the body removed in the course of an operation.

Maternity hospital accommodation

24. A private hospital licensed as a maternity hospital shall have and maintain at all times—

- (a) a delivery room;
- (b) a nursery suitable for the care of new born infants (including premature infants), equipped with suitable refrigeration and bottle sterilisation facilities;
- (c) suitable accommodation for the isolation of patients having puerperal infection;
- (d) an adequate supply of oxygen and suction apparatus.

25. Every Superintendent shall ensure that the requirements of the Chief Fire Officer regarding means of escape, fire-fighting equipment and facilities to be used in the case of fire, are complied with.

Requirement of Chief Fire Officer to be complied with

26. No private hospital shall engage in, or permit its name to be used in or in connection with any undertaking, occupation, scheme or business other than that for which it is licensed.

Private hospital not to exceed its licence

27. A Superintendent shall submit to the Minister for approval any publication, writing, advertising or other material to be used by his hospital including any letterheads or cards, intended or likely to attract the attention of the public. Where the Minister withholds his approval to any such material being issued, such material shall not be used.

Superintendent to submit publication etc. for Minister's approval

28. Any person who contravenes or fails to comply with any provisions of these Regulations is guilty of an offence and liable on summary conviction to a fine of five hundred dollars or to imprisonment for three months.

Penalty

SCHEDULE

(Regulation 10(1))

FORM OF CONSENT FOR EXAMINATION AND TREATMENT

Private Hospital.....

Name of Patient.....

I,.....hereby consent to and authorise

.....to perform such examinations and
(Name of Medical Practitioner)

treatments (including operation and anaesthetic) as in their opinion may be advisable.

Nature of examination or treatment.....

I hereby acknowledge that the nature of the proposed examination and treatments (including operation and anaesthetic) has been explained to me, and I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

.....
Patient

.....
Witness not related to Patient

Date.....

(For patient who is a minor or unable to sign for medical reason, this consent should be signed by the guardian or the nearest relative of full age.

.....
Responsible person

.....
Relation to patient

.....
Witness not related to Patient

Date.....

(In the case where the patient or responsible person does not understand English the foregoing consent has been carefully interpreted to him/her.)

.....
Witness not related to Patient

.....
Interpreter

Date.....

Made by the Minister this 13th day of April, 1976.

KAMALUDDIN MOHAMMED
Minister of Health