

PRIVATE HOSPITALS ACT

CHAPTER 29:03

Act

2 of 1960

Amended by

28 of 1968

31 of 1975

*31 of 1980

12 of 1989

*See Note on Validation at page 2.

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Note on Validation

The Act of this Chapter was re-enacted with retrospective effect and all acts done under it validated by Act No. 31 of 1980.

CHAPTER 29:03

PRIVATE HOSPITALS ACT

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CHAPTER 29:03

PRIVATE HOSPITALS ACT

An Act relating to Private Hospitals.

2 of 1960.

[1ST JANUARY 1965]

*Commencement.
110/1964
31 of 1980.
Short title.

1. This Act may be cited as the Private Hospitals Act.

2. (1) In this Act—

Interpretation.
[31 of 1975
12 of 1989].

“approved home” means any house in respect of which a certificate has been issued under section 28(1) of the Mental Health Act;

Ch. 28:02.

“Board” means the Private Hospitals Board established under section 3;

“home for the elderly” means a house where five or more elderly persons receive care and accommodation for reward;

“house” means a building or other structure, whether permanent or temporary, intended for human habitation; and, where two or more houses are situated on adjacent pieces of land and are occupied by the same person, they shall be deemed to constitute a single house for the purposes of this Act;

“Inspector” means an inspector appointed under section 17;

“licence” means a licence issued under this Act to operate a private hospital;

“maternity home” means any house used or intended to be used for the reception, treatment and confinement of pregnant women or for the care and treatment of women immediately after childbirth;

“medical practitioner” means a member of the Medical Board of Trinidad and Tobago;

“midwife” means a person who is duly licensed as a midwife;

“nurse” means a person whose name is on the Register of Nurses kept by the Nursing Council of Trinidad and Tobago;

*See Act No. 31 of 1980.

“nurse midwife” means a person who is a nurse and a midwife;

“patient” means a person admitted to a private hospital for the purpose of treatment, or elderly persons admitted to a home for the elderly;

“private hospital” means a house where persons suffering from any sickness, injury or infirmity are given medical or surgical treatment or nursing care and includes an approved home, a maternity home, a convalescent home, a nursing home or a home for the elderly, but does not include a hospital or other establishment or institution operated or maintained by the Government or by a local authority;

“superintendent” means the person who has for the time being the direct and actual superintendence and charge of a private hospital;

“treatment” means the maintenance, observation, nursing and medical care and supervision of a patient.

(2) Where under this Act or the Regulations any officer of a private hospital is required to be resident, it shall not be necessary that the person actually reside within the hospital, provided he is on call and readily available.

Appointment
of Private
Hospitals Board.
[28 of 1968
31 of 1975].

3. (1) There shall be a Private Hospitals Board to assist and advise the Minister on matters relating to the administration of this Act, and the Board shall have and exercise such powers, duties and responsibilities as are delegated to it by the Minister.

(2) The Board shall consist of seven members appointed by the Minister as follows:

- (a) the Chief Medical Officer, who shall be Chairman;
- (b) one Principal Medical Officer;
- (c) two other officers from the Ministry of Health who are not medical practitioners, one of whom shall be skilled in nursing administration and the other in hospital administration;

- (d) three persons who are not in the public service or actively engaged in the management of a private hospital and who shall be appointed for two years but shall be eligible for reappointment.

No member of the Board may have financial interest in a private hospital.

(3) If the Chairman is unable to perform the functions of his office owing to his absence from Trinidad and Tobago or to inability for any reason, the Minister may appoint a member to act as Chairman during the time the absence or inability continues.

(4) If a member of the Board is appointed to act as Chairman under subsection (3) and is unable to perform the functions of his office owing to absence from Trinidad and Tobago or to inability for any reason, the Minister may appoint some other person to act as a temporary member during the time the absence or inability continues in the same manner as that in which the appointment as a member is required by this Act to be made.

(5) The Chairman or other member presiding and three other members shall form a quorum.

(6) The powers of the Board shall be exercisable notwithstanding any vacancy in its number or any defect with regard to the appointment of any of its members.

(7) The Board shall meet at least quarterly, and, subject to this Act, shall regulate the procedure to be followed at its meetings.

4. (1) The Minister may, subject to this Act, grant a licence for the use of any house as a private hospital.

Licensing of private hospitals.

(2) No house shall be used by any person as a private hospital except under the authority of a licence issued by the Minister under this Act.

(3) Where a house is used as a private hospital in contravention of subsection (2), the occupier and all persons concerned in the management of the house or in the admission

thereto or treatment of any patient therein shall be severally guilty of an offence.

Term “hospital” not to be used for unlicensed premises. [12 of 1989].

5. (1) No person shall use the term “hospital”, “nursing home” or “home for the elderly” in connection with the use of any house in which he has an interest as a place of care or treatment for sick persons or care and accommodation for the elderly unless the house is licensed as a private hospital under this Act.

(2) Every person who contravenes subsection (1) is guilty of an offence.

Conditions for grant of licence.

6. No licence shall be granted unless the house, its location with regard to neighbouring premises and its proposed facilities and equipment are approved by an Inspector as suitable for the purpose indicated in the application, and the Minister is satisfied as to the character and fitness of the applicant.

Application for a licence. [31 of 1975]. First Schedule.

7. (1) Written application for a licence to operate a private hospital shall be made to the Minister and shall contain the particulars specified in the First Schedule. Each application shall be verified by the applicant under oath.

Second Schedule.

(2) Every application shall be accompanied by the appropriate licence fee, as set out in the Second Schedule. The licence fee shall be returned if the application is rejected.

(3) The Minister may by Order amend the First or Second Schedule by adding to or deleting any of the particulars, including the classes of private hospitals or by varying the fees, specified therein.

Classes of private hospitals. [31 of 1975]. 12 of 1989].

8. (1) Every licence for a private hospital shall specify the nature of the service that may be provided and, without limiting the generality of the foregoing, may be issued in respect of—

- (a) a medical or surgical hospital;
- (b) a medical, surgical and maternity hospital;
- (c) a maternity hospital;

- (d) a home for the care and accommodation of convalescent or chronically ill persons;
- (e) a hospital for the care of any specified class of patients suffering from any designated, or specified disease, disorder or illness;
- (f) a home for the elderly.

(2) Subsection (1) shall not prevent the carrying out at a private hospital in a case of emergency of such surgical treatment as may in the opinion of a medical practitioner be necessary; but if the treatment is not within the terms of the licence relating to the hospital, a report shall within forty-eight hours be made to the Board by the superintendent showing the nature of the treatment and the names of the medical practitioners who recommended and performed the same.

(3) Every licence shall state the maximum number of patients who may be accommodated in the hospital at any one time and may be limited to any particular class or classes of patients.

(4) Every licence shall remain in force until 31st December of the year in which it was issued, and may thereafter be renewed annually on payment of the appropriate licence fee as set out in the Second Schedule.

Second
Schedule.

9. (1) A licence may at any time be revoked by the Minister—

Revocation
of licence.

- (a) if the licensee or superintendent has been convicted of an offence against this Act, or wilfully neglects or refuses to comply with any of the provisions thereof, or obstructs, impedes or hinders any person carrying out any duties or responsibilities thereunder; or
- (b) if in the opinion of the Minister the premises of the private hospital are unsanitary or without proper fire protection, or the private hospital is managed or conducted in a manner contrary to the Regulations or in such a manner that the revocation of the licence is required in the public interest.

(2) Before a licence is revoked, the Minister shall give notice to the licensee or superintendent of the ground or grounds on which it is proposed to revoke the licence and shall afford him an opportunity of showing cause why the licence should not be revoked.

Refusal of renewal of licence.

10. (1) The Minister may refuse to renew the licence of any private hospital if it is operated in a manner that contravenes any provision of this Act or the Regulations.

(2) Where the renewal of a licence is refused or where a licence has been revoked, the licence shall not be displayed in a manner that may induce a person to believe that it is still in force, and every person who so displays a licence is guilty of an offence.

Death of joint holder of licence.

11. Where a licence has been issued to two or more persons jointly and any of such persons dies leaving the other or others surviving during the currency of the licence, the licence shall remain in force and shall have the same effect as if it had been issued to the survivor or survivors.

Transfer of licence.

12. On the application in writing signed by the licensee and by any person to whom he desires that his licence be transferred, the Minister may, if satisfied as to the character and fitness of such person, by endorsement on the licence or otherwise in writing, transfer the licence to that person, and thereupon that person shall become the licensee of the private hospital with the same rights and obligations as if the licence had been issued to him in the first instance.

Death of licensee.

13. Where the licensee or the sole surviving licensee of a private hospital dies, the Minister may, after considering the representations of the Administrator General or of the executors or administrators of the deceased licensee and of any other interested parties, transfer the licence to such person as he thinks proper; and pending the transfer of such a licence, the Minister may grant to such person as he thinks fit a temporary licence to operate the private hospital for such period not exceeding six months at a time and subject to such terms and conditions as he thinks fit.

14. (1) Every private hospital shall have at all times a resident superintendent who shall be resident at the hospital.

(2) A superintendent shall possess such qualifications as may be prescribed by the Regulations, and the licensee of a private hospital may if so qualified, be the resident superintendent of the hospital.

(3) No person other than a licensee of a private hospital shall be appointed as the superintendent of the hospital until his name and qualifications have been furnished to the Minister and the Minister has approved of the appointment.

(4) During the temporary absence, illness or incapacity of the superintendent, the licensee may, without giving notice to the Minister, appoint as acting superintendent any other person qualified in accordance with this Act and the Regulations, and every person so appointed shall, while he so acts, be considered for the purposes of this Act to be the superintendent, but he shall not so act, whether under the same or successive appointments, for a longer continuous period than four weeks.

(5) Where at any time a private hospital is used as such while it has no duly qualified superintendent, the licensee is guilty of an offence.

15. (1) The licensee of every private hospital shall keep or cause to be kept a register of the patients in which shall be entered—

- (a) the name, age, sex and usual place of abode of each patient, and the date of his admission to the hospital;
- (b) each patient's diagnosis, if any;
- (c) the name of the medical practitioner attending each patient, if any;
- (d) the date on which each patient leaves the hospital and, if transferred to another hospital, the name of the other hospital or, in the event of death of a patient in hospital, the date of his death;

Register of patients, and particulars in case of transfer or death. [12 of 1989].

- (e) in the case of a home for the elderly, the names of the next of kin or beneficiaries of the residents; and
- (f) such other particulars as may be prescribed by the Regulations.

(2) The particulars required by subsection (1) shall be entered in the register as soon as practicable after the occurrence of the act or event to which the entry relates.

(3) The superintendent shall within twenty-four hours of the death of any patient make a report of the death to the Minister giving the name of the patient, the cause of death, and the name of the attending medical practitioner.

(4) The superintendent shall within twenty-four hours report to the Coroner any death occurring within six hours of admission or within twenty-four hours following surgery, delivery or anaesthesia.

(5) Any person who knowingly makes a false entry in a register of patients is liable on summary conviction to a fine of one thousand five hundred dollars.

(6) Any licensee who fails to make an entry in the register required by subsections (1) and (2) to be made therein or the report as required by subsection (3) or subsection (4) is guilty of an offence.

Approval to be obtained for structural alterations.

16. (1) No structural alteration or addition to any private hospital shall be made until a plan of the proposed alteration or addition has been submitted to and approved by the Minister.

(2) Where any alteration or addition is made in contravention of subsection (1), the licensee of the private hospital is guilty of an offence.

Minister to appoint Inspectors. [31 of 1975].

17. (1) The Minister may for the purposes of this Act and the Regulations appoint any medical practitioner not engaged in the management of, or having financial interest in, a private hospital to be an Inspector and shall furnish every Inspector with a certificate of appointment.

(2) Inspectors shall be paid such remuneration or allowances as the Minister may authorise.

(3) Where an Inspector has reasonable grounds to believe or to suspect that any house is used as a private hospital without being licensed he may, upon presentation of his certificate of appointment, at any time and from time to time by himself, or with such assistance as he may require, enter and inspect such house and every part of such house; and every person who prevents or obstructs, or attempts to prevent or obstruct any such entry or inspection is guilty of an offence.

18. (1) For the purposes of this Act and the Regulations a private hospital, its registers and other records other than confidential case history notes shall at all times be open to inspection or examination by an Inspector, an inspection team or a Psychiatric Hospital Tribunal established under the Mental Health Act, as the case may be, in accordance with sections 19 to 23.

Hospital to be open to inspection. [31 of 1975].

Ch. 28:02.

(2) In this section and in sections 19, 21 and 22 “inspection team” means a team consisting of an Inspector and such other persons as the Minister may authorise to inspect private hospitals other than approved homes.

19. (1) Every private hospital, other than an approved home, shall be inspected and any aspect of its administration, operation or management shall be examined at least once a year by an inspection team.

Inspection by inspection team. [31 of 1975].

(2) In addition to the inspection and examination referred to in subsection (1) an inspection team shall inspect a private hospital when so directed by the Minister.

20. An Inspector may inspect a private hospital other than an approved home at any time at his own instance or when so directed by the Minister.

Inspection by Inspector. [31 of 1975].

21. (1) An Inspector engaged in any inspection or examination under this Act, whether or not as a member of an inspection team, shall, subject to subsection (2) forward a report

Inspector to report to Minister. [31 of 1975].

to the Minister within fourteen days of the completion of the inspection or examination.

(2) The report of an inspection conducted at the instance of the Minister shall be forwarded to the Minister within twenty-four hours of the completion of the inspection.

Inspection of approved homes. [31 of 1975].

22. Approved homes shall be inspected by a Psychiatric Hospital Tribunal established under the Mental Health Act and that Tribunal shall exercise and have the same powers and duties to inspect, examine and report as inspecting teams and inspectors exercise and have under this Act and the Regulations made thereunder.

Offence to obstruct, etc., inspection. [31 of 1975].

23. Any person who obstructs or prevents or attempts to obstruct or prevent any inspection of a private hospital is guilty of an offence.

Hospital restricted to terms of licence. [31 of 1975].

24. (1) A private hospital shall not be operated otherwise than in accordance with the terms of the licence issued in respect of it.

(2) Where a private hospital is used in any manner contrary to subsection (1), the licensee and the superintendent shall be severally guilty of an offence.

Offences by body corporate.

25. Where a person committing an offence against this Act is a body corporate, the Chairman, President, the officers and every director thereof concerned in the management of the body corporate, shall be guilty of the same offence unless he proves that the act constituting the offence took place without his knowledge or that he exercised all due diligence to prevent the commission of the offence.

Onus of proof.

26. (1) In a prosecution for an offence under this Act, the burden of proving that a person found in a house and there receiving medical treatment is not a patient within the meaning of this Act shall be upon the person charged.

(2) In a prosecution for an offence under this Act, the burden of proving that a licence is in force, and its terms, and that

a person apparently having the charge, control or management of a private hospital is not the superintendent thereof within the meaning of this Act shall be upon the person charged.

27. (1) The Minister may make such Regulations with respect to private hospitals either generally or as regards any particular class of private hospital as may be considered necessary to give effect to and to carry out the purposes and provisions of this Act, and, without limiting the generality of the foregoing, may provide for—

Regulations.
[31 of 1975].

- (a) the construction, establishment, licensing, alteration, safety, equipment, maintenance and repair of private hospitals;
- (b) the classification, grades and standards of private hospitals;
- (c) the inspection, control, government, management, conduct, operation and use of private hospitals;
- (d) the qualifications of superintendents, staff, officers, servants and employees of private hospitals and the powers and duties thereof;
- (e) prescribing the powers and duties of Inspectors;
- (f) prescribing or restricting the type and amount of surgery, gynaecology or obstetrics that may be performed in any class of private hospital and the facilities and equipment that shall be provided for such purposes;
- (g) the admission and care of patients and for the control of the admission of any class of patient;
- (h) the records, books, reports and returns to be made and kept in respect of private hospitals;
- (i) the reports and returns to be submitted to the Minister by private hospitals;
- (j) prescribing anything authorised or required to be prescribed by this Act.

(2) Regulations made under this section may prescribe in respect of any contravention thereof a penalty not exceeding a

fine of one thousand dollars or imprisonment for three months on summary conviction.

Restrictions on number of patients.

28. Where, except in the case of emergency, not exceeding seven days or such further time as may be authorised by the Minister, a private hospital is used at any time for the treatment of a greater number of patients than is permitted by the licence, or where a patient of a class not permitted by the licence is admitted, the licensee and the superintendent shall be severally guilty of an offence.

Penalties.
[31 of 1975].

29. Any person guilty of an offence under this Act is liable on summary conviction either—

- (a) to a fine of ten thousand dollars; or
- (b) in the case of a continuing offence, to a fine of two hundred dollars for every day during which the offence continues; or
- (c) to imprisonment for a term of twelve months.

Superintendent to be deemed occupier for certain purposes.
Ch. 44:01.

30. The superintendent of a private hospital shall be deemed to be the occupier of the house for the purpose of giving notice or information under the Births and Deaths Registration Act of the death of any person or of the birth of any child in the private hospital.

FIRST SCHEDULE

Section 7.
[31 of 1975].

1. The full name, place of abode, qualifications and occupation of the applicant.
 2. A statement of the estate or interest of the applicant in the house in respect of which the licence is desired.
 3. A statement of the number of patients proposed to be admitted to the house and to each room or apartment of the house.
 4. A description of the situation of the house.
 5. A sketch plan of the house showing the location and the intended use of each room.
 6. A statement of the sanitary arrangements, ventilation and water supply of the house.
 7. A full description of the fire escapes of the house and the facilities provided for use in case of fire.
 8. A statement as to the classes of patients proposed to be admitted.
 9. If it is proposed to offer services in surgery, gynaecology or obstetrics, a statement as to the type of surgery, gynaecology or obstetrics to be performed and as to the facilities and equipment which are to be provided in the house for these purposes including facilities for anaesthesia.
 10. The number of staff and the qualification of each member of the staff of the proposed hospital.
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Section 7.
[31 of 1975
12 of 1989].

SECOND SCHEDULE

LICENCE FEES FOR PRIVATE HOSPITALS

<i>Number of beds</i>	<i>Medical or Surgical Hospital</i>	<i>Medical, Surgical and Maternity Hospital</i>	<i>Maternity Hospital</i>	<i>Hospital for the Convalescent or Chronically ill</i>	<i>Home for the elderly</i>	<i>Hospital for any designated or specified disease, disorder or illness</i>
	\$	\$	\$	\$	\$	\$
Less than 30	150	150	100	75	75	75
30 but less than 60	225	225	150	100	100	100
60 and over	300	300	225	150	150	150

SUBSIDIARY LEGISLATION

PRIVATE HOSPITALS REGULATIONS

ARRANGEMENT OF REGULATIONS

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1. Citation.

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FIRST SCHEDULE.**SECOND SCHEDULE.****THIRD SCHEDULE.**

PRIVATE HOSPITALS REGULATIONS

57/1976.
[80/1992].

made under section 21

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

PART I

STAFF

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—

Qualification of
Superintendent.
[80/1992].

- (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; and
- (e) in the case of a home for the elderly, be a nurse.

(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.

(2A) At all times there shall be a medical practitioner on call and readily available to every home for the elderly.

Staff to be
competent.
[80/1992].

3. (1) 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.

(2) There shall be on duty at all times in every home for the elderly one staff member for every five patients, the minimum number of staff members on duty at all times being two, one of which shall have such training and experience in the care of the elderly as may satisfy the Board.

PART II

MANAGEMENT AND ADMINISTRATION

Admissions.
[80/1992].

4. (1) No person shall be admitted to the care and accommodation of a private hospital without the written consent of the person to be admitted or the written consent of his next of kin if the person to be admitted is certified by a medical practitioner as being unfit to so consent and consent in either case shall be as in the form set out in the Second Schedule.

Second
Schedule.

(2) 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.

Restraint of
patients.

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

Emergency
supplies.

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.

7. Every order for treatment shall be in writing, either on a treatment sheet or in the order book provided for the 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. [80/1992].

(1A) In the case of a home for the elderly, every resident shall be medically examined by a medical practitioner at least once every six months and assessed by a nurse once a month and the nursing assessments shall be entered on the Form prescribed in the Third Schedule and included in the resident's case record.

Third Schedule.

(2) The medical practitioner attending a patient shall be responsible for the preparation of that patient's complete medical record indicating identification, next of kin, 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

Annual statistical reports.

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.

PART III

SURGICAL OPERATIONS

Written consent
for operation.
[80/1992].

10. (1) Subject to subregulation (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 First Schedule.

First 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 subregulation (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 the 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.

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.

Record of anaesthetic.

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.

Inspector may prohibit 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.

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

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 subregulation (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.

Water supply.

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.

(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.

Toilet facilities.
[80/1992].

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

(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.

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

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

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

(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 newborn 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.

Accommodation for the elderly. [80/1992].

24A. A private hospital licensed as a home for the elderly shall have and maintain at all times—

- (a) a supply of wheelchairs and walkers which is adequate to render treatment to the patients; and
- (b) other facilities as may be specified by the Minister.

Requirement of Chief Fire Officer to be complied with. [80/1992].

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, and further, that a fire response exercise is carried out at least once every six months.

Private hospital not to exceed its licence.

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.

Superintendent to submit publication, etc., for Minister's approval.

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.

28. Any person who contravenes any provision of these Regulations is liable on summary conviction to a fine of five hundred dollars or to imprisonment for three months. Penalty.

FIRST SCHEDULE

Regulation
10(1).
[80/1992].

**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

Patient

SECOND SCHEDULE

(Regulation
4(1)).
[80/1992].

CONSENT FOR ADMISSION TO PRIVATE HOSPITAL

HOSPITAL

*I hereby consent
to being admitted to the care and accommodation of the above-named
private hospital.

*I hereby consent
to the admission ofto the care and
accommodation of the above-named hospital.

My relation to the above-named person is

Signature

Address

.....

Signature of Admitting Nurse

Date

*Delete whichever is inapplicable.

STATE OF DENTITION: No teeth <input type="checkbox"/> Own teeth <input type="checkbox"/> Some teeth <input type="checkbox"/> All teeth <input type="checkbox"/>																			
DENTURES: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial <input type="checkbox"/>																			
SKIN INTEGRITY:																			
Skin intact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, location of Decubitus Ulcer																			
Elbow <input type="checkbox"/> Sacrum <input type="checkbox"/> Shoulder <input type="checkbox"/> Hips <input type="checkbox"/> Heel <input type="checkbox"/> Ankle <input type="checkbox"/> Other (<i>state site</i>) _____																			
Odour: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____																			
Drainage/Sloughing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____																			
MENTAL STATUS:																			
	Full Recollection	Partial Recollection	No Recollection	<i>Tick Where Applicable</i>															
Memory for recent events																			
Memory for long past events																			
Orientation in space & time																			
Other mental disturbances present:																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Confusion</td> <td style="width: 25%;">Yes <input type="checkbox"/></td> <td style="width: 25%;">No <input type="checkbox"/></td> </tr> <tr> <td>Hallucination</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Depression</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Aggressive behaviour</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Does not groom self well</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>					Confusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hallucination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aggressive behaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does not groom self well	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Aggressive behaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	
Does not groom self well	Yes <input type="checkbox"/>	No <input type="checkbox"/>																	
ANY ADDITIONAL COMMENTS IN RELATION TO MENTAL STATUS:																			

ELIMINATION:																			
<p><i>Key:</i></p> <p><i>Often more than once a week</i></p> <p><i>Seldom less than once a week</i></p> <p><i>Never never or almost never</i></p>																			
	Never	Seldom	Often																
Incontinent of Bladder																			
Incontinent of Bowel																			

PHYSICAL IMPAIRMENTS:			
	Normal	Partial	Absent
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have amputation of any limb?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, where and state of stump			
Does the patient have a prosthesis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application of prosthesis:		Self Care <input type="checkbox"/>	Total Assist <input type="checkbox"/>
Does the patient use other Assistive Devices?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
OBVIOUS NEUROLOGICAL DEFECTS:			
Does the patient have weakness or paralysis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which side is affected?			
Does the patient have Parkinson's Disease?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the patient have any other neurological problem?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state defects			
.....			
Does the patient receive? Physical Therapy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Therapy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
ANY ADDITIONAL COMMENTS IN RELATION TO IMPAIRMENTS:			
.....			
.....			
Recreational activities: Active		Passive Participant	
Provision for addressing spiritual needs:.....			
SKILLED NURSING NEEDS			
<i>(at time of assessment)</i>			
Parenteral meds			
Inhalation Treatments			
Oxygen			
Suctioning			
Aseptic Dressing			
Lesion Irrigation			
Tube Feeding			
Diabetic Program: Treatment: Diet only <input type="checkbox"/> Oral drugs <input type="checkbox"/> Insulin <input type="checkbox"/> Insulin & Oral drugs <input type="checkbox"/>			
Blood Sugar investigations: Blood Sugar: Random Fasting Date			
Urinalysis (glucose) Date..... Time Result			

MEDICATIONS

NAMES OF DRUGS AND DOSAGE AT TIME OF ASSESSMENT

PACEMAKER: YES NO PACING RATE NEXT DATE FOR REVIEW

ALLERGIES:

ACUTE ILLNESS OR INFECTION (INCLUDE DATES):.....
(*treatment and progress*)

HOSPITALISATIONS: (*Date and Reason*).....

TRANSFERS: (*Date and Reason*)

CLINIC VISITS

FAMILY VISITS

MEDICAL PLAN REVIEWED BY DR. ON

NURSING PLAN REVIEWED BY R.N. ON

SUMMARY REVIEWED BY SUPERVISOR/PATIENT CARE CO-ORDINATOR

NAME OF PERSON COMPLETING FORM: (*PLEASE PRINT*)

SIGNATURE