

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
KEN HECHLER  
**ADMINISTRATIVE LAW DIVISION**

Form #2

Do Not Mark In this Box

FILED  
1990 JUL -9 11 12 23  
STATE OF WEST VIRGINIA  
DEPARTMENT OF STATE

**NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE**

AGENCY: Board of Health TITLE NUMBER: 64

RULE TYPE: Legislative; CITE AUTHORITY §16-5B-1, et seq

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 12

TITLE OF RULE BEING AMENDED: Hospital Licensure

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: \_\_\_\_\_

TITLE OF RULE BEING PROPOSED: \_\_\_\_\_

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON August 8, 1990 AT 4:30 p.m.

ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS. COMMENTS MUST BE RECEIVED OR POSTMARKED BY AUGUST 8, 1990,

Regulatory Development Section

Dept. of Health & Human Resources

Building 3

Capitol Complex

Charleston, WV 25305

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.

*Taunja Willis Miller*

Taunja Willis Miller, Secretary  
Dept. of Health & Human Resources

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

7.00



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Building 3, Capitol Complex  
Charleston, WV 25305

Gaston Caperton  
Governor

FILED  
1990 JUL -9 11:12 AM  
DEPT. OF HEALTH & HUMAN RESOURCES  
CHARLESTON, WV

July 2, 1990

The Honorable Ken Hechler  
Secretary of State  
State of West Virginia  
State Capitol Building  
Charleston, WV 25305

Dear Secretary Hechler:

The Hospital Licensure rule is hereby approved for filing  
for public comment.

Sincerely,

A handwritten signature in cursive script, appearing to read "Taunja".

Taunja Willis Miller  
Secretary

TWM/pg  
Enclosure

WEST VIRGINIA BOARD OF HEALTH  
RULE ABSTRACT  
1990

**Title:** Hospital Licensure

**CSR Title and Series:** 64 CSR 12

**Type:** Legislative

**Summary:** This amendment deletes the requirement that verbal orders and telephone orders be given to a registered professional nurse. This amendment adopts language consistent with Federal certification regulations which authorizes individual hospitals to determine which licensed or certified personnel may receive verbal orders and telephone orders as authorized by the medical staff policies and procedures.

**For further information contact:** Regulatory Development Section, telephone 348-3223 or Lynda Kramer, Director, Office of Health Facility Licensure and Certification, telephone 348-0050.

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Hospital Licensure

Type of Rule:  Legislative  Interpretive  Procedural

Agency Board of Health Address Building #3, Capitol Complex  
Charleston, WV 25305

1. Effect of Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Personal Services					
Current Expense					
Repairs and Alterations					
Equipment					
Other					

2. Explanation of above estimates. This amendment will create no additional cost.

3. Objectives of these rules: This amendment adopts language consistent with Federal Certification regulations which authorizes individual hospitals to determine which licensed personnel may receive verbal orders and telephone orders as authorized by the medical staff policies and procedures.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

None

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of citizens.

None

C. Economic Impact on Citizens/Public at Large.

None

Date May 18, 1990

Signature of Agency Head or Authorized Representative

*Taunja Willis Miller*

Taunja Willis Miller, Secretary  
Department of Health and Human Resources

FILED  
MAY 22 1990  
DEPT. OF HEALTH & HUMAN RESOURCES  
STATE OF MISSISSIPPI

FILED

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OFFICE OF THE  
SECRETARY OF HEALTH

[PROPOSED]

TITLE 64

WEST VIRGINIA LEGISLATIVE RULES  
BOARD OF HEALTH

Hospital Licensure

Series 12

1991

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For Public Comment

WEST VIRGINIA LEGISLATIVE RULES  
BOARD OF HEALTH

Hospital Licensure

64 CSR 12

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[PROPOSED]  
TITLE 64  
LEGISLATIVE RULES  
BOARD OF HEALTH

SERIES 12  
HOSPITAL LICENSURE

FILED  
MAY 13 1987  
HOSPITAL LICENSURE

§64-12-1. General

1.1. Scope - These legislative rules establish rules and procedures for the licensing of hospitals.

1.2. Authority and Related - §16-5B-1, et seq.

1.3. Filing Date -

1.4. Effective Date -

1.5. Supersession and Repeal of Former Regulations - This rule supersedes and repeals Hospital Licensure, West Virginia Department Division of Health Legislative Rules, 64 CSR 12, 1987.

§64-12-2. Application and Enforcement

2.1. Application - These legislative rules shall apply to every person, partnership, association, corporation or any local governmental unit or any division, department, board or agency thereof which shall operate or apply to operate a hospital as defined in these rules and in Chapter 16, Article 5B of the West Virginia Code of 1931, as amended, except as herein specified.

2.2. Enforcement - The enforcement of these rules is vested with the West Virginia department-division of health.

§64-12-3. Definitions

3.1. Applicant -- Shall mean the person who submits an application for a license, or a renewal of a license, to operate a hospital, sanitarium or extended care facility operated in connection with a hospital.

3.2. Person - Shall include any individual, partnership, association, corporation, or any local governmental unit or any division, department, board, or agency thereof.

3.3. Bed Capacity - Means the greatest number of beds the hospital is licensed to offer for patient care. No hospital shall admit more patients than the number of beds for which it is licensed except in the case of public catastrophe or emergency, and then only as a temporary measure.

3.4. Hospital -- Means any institution, place, building or agency in which an accommodation of five or more beds is maintained, furnished or offered for the hospitalization of the sick or injured.

3.5. Hospitalization - Is defined as the reception and care

of any person for a continuous period longer than 24 hours, for the purpose of providing room, board, nursing service and other hospital facilities required in connection with diagnosis and treatment of any condition or infirmity.

3.6. **Extended Care Facility** - Means a hospital or a distinct part thereof engaged in providing to inpatients skilled nursing and related services for long-term care patients (exclusive of tubercular or mentally-ill persons) who require medical, nursing and rehabilitation services.

3.7. **License** - Means the document issued by the state department--division of health and constitutes the authority to receive patients and perform services included within the scope of these regulations.

3.8. **Violations** - Means failure to comply with the licensing law or any provisions of these regulations. A violation constitutes a misdemeanor as set forth in Section 11, Article 5-B, Chapter 16, Code of West Virginia, 1931, as amended.

**§64-12-4. Procedures Governing Adoption, Amendment and Recision of Regulations** - The state department-division of health, with the advice and counsel of the advisory board, shall have the power to make, enforce, modify, amend or rescind rules and regulations governing the operation and conduct of hospitals and other related institutions as specified in Section 8, Article 5-B, Chapter 16, Code of West Virginia, 1931, as amended.

**§64-12-5. Inspections**

5.1. Duly authorized representatives of the state department-division of health shall have the right to enter upon or into the premises of any hospital in order to make whatever inspection is deemed necessary in accordance with the licensing authority vested in the department-division.

5.2. All institutions which are required to be licensed under the provisions of Article 5-B, Chapter 16, Code of West Virginia, 1931, as amended, shall comply with and conform to all laws of the state of West Virginia, and all rules and regulations which provide minimum standards for the prevention of fire and for the protection of life and property against loss or damage by fire or panic. A certificate of approval shall be obtained from the State Fire Marshal by any institution required to be licensed. Written approval of the institution shall be filed with the state department--division of health and a copy of such certificate shall be posted in a conspicuous place on the premises of the licensee.

**§64-12-6. The License**

6.1. **Institutions To Be Licensed** - A license is required of all places that are conducted as hospitals, within the meaning of

the term as defined in Section 3, of these regulations and in Section 1, Article 5-B, Chapter 16, Code of West Virginia, 1931, as amended, provided that such place is not specifically excluded by the Code.

## 6.2. Institutions Exempted From These Regulations

6.2.1. Hospitals operated by the federal government or the state government.

6.2.2. Institutions regularly licensed by the department of welfare, such as child caring institutions, day nurseries, child-care centers and foster boarding homes. However, institutions having dual functions, one of which is clearly subject to licensure under these regulations, are not exempt.

6.2.3. Homes or institutions regularly licensed by the West Virginia nursing home licensing board.

6.2.4. First aid stations and emergency care facilities which do not provide accommodations for hospitalization.

## 6.3. Application For License

6.3.1. Applicants for license shall file applications with the bureau of hospitals and medical facilities, state department division of health, upon forms prescribed by the department-division and shall pay an annual fee as required in Section 4, Article 5-B, Chapter 16, Code of West Virginia, as follows: "Those with five beds but less than 50 beds shall pay a fee of \$20.00; those with 50 beds or more and less than 100 beds shall pay a fee of \$30.00; those with 100 beds or more and less than 200 beds shall pay a fee of \$40.00; and those with 200 beds or more shall pay a fee of \$50.00." No such fee shall be refunded.

6.3.2. Furnishing of an application form is in no way a guarantee that the completed application will be acceptable or that a license will be issued by the state department-division of health.

6.3.3. Each new applicant must provide at least two letters of reference from reputable citizens with whom he is personally acquainted and who certify to his character and qualifications.

6.3.4. Each application for license shall specify the maximum number of beds established by the state department-division of health as the institution's legal bed capacity.

6.3.5. Every hospital shall be specifically identified as such by an appropriate name, which shall be used in applying for the license. It shall not be changed without the approval of the state department-division of health.

## 6.4. Issuance of License

6.4.1. The license will be issued on a form prescribed by the state department--division of health and shall set forth the name, location, type of ownership, type of institution and number of beds for which the institution is licensed.

6.4.2. The license shall be posted in a conspicuous place on the licensed premises.

6.4.3. The license is not transferable or assignable. The state department--division of health shall be immediately notified of any change relative to the ownership, locations or operation of the institution, and an application for a new license shall be requested.

6.4.4. Each license is separate and distinct and shall be issued to a specific licensee for a specific location which is to be indicated on the license certificate. The institution shall be operated and conducted in the name of the licensee as indicated on the license certificate.

6.4.5. Only one license shall be required for any person, partnership, association, corporation, or any local governmental unit or any division, department, board or agency thereof who operates any combination of a hospital, sanatorium or extended care facility operated in connection with a hospital, or more than one thereof, at the same location.

#### 6.5. Expiration and Renewal of License

6.5.1. All licenses shall expire on the thirtieth of June following the date of their issuance unless continued pursuant to the provisions of Section 4, Article 5-B, Chapter 16, Code of West Virginia, 1931, as amended.

6.5.2. Applications for the renewal of licenses will be mailed to each institution, and shall be completed and returned by the applicant, with the required license fee, to the state department--division of health, before April 30. The renewal of a license shall be contingent upon evidence of compliance with the licensing law and all minimum standards and regulations. Each applicant will be duly notified of any noncompliances and shall comply with the provisions of the law, rules and regulations before the issuance of a license.

#### 6.6. Revocation and Reissuance of License

6.6.1. After an opportunity for a hearing, the state department--division of health may revoke the license of any institution found in violation of the licensing law or the rules and regulations issued pursuant thereto.

6.6.2. If a license is revoked, a new application for a license will be considered by the state department--division of health when the conditions upon which revocation was based have

been corrected and evidence of this fact has been furnished.

6.6.3. Each license shall be returned by the licensee to the state department--division of health immediately upon its revocation, or when the institution voluntarily ceases operation.

#### §64-12-7. Administration of the Hospital

7.1. Scope - The governing body, owner or board of trustees is the highest authority responsible for the management and control of the entire institution including employment of a hospital administrator and appointment of medical staff. The administrator is responsible for the direction and control of the hospital operation in accordance with policies established by the governing authority. The medical staff is responsible for the quality of medical care provided and for submitting reports on the quality of this care to the governing board of the hospital at frequent intervals.

#### 7.2. Governing Authority

7.2.1. There shall be a governing authority legally and morally responsible for the management and control of the hospital. In the discharge of its duties, the governing authority places responsibility for the care of patients upon the medical staff. It is responsible for the establishment of policies.

a. The governing authority shall adopt and amend bylaws which shall require that body to:

- (1) Appoint members to the medical staff;
- (2) Approve the bylaws and regulations of the medical staff;
- (3) Define the committees of the governing authority and the functions and responsibilities thereof;
- (4) Develop and maintain suitable formal liaison with the medical staff by means of a joint conference committee;
- (5) Appoint a full time qualified administrator and delegate to him executive authority and responsibility; and
- (6) Provide for the proper control of all assets and funds, including annual audits thereof.

b. Minutes of all meetings of the governing authority and of its committees, including a record of attendance, shall be recorded, signed and retained in the hospital as a permanent record.

c. The governing authority shall be responsible for providing a safe physical plant equipped and staffed to maintain ade-

quate facilities and services for hospital patients.

7.2.2. The boards of directors of applicable hospitals shall designate at least forty percent of their voting members as consumer representatives with an equal portion of such representatives in the four consumer categories of small business representatives, organized labor members, elderly persons and persons whose income is less than the national median income, except if when 0.40 is multiplied by the number of the voting members, the product, when rounded to the next higher whole number, is not a multiple of four, then the number of representatives in the consumer categories may be unequal, provided that the number of representatives in any consumer category is only one consumer in excess of the number of consumers in any other consumer category.

As used in subsections 7.2.2. through 7.2.9.:

a. "Applicable hospitals" means all nonprofit hospitals, whether governed by an in-state or out-of-state board of directors, and all hospitals owned by a county, city or other political subdivision of the State of West Virginia, except for existing nonprofit hospitals which are owned and have been owned prior to March 9, 1983, by a corporation incorporated in another state.

b. "Board of directors" or "board" means the voting members of the governing authority of an applicable hospital, or if a religious organization holds a hospital license, means the hospital board established by the religious organization.

c. "Consumer representative" means a member of an applicable hospital's board of directors who has been designated as such by the board by virtue of qualifying as a person from one of the four consumer categories and who is not a member of management of the applicable hospital nor a member of management of one of its related organizations.

d. "Elderly persons" means persons who are sixty years of age or older.

e. "Family" means a group of two or more persons related by blood, marriage or adoption who reside together.

f. "Member of management" means any individual having authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward or discipline other employees, or responsibly to direct them, or to adjust their grievances, or effectively to recommend such action, if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgement.

g. "Organized labor members" means members of organized labor unions covered by the National Labor Relations Act, the Railroad Labor Act or other federal labor acts.

h. "Persons whose income is less than the national median income" means (1) individuals whose gross family income is less than the national median family income, or (2) individuals whose gross personal income is less than the national median income of unrelated individuals. The director of health shall establish and periodically revise national median family income figures for families and unrelated individuals after consideration of Bureau of Census Current Population Reports, Consumer Income, Series P-60.

i. "Principal stockholder" means any person who beneficially owns, holds or has the power to vote ten percent or more of any class of securities issued by a corporation.

j. "Small business representatives" means officers, directors, general partners, sole owner or principal stockholders of any activity subject to business taxation, which activity employs fewer than one-hundred full-time employees or which had gross annual receipts of less than four million dollars, based on 1984 dollars, in its last fiscal year.

k. "Unrelated individuals" means persons fifteen years old and over (other than inmates of institutions) who are not living with any person related to them by blood, marriage or adoption.

7.2.3. After the effective date of this rule, all applicable hospitals shall include in their next application for hospital licensure a list of the voting members of its board of directors who have been designated as: (1) consumer representatives; and (2) such members who are women, members of racial minorities, or who are handicapped. No member of the board of directors shall be designated by the hospital in more than one consumer representative category. Within ninety days of the effective date of these rules, all applicable hospitals shall either be in compliance with Section 7.2 of these rules or shall have on file with the department--division of health an accepted plan of correction for coming into compliance. Thereafter, 1) such information shall be provided annually to the department division in the applicable hospital's license application, and 2) a license shall not be issued unless the composition of an applicable hospital's board of directors is in conformance with Section 7.2 of these rules or a plan of correction has been accepted; except, a license shall not be withheld for noncompliance with this regulation in the case of the corporation defined in West Virginia Code Chapter 18, Article 11C, Section 1, Subdivision (d) or in the case of Cabell County General Hospital as its board of directors exists under the authority of Chapter 157 of the Acts of the Legislature, regular session, 1945 and Chapter 166 of the Acts of the Legislature, regular session, 1947.

7.2.4. An applicable hospital may change the designation of its consumer representatives from one category to another by filing the change with the department--division of health.

7.2.5. If a person designated as a consumer representative on an applicable hospital's board of directors ceases to meet the definition of a consumer representative, then the person may retain his or her designation until the end of his or her term or until the next license application is submitted for the applicable hospital, whichever occurs first.

7.2.6. a. Each applicable hospital shall maintain a file containing affidavits by its consumer representatives as to their consumer category. The affidavits shall be in a form approved by the department-division of health.

b. If a hospital's designation of a consumer representative is selected for verification or is the subject of a complaint received by the department-division of health, upon request from the department-division of health, the consumer representative will be required to provide the department-division with the following which are applicable to document his or her consumer designation:

(1) Small business representatives - Copy of the business financial statement, workers' compensation filing or other evidence of business size acceptable to the department-division of health.

(2) Organized labor members - Written verification of membership from the union.

(3) Elderly persons - Birth certificate, driver's license copy or other evidence of age acceptable to the department division.

(4) Persons whose income is less than the national median income -- Written verification by the Internal Revenue Service, as authorized by the board member, that the incomes of the persons are less than the established national median income, or copies of the signature pages of federal income tax returns, or an affidavit that the filing of such returns with the federal government was not required.

c. If the consumer representative designation of a board member of an applicable hospital is selected for verification or if the consumer representative designation of a board member of an applicable hospital is the subject of a complaint and if, upon request by the department-division of health, the consumer representative does not provide adequate documentation to justify such designation, and if after written notice to the applicable hospital the board member has not been replaced before the then current license for the hospital is no longer in effect, the department-division may deem the hospital out of compliance with Section 7.2.2 of these rules.

7.2.7. Each applicable hospital shall also maintain a file which shall contain the procedure established by the board of

directors to assure the consideration of women, racial minorities and the handicapped in the selection of consumer representative board members and documentation that such procedure has been followed, except no such file is required to be maintained by the corporation defined in West Virginia Code Chapter 18, Article 11C, Section 1, Subdivision (d) or by Cabell County General Hospital as its board of directors exists under the authority of Chapter 157 of the Acts of the Legislature, regular session, 1945 and Chapter 166 of the Acts of the Legislature, regular session, 1947.

7.2.8. In no event shall a board of directors of an applicable hospital be required to be composed of more consumer representatives than are necessary to achieve forty percent of the voting members of the board, regardless of the number of hospitals for which the board is the governing authority.

7.2.9. To the extent that any provisions of the charter or bylaws of an applicable hospital regarding board member qualifications are in conflict with the requirements of these regulations, such provisions are null and void for purposes of complying with these regulations.

7.3. **Hospital Administrator** - A hospital administrator qualified by education and experience shall be responsible at all times for directing, coordinating and supervising the administration of the hospital and for carrying out the policies of the governing authority and the rules and regulations of the medical staff. The administrator shall serve in an administrative liaison capacity between the medical staff and the governing authority.

#### **§64-12-8. Physical Facilities**

8.1. **General Requirement** - The provisions of this part shall apply to all hospitals coming into existence after the effective date of these regulations. If changes, necessary for compliance with the new regulations, would create undue hardship, existing hospitals may be governed by previously established requirements that have been approved by the state department division of health.

#### **8.2. Site Selection**

8.2.1. The site of any hospital should be located in relation to the center of population, close to where patients live and where competent medical and surgical consultation is readily available and where employees can be recruited and retained. There shall be good drainage, approved sewage disposal, safe water supply, electricity, telephone, public transportation and other necessary facilities available on or near the site.

8.2.2. Local building codes and zoning restrictions shall be observed. Information as to zoning restrictions may be ob-

tained from local civic authorities. Where local codes or regulations permit lower standards than required by these regulations, the standards contained herein shall govern.

8.2.3. Institutions shall be located in an environment which is free from excessive noises of railroads, freight yards, traffic arteries, schools, playgrounds, airports, etc. The site shall not be exposed to smoke, foul odors or dust, or be subject to flooding.

8.2.4. Transportation shall be facilitated by roads which are kept passable at all times. There shall be walks and parking areas provided.

8.2.5. An inspection of the site for a proposed hospital shall be requested in writing and approval shall be obtained from the state department--division of health before construction is started.

### 8.3. New Construction

8.3.1. For construction of new hospitals required to be licensed, the state department--division of health has adopted Appendix "A" of the public health service regulations, Part 53, Subpart N, general standards of construction and equipment, pertaining to the construction and modernization of hospital and medical facilities, as amended.

8.3.2. Drawings and outline specifications for any new hospital or buildings to be used as a part of or in conjunction with any institution required to be licensed under the provisions of Article 5B, Chapter 16, Code of West Virginia, as amended, shall be presented in the schematic and preliminary stages to the state department--division of health for approval prior to the preparation and submission of final working drawings and specifications, and before construction is begun.

a. Such drawings shall be signed by an architect registered in West Virginia;

b. Drawn to a scale of not less than one-eighth inch equals a foot; and

c. Shall show, properly identified, the general arrangement and construction of the building and location of all fixed equipment.

### 8.4. Additions and Alterations, Conversions and Changes in Services

8.4.1. Additions and alterations to all hospitals and related institutions shall conform to the minimum standards for new construction.

8.4.2. Any institution required to be licensed shall, before making any structural changes to or any alteration in any building used or to be used as a part of or in conjunction with the licensed institution, including any changes in services, advise the state department-division of health in writing as to what is intended. Upon the department's-division's request, there shall be submitted such plans, specifications or other information as may be required for approval before proceeding with the proposed changes.

8.4.3. Any existing building, or portions thereof, whether or not presently used as a hospital, shall, if converted for use as a specialized hospital within the meaning of these regulations, be required to meet all standards as set forth for new construction.

#### 8.5. Walls, Ceilings and Floors

8.5.1. Walls and ceilings must be of a material which permits frequent washing, cleaning or painting.

8.5.2. Floors shall be smooth, nonabsorbent and constructed for easy and effective cleaning. Approved carpeting may be used in areas other than those requiring a smooth washable surface.

#### 8.6. Heating and Ventilation

8.6.1. Provision shall be made to provide adequate heating to insure the comfort and safety of patients and personnel.

8.6.2. The heating plant shall be capable of maintaining a temperature of 70 degrees fahrenheit in severe weather in all rooms used for patients.

8.6.3. Special attention shall be given to the ventilation of patients' quarters so as to supply fresh air and to prevent accumulation of objectionable odors and

a. Rooms which do not have outside windows such as utility rooms, toilets, bedpan rooms, baths, sterilizer rooms, sterilizer equipment chambers and food storage rooms shall be provided with forced or suitable ventilation to change the air.

b. Kitchens and laundries which are located inside the hospital building shall be ventilated by exhaust systems which will discharge the air above the main roof, remote from any window or venting intake system.

c. Rooms used for the storage of combustible anesthetic agents, paints and other highly flammable materials shall be ventilated to the outside air with intake and discharge ducts.

d. Oxygen storage and oxygen manifold rooms shall comply with the regulations set forth in the latest edition of the Na-

tional Fire Protection Association, No. 56.

8.6.4. No recirculation of air shall be permitted in operating rooms, delivery rooms, etc., and adjacent service areas. The ventilation system for such shall be constructed to perform separately from any other ventilation system for the hospital.

#### 8.7. Windows, Doors, Corridors and Screens

8.7.1. Each patient's room shall have at least one window opening to the outside to permit ventilation and a source of natural light. The window area shall not be less than one-eighth of the floor space.

8.7.2. Door widths at all patient rooms, treatment rooms, operating rooms, delivery rooms and any room where entrance of an assembled bed may be required shall be at least three feet, eight inches to permit easy removal of the occupied bed.

8.7.3. No door shall swing into the corridor except janitor or toilet room doors. Bathroom doors shall open outward into patient rooms.

8.7.4. Corridors, stairways and elevators shall be of a width and design that will easily accommodate the removal of patients by bed, including beds with traction equipment. They shall be constructed and maintained in compliance with all safety regulations and requirements. Usage of these areas for purposes other than for which they were originally designed shall not be permitted at any time.

8.7.5. Handrails shall be installed in all corridors, ramps, inclines and passageways used by patients in those units of an extended care facility operated in connection with a hospital or in any hospital specializing in chronic or convalescent care.

8.7.6. Screens shall be provided for all exterior openings except that where doors to the exterior are self-closing or kept closed, screen doors are not required. Where provided, screen doors shall open outward and shall be self-closing. Window screens shall be designed and installed so as not to block exit in case of emergency. Window screens are not required in rooms that are fully air-conditioned and where windows are never opened.

#### §64-12-9. Operational Services

##### 9.1. Sanitation, Housekeeping and Maintenance

9.1.1. The water supply must be approved by the state department-division of health. There shall be an adequate supply of hot water available at all times.

9.1.2. The sewage disposal must be approved by the state department-division of health.

9.1.3. Housekeeping and maintenance are required to be such that safe, comfortable and sanitary living conditions for patients and employees are maintained constantly.

a. Accumulated waste material shall be removed daily or more frequently if necessary.

b. The grounds shall be kept in sanitary, safe and presentable condition.

c. The premises must be kept free from rodent and insect infestation.

d. There shall be sufficient supplies and equipment, properly stored and conveniently located, to permit frequent cleaning of floors, walls, woodwork, windows and screens and to facilitate all necessary building and ground maintenance.

e. Stairwells and corridors shall be kept free from obstruction at all times.

9.1.4. Toilet facilities shall be provided in reasonable ratio to the number of patients cared for in the institution. Grab bars, conveniently located, shall be provided at commodes and bathing facilities. Toilet facilities shall be provided for the public.

9.1.5. All garbage shall be stored and disposed of in a manner that will not permit the transmission of disease, create a nuisance or provide a breeding place for insects and rodents.

a. All garbage containers shall be watertight, nonabsorbent, rodent proof and have tight fitting covers.

b. They must be emptied at frequent intervals and shall be thoroughly washed and sanitized before being used again.

9.1.6. Adequate incineration facilities shall be provided so that infected dressings, surgical and obstetrical wastes and other similar materials can be handled and disposed of in a safe and sanitary manner.

a. Incinerators shall be constructed, operated and maintained in such a manner as not to create nuisances.

b. Ashes and noncombustible material shall be removed frequently and disposed of according to methods approved by the state department-division of health.

c. The use of heating plant fire boxes for incineration is not considered satisfactory.

## 9.2. Lighting

9.2.1. All rooms and areas in the hospital shall be provided with sufficient artificial illumination to enable personnel to properly carry out procedures normally performed therein.

9.2.2. Emergency lighting shall be provided for exits, stairs, corridors, nurseries, emergency rooms, delivery rooms, operating rooms and other areas necessary for safe effective patient care. Emergency lighting shall be supplied by an automatic emergency generator or the equivalent and shall be checked periodically, preferably under load conditions, and the dates on which tested recorded in a permanent log.

9.3. Oxygen Systems - All hospitals shall have available oxygen and oxygen equipment required for the use of oxygen in accordance with recommendations of the national board of fire underwriters and national fire protection association.

## 9.4. Laundry

9.4.1. The institution shall make provisions for the proper cleaning of linen and other washable goods with special provisions for handling and disinfecting contaminated linens. Hospitals maintaining and operating laundries shall provide ventilation for the elimination of steam and odors and proper insulation to prevent the transmission of noise to patient areas. The following are also required:

Soiled linen receiving, storing and sorting areas with hand-washing facilities;

b. Washing, extracting, drying and ironing areas and equipment provided with all necessary safety appliances and sanitary requirements;

c. Storage area for laundry supplies;

d. Personnel toilets convenient to laundry.

9.4.2. If commercial laundry service is used, the following are required:

a. A soiled linen collection and storage area with hand-washing facilities in the area;

b. A central clean linen storage room.

9.4.3. Each of the following classes of laundry shall be separately stored and washed: soiled diapers, newborn nursery linen, infected linen and all radioactive contaminated linen.

9.4.4. A supply of clean linen shall be provided sufficient for the hospital's capacity with particular attention given to

assuring an adequate supply of clean linen during and after weekends, holidays and other periods when the laundry is not in operation.

9.5. **Central Sterilization and Supply** - Each hospital shall provide a central sterilizing and supply room to prepare, sterilize, store and dispense sufficient sterile supplies and equipment to all units of the hospital to insure that medical or surgical asepsis is maintained in carrying out diagnostic treatment and personal care procedures according to categories and patients being admitted to inpatient and outpatient units.

a. The hospital shall use an accepted method for determining adequate sterilization of supplies;

b. A cabinet, cupboard or other suitable enclosed space shall be provided for keeping sterile equipment and supplies in a convenient and orderly manner.

#### 9.6. **General Storage**

9.6.1. If possible, all storage should be concentrated in one area except mechanical maintenance items which may be in a separate area. Handwashing facilities should be in or convenient to work areas.

9.6.2. Separate storage rooms shall be provided for flammable materials and for oxygen gases.

#### §64-12-10. **Paramedical Services**

##### 10.1. **Pharmaceutical Service**

10.1.1. Hospitals operating and maintaining a pharmacy or dispensary in which drugs are compounded for internal use shall be under the supervision of a pharmacist registered as required by the pharmacy laws and regulations of the West Virginia board of pharmacy. Hospitals that do not maintain a pharmacy shall have a drug room under the supervision of a consulting registered pharmacist.

10.1.2. **Medication Storage** - All drugs shall be stored in proper containers and be plainly labeled. Poisons and medications for external use are to be kept in a separate compartment or section of the pharmacy or drug room.

a. All drugs on nursing units and hospital services shall be stored in a specially designated cabinet, closet or room, in or near each nurses' station, with one or more sections for poisons and medications.

(1) The medicine cabinet shall have a compartment for the storing of medications for external use only.

(2) The medicine cabinet shall be well illuminated and have adequate space for the storing of medications and for their preparation and administration. It is to be provided with a lock and key; to be kept locked when not in use; and the key available only to authorized personnel.

10.1.3. **Narcotics** - Narcotics and controlled or dangerous drugs, such as required to conform with state and/or federal regulations, shall be kept under double lock and accessible only to authorized personnel. Double locked boxes firmly attached to cabinets shall be used for storage of narcotics. Obsolete or surplus narcotics to be disposed of must be handled according to federal law.

10.1.4. All unused medications shall be discarded when orders have been discontinued or patient has been discharged from the hospital except that in the event the physician desires continuation of the medication the patient may be permitted to take the medicine home if so ordered on the chart by the physician.

10.2. **Blood Supply Service** - Blood and blood substitutes shall be readily available to the hospital at all times for emergency administration. Arrangements shall be made to readily secure types of blood not ordinarily kept in the hospital. Blood shall be obtained, processed, stored and administered under the supervision of a pathologist or designated physician.

### 10.3. **Medical Records and Reports**

10.3.1. A hospital shall maintain a medical records department under the supervision of a medical records librarian or other person qualified by training and experience. The medical records department shall be conveniently located and adequate in size and equipment to enable physicians to complete medical records.

a. Accurate and complete medical records shall be written for each patient admitted for care in the hospital and the record shall be retained in an easily accessible manner in the hospital.

b. A complete medical record is one which includes patient identification, date, complaints, history of present illness, personal and family history, physical examination, doctor's orders including dietary orders, special examinations and consultations, clinical laboratory, x-ray and other examinations, provisional or working diagnosis, treatment and medications given, surgical reports including operative and anesthesia records, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge, discharge summary and autopsy findings, if performed.

c. A medical record for each newborn infant, separate from the mother's record, shall be kept.

d. A short form medical record may be used for inpatients staying in the hospital less than 48 hours except in the case of maternity and newborn patients. The short form shall contain sufficient information for proper diagnosis and treatment.

e. Records, including records of patients treated in the emergency room or outpatient department, shall be preserved either in the original form or by microfilm or electronic data process.

f. All clinical information pertaining to patients shall be filed in the patient's medical record.

g. All orders for medication or treatment shall be in writing, signed by the physician in ink and filed in the patient's medical record.

h. There shall be maintained a system of nurses' clinical records and all doctors' orders shall be in writing and signed by the physician. ~~Telephone or verbal orders shall be given to a registered professional nurse and shall be signed by the physician as soon as possible thereafter.~~ Verbal and telephone orders shall be given to licensed or certified personnel that are authorized to receive such orders by the medical staff policies and procedures. Physicians will countersign all such orders as determined by the medical staff bylaws.

i. All reports and entries in the patient's medical record shall be typewritten or written in ink and signed by the person making the entry.

j. Only abbreviations approved by the medical staff shall be used in preparing medical records.

k. Final diagnosis shall be included in the patient's medical record and shall be expressed in terminology of a recognized system of disease nomenclature.

l. Medical records shall be completed promptly, authenticated and signed by the physician or dentist within 15 days but not more than 45 days following discharge of the patient.

m. Medical records shall be indexed according to disease, operation and physician and indexing shall be kept up to date.

n. Hospitals using automatic data processing may keep indexes on punch cards or reproduced on sheets bound in books.

o. All medical records of services to outpatients and patients treated in the emergency room shall be maintained in the files of the medical records department.

10.3.2. Births and Deaths Report - A complete list of all births, deaths and fetal deaths occurring within the month in

licensed hospitals must be reported by the tenth of the following month on special blanks provided for the purpose to the division of vital statistics, state department-division of health. All completed birth certificates should be sent to the county registrar of vital statistics immediately after the end of the month.

10.3.3. **Communicable Disease Reports** - Licensed institutions must report each case of communicable disease to the local health officer within twenty-four hours after the disease is discovered. Reporting post cards furnished by the state department-division of health may be used and shall be signed by the physician who diagnoses the case.

10.3.4. **Venereal Disease Reports** - Licensed hospitals shall report every previously unreported case of syphilis, gonorrhea and chancroid within forty-eight hours after a diagnosis is made or treatment started. The report shall be made to the state director of health on forms supplied by the state department division of health.

a. Information contained on medical records in licensed hospitals relative to venereal diseases shall be made available upon request to the state director of health.

b. Supervisors of all laboratories in licensed hospitals that perform serologic or other tests for syphilis shall make a report of all positive or reactive laboratory tests for syphilis as stated in Chapter 2, Article 4, Section 1 of the regulations of the West Virginia state board of health. These reports shall be submitted on the 1st and 15th of each month, except positive darkfield tests which shall be submitted within twenty-four hours. These reports shall be made to the state director of health on forms supplied by the state department-division of health.

10.3.5. **Annual Reports** - All institutions shall submit annual reports to the state department-division of health on forms which will be supplied for this purpose.

#### 10.4. Dietary

10.4.1. The food service of the hospital shall be in full compliance with the West Virginia food service sanitation regulations, adopted by the West Virginia state board of health, effective April 10, 1965.

10.4.2. **Organization** - There shall be an organized food service, planned, equipped and staffed to serve nutritionally adequate meals according to physicians' orders. A qualified dietitian or other person with suitable training shall be designated to serve as director of the department on a full time basis or in smaller hospitals on a regularly scheduled consulting basis. If the services of a qualified dietitian cannot be obtained, a person with a baccalaureate degree with major studies

in food and nutrition shall be considered suitable to direct the food service.

a. Hospitals which employ a shared or consulting dietitian shall have the dietary department under the fulltime direction of a person whose training and experience in food service administration is acceptable to the department. Provision shall be made for continued inservice training of the designated food service supervisor.

b. The dietary department shall maintain in its office a written plan of its policies, organization, management and daily operating procedure. The following records shall be maintained:

(1) The number of persons, by job description, employed full time or part-time in the dietary department, the number of hours each employee works weekly; and

(2) A job description of each type of dietary department position with verification that each employee has been familiarized with his duties and responsibilities.

c. Menus, planned at least one week in advance for both therapeutic and general diets, shall be written and dated.

d. Menus shall be posted in appropriate places in the food preparation area and be available to administrative personnel.

e. Menus, as served, with all substitutions noted, shall be filed in the dietary department for at least four weeks.

f. All therapeutic diets, including between meal nourishments, shall be prepared and served as prescribed by the attending physician. An up-to-date diet manual shall be used in planning therapeutic diets and shall be readily available to the medical and nursing staffs and dietary personnel.

g. Adequate personnel with current food handlers permits shall be employed to perform the functions of the dietary department.

h. There shall be procedures to control dietary employees with respiratory ailments, infections and open lesions. Health examinations for employees shall meet local, state and federal codes for food service personnel. Current health examination records of employees shall be on file.

i. There shall be an inservice training program designed to meet the needs of dietary employees, including training in proper handling of food and personal hygiene. This is not a substitute for regular food handler training conferences conducted by the state department-division of health.

j. No personal belongings of personnel shall be stored in

food preparation or serving areas or in the dishwashing and clean-dish storage areas.

k. Dietary personnel shall not be served food in preparation areas.

l. Lavatories specifically for handwashing, including hot and cold running water, soap and approved disposable towels, shall be conveniently located throughout the food preparation area for use by food handlers.

m. Adequate clean toilet facilities shall be provided for food handlers.

n. All food served shall be from approved sources and shall meet the standards of quality as established by applicable laws and regulations. Food prepared outside the hospital shall be from sources that comply with existing laws and regulations.

o. Dry or staple food items shall be stored at least 12 inches off the floor in well ventilated rooms which are not subject to sewage or wastes, water backflow or contamination, leakage, rodents or vermin.

p. Potentially perishable foods shall be maintained at a temperature of 45 degrees fahrenheit or below. Refrigerators and storerooms used for perishable foods shall be equipped with reliable thermometers.

q. All ice used in contact with food or drink shall be obtained from a source meeting state department-division of health standards for drinking water. It shall be stored, handled and dispensed in a sanitary manner.

r. Milk and milk products shall be obtained from a source and in a manner approved by the state department--division of health. Milk shall be served to patients in the distributor's original individual containers or from ed bulk dispensers to be located in each patient area.

s. A sample of potentially hazardous foods from the menu of each meal shall be retained under adequate refrigeration for a period of at least 24 hours after serving. By this method, proper samples of food are available for laboratory examination in the event of a food-borne disease outbreak.

t. Poisonous and toxic materials shall bear warning labels, be stored separately from food or equipment used in preparing and serving food and shall be used only in such ways that they will neither contaminate food nor be hazardous to employees.

u. Food being served or transported shall be protected from contamination and held at proper temperature in clean containers, cabinets or serving carts.

v. Garbage and refuse shall be placed in impervious containers equipped with tightly fitting covers. Containers shall be stored in a safe area or refrigerated space pending removal and shall be removed from the premises and sanitized daily.

w. Hospitals contracting for food service with an outside food management company shall meet the requirements provided the company has a qualified dietitian who serves the hospital on a full time or part-time consulting basis and the company fulfills the minimum standards listed herein.

#### **§64-12-11. Patient Care Department**

11.1. **General Requirement** - All patient care areas and units shall be segregated from areas used by the public or occupied by hospital service facilities. This includes administration, adjunct diagnostic treatment, dietary, laundry, etc.

##### **11.2. Patient Care Unit**

11.2.1. Patient care unit means a designated area of the hospital that provides a bedroom or a grouping of bedrooms with supporting facilities and services to provide adequate nursing care and clinical management of inpatients and that is thereby planned, organized, operated and maintained to function as a separate distinct unit. All nursing units shall contain the facilities listed below. For the most part, these are the same for medical, surgical, pediatric, maternity, communicable and other nursing units. Any difference or special requirement for a particular service is noted.

a. **Private and Multiple Bedrooms** - There shall be provision for private bedrooms to meet the needs of patients and programs of the hospital. There should be no more than four beds per patient bedroom. No bedrooms shall be located below ground level. There should be no more than approximately 35 patient beds in a patient care unit. Larger units are permissible if additional facilities are provided.

b. **Bedroom Size** - Each one-bed room shall contain a minimum floor area of 100 square feet. Each multiple-bed room shall contain a minimum floor area of 80 square feet per bed with three feet between beds and two feet from the walls at the sides of the beds. The area is to be taken in an unobstructed space contained in a square or rectangle.

c. **Windows** - Each patient room shall have a minimum window area equal to one-eighth of the floor area. Privacy for the patient and control of light shall be provided at each window.

d. **Entries** - Each patient bedroom shall have direct entry from a corridor. Such entry shall have a door at least equal in fire resistance to one and three-fourths inches thick solid core wood. The door opening shall be at least three feet eight inches

in clear width (four feet of clear width is recommended) and shall not swing into the corridor.

e. **Lighting** - Artificial light shall be provided and include (1) general illumination; (2) other sources of sufficient illumination for reading and observations, examinations and treatments; (3) night light controlled at the door of the bedroom<sup>2</sup>; and (4) quiet-operating switches<sup>2</sup>.

f. **Handwashing Facilities** - A lavatory complete with mixing faucet, blade controls, soap and sanitary hand-drying accommodations shall be provided in each patient bedroom. The lavatory may be installed within the toilet room in private rooms and two-bed rooms where the toilet serves only one room. There shall be adequate handwashing facilities throughout existing institutions.

g. **Toilet Facilities** - Toilet facilities shall be provided immediately adjacent to private or multiple bedrooms in the ratio of one toilet for not more than four patient beds and shall include (1) bedpan and urinal flushing equipment; (2) wastepaper receptacles with removable impervious liner; and (3) approved grab bars convenient for safety of patients.

h. **Bathing Facilities** - Patient bathing facilities shall be provided in the ratio of one tub or shower for each 10 patients. Approved grab bars shall be sufficient to provide space for wheelchair movement.

11.2.2. **Patient Equipment** - Patient bedrooms shall have movable furniture and be equipped with the following for each patient:

- a. Adjustable beds with safety side rails;
- b. Cabinet or bedside table;
- c. Overbed table.
- d. Wastepaper receptacle with impervious disposable liner or disposable waste receptacle.
- e. Complete personal care equipment sanitized before each patient's use, and including water carafe, mouthwash cup, emesis basin, washbasin, bedpan and urinal.
- f. Each patient shall be provided with separate closet or locker.
- g. Each patient shall be furnished with an adequate nurses' call system.

- 
1. Not required in existing facilities.

11.2.3. **Service Areas** - The following service areas shall be provided and located conveniently for patient care:

a. Nurses' station, equipped with a nurses' call system from patients, a communication system with other departments of the hospital and to the outside. There shall be at least one nurses' station on each floor containing patient bedrooms.

- b. Medical record charting facilities.
- c. Medicine preparation area.
- d. Clean holding area.
- e. Soiled holding area.
- f. Janitor's closet.
- g. Stretcher and wheelchair storage area.

11.2.4. **Nurses' Station** - Nurses' station shall be adequately designed and equipped.

a. The medication preparation areas shall be equipped with (1) cabinets with suitable locking devices to protect drugs stored therein; (2) refrigerator equipped with thermometer and used exclusively for pharmaceutical storage; (3) counter work space; (4) sink with approved handwashing facilities; and (5) antidote, incompatibility and metriapothecary conversion charts. Only medications, equipment and supplies for their preparation and administration shall be stored in the medication preparation area. Test reagents, general disinfectants, cleaning agents and other similar products shall not be stored in the medication preparation area.

11.2.5. **Clean Holding (Utility) Room** - The clean holding room shall be equipped with (1) counter sink with mixing faucet, blade controls, soap and sanitary hand-drying facilities; (2) waste receptacle with cover (foot control recommended) and impervious disposable liner; and (3) cupboards or carts for supplies. There shall be a separate closed area in the clean holding supply area for clean linens and supplies on carts or in cabinets.

11.2.6. **Soiled Holding (Utility) Room** - The soiled holding rooms shall be equipped with (1) suitable counter sink with mixing faucet, blade controls, soap and sanitary handwashing facilities; (2) waste receptacle with cover (foot control recommended) and impervious liners; (3) soiled linen cart or hamper with impervious liners; (4) accommodations and provisions for enclosing soiled articles; (5) space for short-time holding of specimens awaiting delivery to the laboratory; and (6) adequate shelf and counter space.

11.2.7. **Janitor's Closet** - The janitor's closet shall be

equipped with (1) sink, preferably depressed or floor mounted with mixing faucet; (2) hook strip for mop handles from which soiled mops have been removed; (3) shelving for cleaning materials; and (4) waste receptacle with impervious liner. The area should be adequate to store mop buckets on a roller carriage, wet and dry vacuum machine and floor scrubbing machine.

11.2.8. **Personnel Toilet Facilities** - Toilet facilities shall be provided for personnel on each patient care unit.

### 11.3. **Maternity Services**

11.3.1. **Maternity facilities**, including accommodations for mothers and infants, and the delivery suite shall be a self-contained unit including the required facilities in Section 11.2, and shall be segregated from all other parts of the hospital.

a. The administration of the obstetrical department shall be under the direction of a qualified, professional registered nurse currently registered in West Virginia. Nurses caring for obstetrical patients are not to care for other types of patients.

b. Visiting rules shall be posted conspicuously.

11.3.2. **Labor-delivery Unit** - The labor-delivery unit, the maternity nursing unit and the nursery facilities should be planned in relation to each other so that prenatal, natal and post-natal processes are a continuous, safe and satisfying experience for mother and infant.

a. A designated special labor room is desired and one labor bed for each ten maternity beds is recommended. Rooms for labor shall have a lavatory with nonmanual controls, access to bedpan facilities and access to a toilet room which is under the supervision of nursing personnel. There shall be facilities for examination and preparation of patients as required by attending physicians.

b. One delivery room is required and one additional delivery room for each twenty maternity beds is recommended. This room shall not be used for any other purpose, and it shall be used only for delivery of non-infected patients. Patients with any evidence of infection or possible infection shall be delivered in a separate, private room.

(1) There shall be a suitable delivery table equipped for operative deliveries and treatment for shock.

(2) The delivery room shall be furnished with suitable tables or stands for instruments and necessary supplies.

(3) An adequate supply of sterile utensils, linens, dressings, gloves and face masks shall be in readiness for all deliveries.

(4) Sterile equipment for administration of blood transfusions and intravenous or subcutaneous therapeutic solutions shall be readily available.

(5) There shall be ready at all times equipment for general anesthesia, and a supply of drugs and anesthetics ordinarily needed for spinal and/or pudendal anesthesia.

(6) A heated bassinet or incubator shall be ready for the reception and care of the newborn infant in the delivery room.

(7) There shall be equipment for resuscitation as ordered by the physician and facilities for the administration of oxygen shall be available.

(8) One or two drops of a one percent solution of silver nitrate shall be instilled in the eyes of the newborn babe immediately upon its birth.

(9) An acceptable means of identification for each infant shall be available in each delivery room and shall be applied at the time of delivery in the delivery room.

(10) All infant births shall be properly recorded in a delivery room record book in accordance with the rules and regulations of the state département-division of health.

11.3.3. Nursery Unit - A separate nursery unit shall be provided for the care of newborn infants. This nursery unit is not to be used for any other purpose. It shall be conveniently located with reference to the mothers' rooms and shall be preferably an outside room so located as to receive sunshine some portion of the day.

a. Nurseries shall be of sufficient size to provide 24 square feet of floor space per bassinet with at least 12 inches between bassinets.

b. There shall be handwashing facilities with nonmanual controls in the nursery unit.

c. A viewing window shall be provided between each nursery and the corridor so that visitors may see the infants without entering the nursery.

d. There shall be provision for adequate control of atmospheric conditions in the nursery and heating shall be sufficient to maintain a temperature of 75 degrees fahrenheit. There shall be a reliable room thermometer near the bassinets and approximately at bassinet level.

e. A separate bassinet for each infant shall be provided with suitable equipment.

- f. Accurate scales shall be provided for each nursery.
- g. Covered cans for waste shall be provided and emptied at frequent intervals.
- h. One rectal thermometer shall be provided for each infant and the thermometers shall be kept in an antiseptic solution in individual containers.
- i. There shall be adequate space within or adjacent to the nursery unit for all equipment and supplies required to provide adequate and safe care to newborn infants.
- j. Other essential equipment required includes incubators, resuscitators and oxygen apparatus.

**11.3.4. Formula Room**

a. This room is for the sole purpose of preparing the infant formula and shall have no direct access to the nursery or workroom. The following shall be provided unless commercially prepared formula is used:

- (1) Work counter with built-in sink with gooseneck-type spout and knee or foot control;
- (2) Lavatory;
- (3) Hot plate;
- (4) Refrigerator;
- (5) Sterilizer (autoclave);
- (6) Bottle washer.

(b) If commercially prepared formula is to be used or other modifications are proposed in formula preparation and processing, the formula room shall include such space and equipment as are necessary to accommodate formula processing and handling.

**11.3.5. Isolation Facilities** - Immediate segregation and isolation of all infants with communicable infections shall be provided. All equipment shall be kept completely separate for each infant.

a. Infants born outside the hospital shall be isolated for at least 72 hours after admission.

**11.3.6. Clothing and Linen** - Infant's clothing and diapers shall be furnished by the hospital.

a. Nursery linen shall be washed separately from other hospital linen and care taken to avoid contamination of freshly

laundered articles and autoclaved before use.

b. Infant's clothing and diapers shall be freshly laundered and autoclaved before use.

11.3.7. **Nursing Procedures** - Each hospital shall establish definite nursing procedures for delivery room, nursery and antepartum and postpartum care of patients.

a. In order to insure uniformity of practices within a hospital, it is required that all routines shall be in written form and available to all personnel in the maternity section.

b. Instructions for feeding and care of the infant shall be given to the mother in accordance with the physician's recommendations.

11.3.8. Noninfected gynecologic patients may be admitted to the maternity service of the hospital provided the plan setting forth the policies, procedures and conditions for such combined service has been submitted to and approved by the state department-division of health.

#### 11.4. Surgical Unit

11.4.1. The surgical suite shall be a self-contained unit, under the direction of a surgical supervisor who is a qualified professional registered nurse, currently registered in West Virginia, and shall be so located that traffic in and out can be controlled and there is no through traffic to any other part of the hospital. The surgical suite shall be separated physically from the delivery suite and emergency unit.

a. The surgical department shall be under the supervision of the chief of surgery who is duly licensed in West Virginia, competent in the practice of surgery and practicing in the town or city in which the hospital is located, and who is available at all times.

b. The term "competent" is intended to mean a surgeon holding a certificate from the American Board of Surgery, or a fellow of the American College of Surgeons or eligible for such membership, or a surgeon who has had two years or more experience as the regular assistant in 75% or more of the operations of a major nature performed during such two-year period by a senior surgeon who performs a large amount and variety of major surgery in an approved hospital. Above assistantship shall have been served within a five-year period immediately preceding the date of the application.

11.4.2. Operating rooms shall be provided with adequate standard equipment and supplies to insure safe surgical care.

a. Adequate provisions shall be made for the storage of

sterile surgical supplies and instruments.

b. A room or area for an emergency supply of clean and sterile goods and equipment is required.

11.4.3. Emergency lighting shall be provided in the surgical suite and should be connected with an automatic transfer switch which will throw the circuit to the emergency circuit in case of current failure.

11.4.4. Separate scrub-up facilities with nonmanual controls readily accessible to each operating room are required.

11.4.5. Utility Areas - Clean and soiled utility rooms properly equipped are required.

a. Doctors' and nurses' dressing rooms are required with showers and lockers recommended.

b. A janitor's closet for the surgical unit is required.

11.4.6. An ungrounded electrical distribution system shall be provided. Conductive flooring, furniture, mattresses and pads, rubber tubing and parts, belting, plastics, sheeting, shoes, electrical wiring and equipment shall comply with the national fire protection association, No. 56.

11.4.7. Heating and air-conditioning systems installed shall have provisions made to prevent the recirculation of air.

#### 11.5. Recovery Room

11.5.1. There should be adequate provisions for immediate postoperative care in a separate room.

11.5.2. Location - The recovery room should be located on the same floor and adjacent to the surgical suite.

#### 11.5.3. Size and Equipment

a. The size of the recovery room is dependent upon the maximum number of patients to be accommodated at one time. It is suggested that in hospitals with one to four operating rooms there be one recovery bed for each operating room plus one; in hospitals having from five to eight operating rooms there be one recovery bed for each operating room plus two; and in hospitals having from nine to 12 operating rooms there be one recovery bed for each plus three.

b. For each bed, sufficient area should be allowed to permit space for bulky equipment and to afford access of personnel on all sides of the bed, including the head.

c. Beds should be arranged in such a manner that all pa-

tients can be observed simultaneously.

d. Adequate utility facilities shall be provided in addition to a nurses' station, charting area, medication storage and preparation space and clinical sink.

e. Approved oxygen and suction outlets shall be provided for each patient.

f. Necessary items of equipment and adequate supplies shall be provided including space for proper storage.

g. There shall be a sufficient number of electrical outlets and emergency electrical power provided. Sufficient artificial lighting shall be provided.

h. Provisions for adequate control of atmospheric conditions shall be available. Cooling and heating shall be sufficient to maintain a comfortable average temperature.

i. An emergency call system and telephone shall be provided as a means of summoning physicians or additional nursing personnel when needed.

#### 11.5.4. Staffing

a. The recovery room shall be under the direction of a professional registered nurse, experienced and trained in the care and management of post-operative surgical patients.

b. The number of nurses and other personnel required to staff the recovery room is dependent upon the number of patients in the unit at different times of the day and the length of time the patients remain in the unit.

(1) Usually one nurse experienced in the post-operative care of surgical patients, with the assistance of a nurses' aide or orderly, can care for four patients, if supplies and equipment are provided assembled ready for use from a central supply unit.

11.5.5. Records - A record for each patient while in the recovery room shall include the physicians' orders, respiration, pulse and blood pressure readings, treatment and medications given and the patient's condition on admission and transfer. A special recovery record form may be used; however, the same clinical record forms as used on other hospital units may be used.

#### 11.6. Anesthesia Department

11.6.1. There shall be an organized anesthesia department under the direct supervision of a physician duly licensed in West Virginia.

a. When anesthetics are administered under the supervision

of a physician and not by him, the individual administering the anesthetic shall be specially trained in anesthetic techniques.

b. Definite safeguards in the use of various types of general anesthetics shall be established in view of the known hazards in administration and handling, and shall conform to the latest requirements of national fire protection association, No. 56, code for the use of flammable anesthetics.

c. All equipment for the administration of anesthesia and oxygen shall be readily available and there shall be provided safe suction and resuscitation apparatus, all kept clean and in good repair.

11.7. Pediatrics Department - Institutions providing this care shall have proper facilities apart from the services for adult patients. There shall be proper facilities and procedures for the isolation of children with infectious, contagious or communicable diseases.

11.8. Provision for Contagious Disease Patients - Many institutions do not have specialized contagious disease departments, but they do find it necessary, from time to time, to care for patients with contagious disease. Occasionally, patients admitted for treatment of some other condition will later be found to have a contagious disease. There may also be contagious disease patients in the community for whom hospitalization is necessary for proper care and treatment. Therefore, all institutions shall make provision for isolation in the event that this becomes necessary. In planning new institutions, or additions to existing institutions, there shall be one or more suitable rooms for this purpose in accordance with the size of the institution and the needs of the community. Rooms planned for isolation of patients shall have lavatory and toilet facilities. There shall be adequate facilities for sanitizing bedpans and other equipment used in the care of the patient. Such units are most efficient when provided with a utility room equipped with a sink, drainboard and utensil sterilizer.

#### 11.9. Coronary Care Unit

11.9.1. Definition - Coronary care unit means a specialized area of the hospital containing a grouping of single bedrooms or enclosures accommodating not more than six beds or less than two beds wherein constant, intensive visual observation and immediate emergency treatment can be provided. When such unit is provided, the requirements listed herein shall be observed:

a. The coronary care unit should be organized under the direction of a specially created committee of the medical staff, preferably headed by a cardiologist. The ultimate authority in determining policies of admission, length of stay and discharge, and in instances where operational problems arise must be clearly delineated through policies developed cooperatively by adminis-

trative, nursing and medical staffs. Most importantly, a qualified physician must be available to the unit at all times. Essential to the effectiveness of the coronary care unit is the development of a highly skilled nursing staff.

b. The nursing service shall be under the supervision of a registered nurse qualified by training, experience and ability. At least a minimum of one qualified, registered nurse with special training shall be on duty at all times to give direct patient care. Additional nursing personnel shall be available consistent with the nursing care required by the patients.

c. Adjunctly, the organization of a cardiac arrest team composed ideally of an internist, an anesthesiologist, a surgeon and appropriate auxiliary staff should be undertaken to provide immediate emergency care both within the unit and throughout the hospital on a 24-hour basis.

d. A system shall be established for calling selected emergency personnel to the unit. The patient should have an intercom system to the nurses' station; the nurses' general monitoring console should also be linked by intercom to an adjacent nursing station (to summon additional aid when needed), to the nurses' and doctors' lounge and the family waiting room.

#### 11.9.2. Size and Equipment

a. The area shall be sufficient in size to allow movable equipment to be placed on either side of the bed(s). A separate enclosed space approximately 11 feet x 12 feet should be provided for individual patient areas to ensure adequate working area in time of emergency. A minimum of at least 80 square feet per bed in multiple bedrooms and 100 square feet in single bedrooms is required. Space for storage of commonly used equipment, supplies and drugs shall be provided within the unit.

b. A nurses' station located and so arranged for direct surveillance of all patients in the unit should be provided.

c. Medication preparation room and a clean and a soiled utility room shall be provided in immediate proximity to the bedrooms or within the enclosure.

d. A lavatory complete with mixing faucets, blade controls, soap and sanitary hand-drying accommodations shall be provided in each room.

e. In addition to normal lighting, a bright light should be available for examinations and in time of emergency.

f. Bedside vacuum and oxygen outlets should be installed at each patient's bed.

g. Adequate air-conditioning should be provided to control

temperature and humidity.

h. The selection of specialized equipment to be installed in the coronary care unit is to be determined by the committee of the medical staff. However, certain basic equipment is essential for satisfactory function of the unit, namely:

- (1) Variable height, adjustable beds or carriages with safety sides and bedboards;
- (2) Bedside cabinets;
- (3) Intravenous rods installed in ceilings, walls or attached to beds;
- (4) Electrocardiographic monitor with an alarm system, via chest or limb electrodes, and pacemaker equipment must be available for immediate activation. The electrocardiograph should be displayed instantly on a bedside oscilloscope or a slave oscilloscope shall be available for constant viewing by the nurse;
- (5) External defibrillator;
- (6) Respiratory resuscitative equipment;
- (7) Oxygen administration equipment;
- (8) Emergency call system at each bed.

11.9.3. Satisfactory provision should be made for adequate electrical circuits with necessary voltage for mounting and connecting equipment as well as safe and adequate uniform grounding of all circuits. Electrical interference problems must be obviated. The electrical system shall be connected to the emergency power system.

#### 11.10. Intensive Care Unit

11.10.1. Definition - Intensive care unit means a specialized area of the hospital containing a grouping of single-bed rooms or enclosures wherein critically and seriously ill patients requiring highly skilled nursing care and close and frequent, if not constant, nursing observation are assigned.

11.10.2. Organization - The intensive care unit should be organized under the direction of a specially created committee of the medical staff with written policies developed cooperatively by administrative, nursing, and the medical staffs concerning admission, types of patients, length of stay, discharge, records and other operational aspects.

11.10.3. Size and Equipment - Generally, the number of beds, staffing patterns, equipment and supply requirements, and

the administrative and operational procedures of the intensive care unit depend upon patterns of medical practice, patient load, types of patients treated, staff requirements, physical arrangement, dietary services and housekeeping facilities of the hospital.

a. A minimum of at least 80 square feet in multiple bedrooms and 100 square feet in single bedrooms is required. It is recommended that for each bed sufficient area should be allowed to permit space for special equipment and access of personnel on all sides of the bed.

b. Beds in the intensive care unit should be arranged to enable the nurse to observe all the patients closely and frequently from the nurses' station and work area.

c. Approved oxygen and suction outlets shall be provided for each patient.

d. Sufficient artificial lighting, adequate number of electrical outlets and emergency electrical power shall be provided in addition to patients' call button.

e. Provision shall be made for an emergency call system and telephone as a means in summoning physicians or additional nursing personnel.

f. A nurses' station, toilet, charting area, medication storage and preparation area, clinical sink and adequate utility and storage space shall be provided within the unit for storage of bulky equipment.

g. Control of atmospheric conditions shall be provided to insure comfortable heating, cooling and humidity and assure an aseptic atmosphere within the unit. The ventilation requirements and the need for temperature and humidity conditions within certain specific limits will be dictated by the type of clinical conditions treated.

h. It is recommended that a relatives' waiting room be provided near the intensive care unit with toilet facilities and telephone booth.

#### 11.10.4. Staffing

a. The staffing pattern will depend on the type patients admitted, the degree or intensity of the illness, as well as the utilization of nonprofessional nurses, and the size and physical arrangement of the unit.

b. The nursing service shall be under the supervision and direction of an experienced registered professional nurse especially trained in caring for critically and seriously ill patients.

(1) The same complement of staff should be provided for the full 24 hours.

(2) Generally, one registered professional nurse and one nonprofessional nurse per unit of six patients for each shift are sufficient for proper patient care.

#### 11.11. Extended Care Unit

11.11.1. General Requirement - The extended care unit shall be located in a segregated area of the hospital and shall include the usual complement of ancillary facilities required in the conventional care unit and meet the general rules and regulations for hospitals.

11.11.2. Special Requirements - Adequate space shall be provided for dining and recreation areas, special equipment storage, training toilets, showers and bath facilities. Handrails, drinking fountains, lavatories, thresholds and telephone alcoves shall be designed to meet the requirements of patients using crutches, walkers and wheelchairs.

11.11.3. Organization and Staffing - The extended care unit shall be organized under the direction of a specially created committee of the medical staff with written policies developed by professional personnel including at least one registered professional nurse.

a. The nursing service shall be under the direction of a registered professional nurse responsible for meeting the nursing needs required to implement the policies developed.

b. A registered professional nurse shall be in charge of the extended care unit on each tour of duty with sufficient other personnel to assure adequate patient care.

#### §64-12-12. Outpatient Services

##### 12.1. Outpatient Department

12.1.1. Medical service for ambulatory patients shall be organized as a definite outpatient department of the hospital under the supervision and direction of a qualified administrative official of the hospital.

a. The outpatient department shall be easily accessible for any ambulatory patients receiving treatment.

b. The department shall be conveniently located to other hospital facilities such as x-ray, laboratory and physical therapy departments.

c. Adequate and properly arranged accommodations and facilities shall be provided for the physical comfort and convenience

of patients, medical staff and personnel, in addition to the equipment necessary for efficient professional care of patients.

12.1.2. **Personnel** - The outpatient department shall be provided with sufficient personnel, physicians, nurses and clerical assistants to assure proper care of patients.

a. The medical staff of the outpatient department shall meet the same requirements and qualifications which apply to the attending medical staff of the hospital.

12.1.3. **Records** - Accurate and complete medical records, including social and scientific data, shall be written on all patients, and shall be filed and indexed in such a manner as to be readily available at any time for reference, restudy and statistical and chronological research.

## 12.2. Emergency Department

12.2.1. All general hospitals shall provide an emergency room to be located within easy access from automobiles and ambulances.

a. The emergency service of the hospital shall be under the direct control of the director of the outpatient department who is responsible for the efficient function of these services.

b. The emergency rooms shall be of a size comparable to the need imposed upon it and shall be adequately equipped to provide whatever life-saving measures may be needed for patients admitted to this service.

12.2.2. **Personnel** - There shall be available professional personnel at all times who are trained in emergency life-saving measures. Also, a physician who is a member of the professional staff of the hospital shall be available at all times to the emergency department.

12.2.3. **Records** - Adequate and complete records shall be kept on all patients treated in the emergency department.

12.3. **Dental Unit** - In a general hospital with 100 or more beds, it is recommended that consideration be given to the inclusion of a separate dental unit under the supervision of a dental surgeon duly licensed in West Virginia. Standard dental equipment, including all necessary anesthetic and sterilization equipment, should be provided for the diagnosis and treatment of diseases of the teeth and their related structures, rehabilitation and replacement of defective teeth and oral surgery.

## §64-12-13. Adjunct Diagnostic and Treatment Departments

### 13.1. Adjunct Diagnostic and Treatment Departments

13.1.1. Those adjunct services which are to be used by patients should be located conveniently to inpatient areas and to the outpatient reception point of the hospital. The ground or first floor is usually the most desirable place for adjunct services.

a. A waiting area or room for patients with space for patient reception and control shall be provided.

b. Toilets for ambulatory patients and the public are required.

### 13.2. Laboratory

13.2.1. Laboratory facilities with adequate space, equipment and supplies shall be provided in accordance with services to be rendered. A minimum of 200 - 225 square feet exclusive of washing and sterilizing area, depending upon arrangement, is recommended for minimum services.

a. Minimal services include at least routine chemical and hematological laboratory procedures. Additional space will be needed for pathological, bacteriological and serological services if these are provided.

b. Space must be provided for clean-up and sterilizing and for administrative activities. It is recommended that these be separate rooms.

c. Hospitals of 25 beds or less shall not be required to provide their own laboratory facilities if there is an approved laboratory available for use and located reasonably near such hospitals.

13.2.2. Personnel - It is desirable that the laboratory be under the supervision and direction of a physician licensed to practice medicine in the state of West Virginia and who preferably has received special training in pathology.

a. If the director is not in reality full time or readily available to the laboratory, there must be in the laboratory at all other times during its working hours a capable assistant to the director who has full authority and responsibility for the activities of the laboratory in the absence of the director.

b. Qualifications of director: The director must have minimal qualifications as follows:

(1) He must be a college graduate with major work for his degree in one or more of the biological or chemical sciences commonly employed in clinical laboratories; or

(2) If such a person is not available, the director may be a person who is, or is eligible to become a registered medical

technologist with the Board of Registry of the American Society of Clinical Pathologists; or

(3) A high school graduate who has had five years' experience under a qualified clinical pathologist. Two years of this required experience must have occurred within the five years immediately preceding such employment.

(4) The director must, also, have had at least three years' experience performing clinical or public health laboratory analyses in two or more of the various fields of clinical laboratory activity in a clinical or public health laboratory acceptable to the state department-division of health. Each year of resident post-graduate study in fundamental medical sciences which has been satisfactorily completed in a college or university accredited for granting a post-graduate degree in one or more of these sciences, or in an institution accredited for such post-graduate training by the Council on Medical Education and Hospitals of the American Medical Association, may be substituted year for year for the required experience, up to a maximum of two years.

**c. Qualifications of Assistant to the Director**

(1) Must be a college graduate with major work for his degree in one or more of the biologic or chemical sciences commonly employed in clinical laboratories, or the equivalent as described in paragraphs (1), (2) and (3) of the qualifications of the director, except that a high school graduate who has had four years' experience under a qualified clinical pathologist may be deemed to have satisfied this requirement. Two years of this required experience must have occurred within the five years immediately preceding such employment.

(2) Must have had at least one year's experience or the equivalent, as described in paragraph (4) of the qualifications of the director.

**d. Qualifications for Additional Technical Laboratory Workers Other Than Students or Trainees** - Must be at least high school graduates with a minimum of one year of technical training in one or more of the sciences or procedures commonly employed in a clinical laboratory. Such training must have been received in an accredited college or university, or in a laboratory approved for such training by the council of medical education and hospitals of the American Medical Association, or in a laboratory directed by a qualified clinical pathologist, or in a nationally recognized public health laboratory.

**e. Personnel Exempt from These Requirements** - Paragraphs a, b, c, and d above do not apply to a person in a given laboratory who was employed at the time these regulations first became effective.

**13.2.3. Equipment** - The following basic items, in good

condition, are required in any laboratory:

- a. Laboratory sink;
- b. Cabinets for reagents, and small equipment;
- c. Microscope and lamp;
- d. Refrigerator of at least 6 cubic feet capacity;
- e. Adequate gas and electric outlets;
- f. Adequate glassware and reagents;
- g. Adequate centrifuge;
- h. Adequate working tables;
- i. Adequate filing system;
- j. Current laboratory reference texts;
- k. Adequate colorimeter or spectrophotometer;
- l. Hot air sterilizer of at least 18" x 14" x 14" i.d. or equivalent;
- m. Bacteriological incubator, which for accuracy of temperature control should be at least 20" x 20" x 24" i.d., or equivalent;
- n. Autoclave;
- o. Balance and weights of suitable accuracy;
- p. Still or demineralizer, properly operated.

If serological tests for syphilis are carried out, the following additional equipment, maintained in good condition, is required:

- q. Serologic shaker and/or rotator;
- r. Adequate water bath facilities.

13.2.4. Reports - The director or the assistant to the director of each hospital laboratory shall submit to the state department-division of health an annual report of the laboratory facilities and personnel on forms provided by the state department-division of health.

13.2.5. Nothing contained in or required by these regulations and no action taken pursuant thereto shall be construed as constituting an approval by the state department-division of

health of any laboratory for proficiency to perform any specific laboratory test or technique explicitly required by any public health law or regulation.

### 13.3. Radiology

13.3.1. All hospitals shall have facilities for at least one radiographic room with adjoining darkroom, toilet and office. Hospitals of 150 beds and over should have at least one additional radiographic room. The size of the radiological department will depend upon the volume and types of services offered.

13.3.2. The radiological department shall be under the supervision of a licensed physician or a competent well-trained x-ray technician.

13.3.3. Requirements - Following are minimum requirements for the x-ray service area:

a. One radiographic room with adequate x-ray and fluoroscopic equipment;

b. Darkroom;

c. Office, viewing facilities and film filing for both active and inactive records. (May be one room in small department.);

d. Dressing booths with adjoining toilet and lavatory for ambulatory patients;

e. Waiting space under the supervision of qualified personnel for stretcher and wheelchair patients and for outpatients, if served;

f. Utility area with sink and counter space;

g. Supply and equipment space;

h. Proper shielding of walls, floors and ceilings in area and shielded control areas for operators of x-ray equipment shall be provide by the institution. Plans for such protection must be approved by the state department-division of health.

13.3.4. Therapeutic x-ray and radiological isotopes may be provided with due consideration for the safety of patients and personnel being given to all aspects of the physical plant and equipment utilized in the department.

### 13.4. Other Services

13.4.1. Examination and Treatment Rooms (BMR, EKG, etc.) - All hospitals shall have at least one all-purpose room for examination, treatment, private conferences, etc., in the adjunct

service area. Separate rooms for various functions are recommended where patient service is of such volume as to require them. Lavatory with nonmanual controls is required in such rooms.

13.4.2. Physical and Occupational Therapy - Space and equipment required will depend upon services provided. All hospitals admitting patients with diseases which lead to any incapacitation or disability should have facilities to provide inpatients with physical therapy, occupational therapy and speech therapy.

a. In hospitals of 100 beds and over, it is desirable that space be provided for electrotherapy, hydrotherapy, massage and exercise.

b. If physical therapy is provided in the institution, it must be under the supervision of a physician duly licensed in the state of West Virginia.

13.4.3. Morgue and Autopsy - In hospitals of 50 or more beds, complete morgue and autopsy facilities are recommended. A morgue is not required in small hospitals if mortuary facilities are available to the hospital.

#### **§64-12-14. Professional Standards**

##### **14.1. Medical Staff**

14.1.1. Medical Staff - Each hospital shall have an organized medical staff which includes fully licensed physicians and may include other licensed health care professionals who are privileged by law and by agreement with the hospital to attend patients, as defined in the hospital's governing and medical staff bylaws. The medical staff shall be accountable to the hospital's governing body for quality of medical care provided to hospital patients and for the ethical and professional conduct of its members while functioning in the hospital.

a. All hospitals which admit two or more physicians to practice in the institution shall have an organized medical staff responsible to the governing authority for the fitness, adequacy and quality of medical care provided to patients in the hospital. Satisfactory evidence shall be maintained by the hospital of such organization.

b. The term "staff" is defined here as the group of physicians and other licensed health care professionals who are members in accordance with Section 14.1.1 and practice in the hospital inclusive of all groups, such as the active medical staff, the associate medical staff and the courtesy medical staff.

c. Membership - The medical staff shall be appointed by the governing body of the hospital in accordance with its bylaws,

rules and regulations.

1. Each member of the medical staff shall be qualified for membership and the exercise of clinical privileges granted to him or her as evidenced by a current license to practice his or her profession in the State of West Virginia.

2. Clinical privileges of each medical staff member shall be delineated in writing.

3. Members of the medical staff must be legally, professionally and ethically qualified.

d. Rules and Regulations - The medical staff shall initiate and, with the approval of the governing board of the hospital, adopt rules, bylaws and regulations governing its professional organization and functional work. All medical staff members shall sign a document which specifies that the bylaws, rules and regulations have been read. These rules and regulations, and policies shall specifically provide:

(1) That staff meetings be held at least once each month unless the hospital medical staff has monthly meetings in each department. In the latter case, only quarterly meetings of the full medical staff are required.

(2) That the staff review and analyze at the monthly staff meeting their clinical experiences in the various departments of the hospital such as medicine, surgery, obstetrics and the other specialties. The clinical records of patients shall be the basis of such review and analysis.

(3) The medical staff shall provide in its bylaws, rules and regulations for the performance of committee functions in at least the following areas: credentials, medical records, case and utilization review, quality assurance, hospital infections, casualties, pharmacy and therapeutic practices and such other committees as the hospital board may deem necessary.

(4) There shall be a chief of staff with direct responsibility for the organization and administration of the medical staff in accordance with the terms of the medical staff constitution, bylaws, rules and regulations.

(5) The chief of staff shall be responsible for the functioning of the clinical organization of the hospital and shall keep, or cause to be kept, careful supervision over the clinical work in all departments of the hospital.

#### 14.2. Nursing Department

14.2.1. A department of nursing shall be organized to provide comprehensive, effective nursing care to each patient under the direction of a registered professional nurse designated by

the governing authority of the hospital, currently licensed in West Virginia and with such education and experience to enable her to properly execute her functions and responsibilities.

14.2.2. There should be a written departmental plan of administrative authority with delineation of responsibilities and duties of each category of nursing personnel. The following documents shall be maintained:

a. A statement of the policy and objectives of the nursing department.

b. Current job descriptions and specifications for each category of personnel subject to review at least annually.

14.2.3. The following records shall be available in the department:

a. A list of all licensed nursing personnel, including private duty and per diem nurses, with each individual's current West Virginia license number.

b. Personnel records including employment application forms and verification of credentials and character references for each department employee.

c. The current nursing care policy and procedure manuals.

d. Minutes and records of attendance at all meetings.

e. A list of the nursing department committees and other committees on which nursing is represented.

f. A master staffing plan for the current year.

14.2.4. There shall be an adequate number of licensed registered professional nurses to meet the following minimum staff requirements:

a. Assistants to the director for evening and night services.

b. Supervisory personnel qualified by experience, education and ability for each specialty division of the department, including but not limited to operating room, emergency, outpatient, maternity, newborn, pediatrics, intensive care, coronary care and medical and surgical services.

c. Staff personnel to provide direct nursing care as needed and to supervise nonprofessional personnel.

d. A registered professional nurse shall be on duty and immediately available for bedside care of any patient when needed on each shift, 24 hours per day and seven days a week.

e. Licensed practical nurses as needed to supplement registered professional nurses in appropriate ratio to professional nurses.

f. Auxiliary workers as needed to provide physical care and assist with simple nursing and clerical procedures not requiring professional judgment.

14.2.5. A registered professional nurse shall plan, supervise and evaluate the nursing care for each patient.

a. A written nursing care plan for each patient shall be kept current daily.

b. A copy of the current nursing care policy and procedure manual shall be available in each nursing unit.

c. Written nursing notes shall be maintained for each patient.

14.2.6. In order to assure well established working relationships with other services of the hospital, both administrative and professional, a member of the nursing department, preferably a professional nurse, shall be represented on committees concerned with interdepartmental policies affecting nursing services and nursing care to patients.

14.2.7. Planned meetings shall be held monthly by the nursing department to discuss patient care, nursing service problems, administrative policies and to analyze the quality of nursing care rendered to patients.

14.2.8. Continuing planned educational activities shall be held for all nursing personnel. These activities shall include, but not be limited to, on-the-job training and development programs. Records of these program activities shall be maintained including the methods used and an evaluation of their effectiveness.

#### **§64-12-15. Specialized Hospitals and Other Institutions**

15.1. Tuberculosis Hospital - To be licensed as a tuberculosis hospital, an institution must be devoted exclusively to the care of tuberculosis patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of tuberculosis and meet the requirements for a general hospital. Maternity services need not be provided if provision is made for adequate maternity care at some readily available licensed hospital.

15.2. Mental Hospital - To be licensed as a mental hospital, an institution must be devoted exclusively to the care of mental patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of mental illness

and have adequate facilities for the protection of the patients and staff against physical injury by patients becoming violent. The requirements for a general hospital must be met except that maternity facilities need not be provided if provision is made for adequate maternity care at some readily available licensed hospital.

15.3. **Orthopedic Hospital** - To be licensed as an orthopedic hospital, an institution must be devoted exclusively to the care of orthopedic patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of orthopedic conditions and must meet the requirements for a general hospital except that maternity facilities need not be provided if provision is made for adequate maternity care at some readily available licensed hospital.

15.4. **Chronic Disease Hospital** - To be licensed as a chronic disease or convalescent hospital, an institution must be devoted exclusively to the care of patients requiring hospitalization because of prolonged illness or who are not acutely ill and not in need of general hospital care but who do require continuing medical care, skilled nursing care and related medical services. It must have a professional staff who are qualified in the diagnosis and treatment of chronic diseases, and it must meet the requirements for a general hospital except that maternity services are not to be provided.