

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES

BUREAU OF HEALTH SYSTEMS

DIVISION OF HEALTH FACILITIES AND SERVICES

MINIMUM STANDARDS FOR HOSPITALS

(By authority conferred on the department of public health by sections 2226(d), 2233, and 20171 of Act No. 368 of the Public Acts of 1978, as amended, and section 9 of Act No. 380 of the Public Acts of 1965, as amended, being 333.2226(d), 333.2233, 333.20171, and 16.109 of the Michigan Compiled Laws)

PART 1. ADMINISTRATIVE RULES AND PROCEDURES

R 325.1001 Administration.

Rule 1. The state health commissioner shall administer his several responsibilities toward hospitals as an integral unit.

History: 1954 AC; 1979 AC.

R 325.1002 Hospital committee.

Rule 2. (1) The state health commissioner, in a manner hereafter stated, shall appoint an advisory committee to be known as the commissioner's hospital committee which will serve to advise him on the administrative aspects of the responsibilities given under the above authority.

(2) The functions of the hospital committee shall be:

(a) To consider rules and regulations concerning hospitals promulgated in accordance with the above authority and any proposed revisions thereof, and to advise the state health commissioner regarding the same.

(b) To review all provisional licenses granted by the state health commissioner.

(c) To sit with the state health commissioner during his conduct of any hearings concerned with the suspension, revocation, or denial of licenses or certification.

(3) The state health commissioner shall appoint 9 persons to the hospital committee in the following manner: Five persons from a list of 10 hospital administrators or trustees submitted by the board of trustees of the Michigan hospital association, 2 members from the list of hospital administrators or trustees submitted by the Michigan osteopathic hospital association, and 2 members at large. In the case of appointments made upon nomination of the Michigan hospital association, at least 1 shall be that of a licensed physician and 1 shall be that of a registered nurse. In the case of appointments made by the Michigan osteopathic hospital association 1 shall be a licensed physician. The members of the committee shall serve for 3-year terms, provided that, of those first appointed, 3 shall be appointed for 1 year, 3 for 2 years, and 3 for 3 years. The

hospital committee shall meet at least semiannually and otherwise at the call of the state health commissioner or upon petition of the majority of then members.

History: 1954 AC; 1979 AC.

R 325.1003 Advice of state council of health.

Rule 3. If there should be substantial disagreement between the state health commissioner and the hospital committee, the state health commissioner, either upon his own initiative or at the request of the committee, shall present the matter to the state council of health, his statutory advisory body.

History: 1954 AC; 1979 AC.

R 325.1004 Special technical consultants.

Rule 4. The state health commissioner may appoint such special technical committees or consultants as may from time to time be indicated.

History: 1954 AC; 1979 AC.

R 325.1005 Hearings.

Rule 5. (1) Any hospital aggrieved by any decision of the state health commissioner shall upon request be granted a hearing.

(2) Except in matters concerned with the spread of communicable disease, the state health commissioner shall, in cases of proposed denial or revocation of a license, present his preliminary decision and reasons therefor to the parties concerned, and provide an opportunity for a hearing.

(3) Hearings required or requested under the terms of these rules shall be held by the state health commissioner or his authorized representative.

(4) The commissioner's hospital committee shall be notified of and invited to attend all hearings.

(5) The hearings will be informal, and full opportunity will be given all concerned to question the state health commissioner or his representative.

(6) After the hearing, the state health commissioner will ask the advice of his hospital committee as to the disposition of the case.

(7) If the state health commissioner is unable to accept said advice, he shall present a summary of all facts, together with the advice of the hospital committee, to the state council of health before making a final decision.

History: 1954 AC; 1979 AC.

PART 2. LICENSURE AND REPORTS FOR MATERNITY HOSPITALS

R 325.1011 Original and renewal applications.

Rule 11. As provided in section 3 of Act No. 231 of the Public Acts of 1951, applications to conduct a maternity hospital shall be submitted to the state health commissioner. All applications shall be completed in full.

History: 1954 AC; 1979 AC.

R 325.1012 Display of current license.

Rule 12. The current license shall be displayed in a conspicuous place in the hospital.

History: 1954 AC; 1979 AC.

R 325.1013 Return of license.

Rule 13. The maternity license remains the property of the state health commissioner and shall be returned if the license is revoked or the hospital closes.

History: 1954 AC; 1979 AC.

R 325.1014 Rescinded.

History: 1954 AC; rescinded 1954 ACS 24, Eff. June 14, 1957.

R 325.1015 Monthly report.

Rule 15. As provided in Act No. 231 of the Public Acts of 1951, each licensed maternity hospital shall make a monthly statistical report on a prescribed form (H-205) to the state health commissioner.

History: 1954 AC; 1979 AC.

R 325.1016 Confidential maternity report.

Rule 16. Not later than 48 hours after such a child or its mother leaves the hospital, the memorandum which is required by section 4 of Act No. 231 of the Public Acts of 1951, (MH-1) shall be sent in a strong, sealed envelope marked "Confidential" to the State Health Commissioner, Attention: Maternal and Child Health Section, Lansing, Michigan.

History: 1954 AC; 1979 AC.

**PART 3. OPERATIONAL RULES AND MINIMUM STANDARDS FOR ALL
HOSPITAL PHYSICAL
PLANT, FACILITIES, EQUIPMENT, AND OPERATIONS**

R 325.1021 Compliance with law and regulations.

Rule 21. (1) The hospital shall comply with the housing law of Michigan.

(2) The hospital shall comply with the requirements of the state fire marshal.

(3) The hospital shall comply with the state plumbing code.

(4) The hospital shall comply with the requirements of the federal department of health, education, and welfare as set forth in its latest publication entitled "Health Insurance for the Aged--Conditions of

Participation for Hospitals," a copy of which is kept on file in the bureau of medical care administration of the department of public health at Lansing, Michigan.

History: 1954 AC; 1979 AC.

R 325.1022 Water and ice supply.

Rule 22. (1) A public water supply shall be used if available.

(2) The location and construction of a well, and the operation of the system, shall comply with standards approved for public water supplies by local and state health departments.

(3) The entire plumbing system and all plumbing facilities shall be so designed and maintained that the possibility of back-flow or back-siphonage shall be reduced to a minimum.

(4) There shall be no physical cross-connection between water supply systems that are safe for human use and those that are or may at any time become unsafe for human use.

(5) All ice used in contact with food or drink shall be clear manufactured ice made from water from a source approved by the state and local health departments and handled in such a manner as to prevent contamination.

(6) All ice containers shall be kept clean.

History: 1954 AC; 1979 AC.

R 325.1023 Sewage, garbage, and waste disposal.

Rule 23. (1) All liquid waste shall be discharged into a public sewage system whenever available.

(2) When a private sewage disposal system is required, the type, size, and construction shall meet with the approval of the local and state health departments.

(3) The collection, storage, and disposal of all garbage shall be done in a manner that will not permit the transmission of a communicable disease, create a nuisance, or provide a breeding place for flies or rodents.

(4) Containers for garbage shall be watertight, have tight-fitting covers to prevent the entrance of flies, and be rodent-proof.

(5) Garbage containers shall be emptied at frequent intervals and thoroughly cleansed and aired before further use.

(6) Facilities shall be provided for the disposal of infectious dressings, surgical and obstetrical wastes, and similar materials by incineration or in a manner approved by the state health commissioner.

History: 1954 AC; 1979 AC.

R 325.1024 Laundering and sterilization of linens; sterilization of instruments and utensils.

Rule 24. (1) The hospital shall make arrangements for the laundering of linens and other washable goods.

(2) There shall be provision for the sterilization of dressings, utensils, instruments, and water.

(3) The hospital shall maintain a check on the performance of all sterilizing equipment.

(4) Special precautions shall be taken so that sterile supplies may not be mixed with unsterile supplies.

History: 1954 AC; 1979 AC.

R 325.1025 Heating and ventilating.

Rule 25. (1) The temperature in patients' rooms shall be maintained at approximately 72 degrees Fahrenheit throughout the heating season.

(2) A minimum temperature of 75 degrees Fahrenheit shall be maintained in all hospital nurseries.

(3) The hospital ventilating system shall be regulated so that objectionable drafts shall not be created.

History: 1954 AC; 1979 AC.

R 325.1026 General maintenance.

Rule 26. (1) Equipment, floors, walls, and ceilings shall be kept clean.

(2) Food service areas, all equipment, and work surfaces shall be kept clean.

(3) Handwashing facilities shall be convenient to each food preparation or serving area:

(a) Tempered running water, soap, and towels shall be available in all kitchens, including diet kitchens, and in washrooms used by food handlers.

(b) The use of a common towel is prohibited.

(4) Food storage areas and refrigeration shall be provided:

(a) Storerooms shall be clean and well ventilated.

(b) Stored food shall be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, and other sources of contamination.

(c) Refrigerated storage space shall be kept at approximately 40 degrees Fahrenheit.

(d) A reliable thermometer shall be installed in each refrigerator.

(e) Refrigerators shall be kept clean.

- (f) Prepared foods shall be kept covered.
- (5) All dishes and utensils used in storage, preparation, or serving of food and drink shall be sanitized and kept clean:
 - (a) The use of dish towels for drying dishes is forbidden.
 - (b) Kitchens and utility rooms shall be provided as needed.
- (6) Whenever insects are prevalent all used openings to the outside shall be screened with wire screen or its equal with not less than 16 meshes per lineal inch.
- (7) Insects, such as flies, roaches, and mosquitoes, shall be properly controlled. All breeding places for flies and mosquitoes shall be eliminated from the premises.
- (8) All openings where rats or mice may gain entrance to the building shall be screened or safely guarded to prevent entrance of such rodents. All rodent control programs shall be carried on in a safe manner.

History: 1954 AC; 1979 AC.

R 325.1027 Patient care.

- Rule 27. (1) All persons admitted to a hospital shall be under the continuing daily care of a physician licensed to practice in Michigan.
- (a) The hospital shall require that an admitting diagnosis be recorded promptly on each patient.
 - (b) There shall be a written hospital policy denoting when consultation should be held. Consultation shall be recorded.
 - (c) No medication or treatment shall be given to any patient except on the written order of a physician.
 - (d) Verbal orders for medication, whether given over the telephone or otherwise, shall be written into the record as such.
 - (e) Verbal orders, whether given over the telephone or otherwise, shall be received only by a person or persons approved and authorized by the administrator and by the medical staff, and shall be indicated as verbal orders, initialed by the physician's initials per the receiver's initials and countersigned by the physician at the time of the next visit.
- (2) The hospital shall provide personnel, space, equipment, and supplies for routine laboratory analyses. It shall utilize regularly the services of an experienced pathologist for the examination of tissue suspected of being diseased, except tonsils, removed at operations.
- (3) Equipment shall be provided for diagnostic radiographic examinations. The hospital shall require that the responsibility for film interpretation and the proper protection against radiation, electric shock, and combustion of stored film shall be assigned to the general supervision of a licensed physician with training or experience in radiology.
- (4) The hospital shall employ professional and auxiliary personnel to give patients necessary services.
- (a) The nursing service shall be in the charge of a graduate nurse registered to practice in Michigan.
 - (b) Each nursing shift shall be personally supervised by a graduate nurse registered to practice in Michigan.

(c) Personnel assigned to the maternity service, including the formula room, and all food handlers shall have a written record of pre-employment and annual physical examination.

(i) Persons found upon examination to have conditions dangerous to patients shall be removed from assignment until recovery.

(ii) All persons with respiratory, skin, gastrointestinal, or other communicable infection shall be excluded from working on these services.

(d) Duty in the nursery or in food handling areas shall not be resumed until the administrator or his agent has a medical statement based on appropriate physical examination and tests to the effect that return to duty is safe.

(5) Meals provided for the various types of patients shall be planned in accordance with the recommended daily allowances of the national research council.

(a) Only pasteurized milk and milk products or evaporated or dried milk shall be used.

(b) Meals shall be prepared and served in a sanitary manner.

(c) Food returned from patients' trays is considered contaminated and shall not be re-served.

(6) Rooms for adult patients shall provide a minimum of 80 square feet of floor space per bed. In multiple bedrooms, beds shall be at least 3 feet apart.

(7) There shall be sufficient equipment for care according to the type of patients accepted by the hospital.

(a) Individual linens shall be provided each patient.

(b) A wash basin, emesis basin, bedpan, and when indicated, a urinal shall be immediately available for each patient. Bedside equipment shall be sterilized or sanitized between patients in a manner approved by the state health commissioner.

(c) There shall be at least as many thermometers available as there are patients.

(d) Autoclaves and other sterilizers shall be provided as needed.

(e) Each hospital shall have facilities for blood transfusions.

(f) Each hospital shall have facilities for immediate intravenous therapy and for the administration of parenteral fluids, including blood substitutes.

(8) Rules governing visitors shall be posted in a conspicuous place.

(9) Hospitals shall isolate patients with communicable disease, carriers of communicable diseases, or those suspected of having communicable diseases.

(a) A lavatory and a toilet shall be provided within the isolation area.

(b) The hospital shall make written policies concerning isolation techniques available to all personnel concerned.

History: 1954 AC; 1979 AC.

R 325.1028 Records.

Rule 28. (1) The hospital shall require that accurate and complete medical records be kept on all patients admitted.

(2) Patients' records shall include the following:

(a) Admission date.

(b) Admitting diagnosis.

(c) History and physical examination.

- (d) Physician's progress notes.
- (e) Operation and treatment notes and consultations.
- (f) The physician's orders.
- (g) Nurse's notes including temperature, pulse, respiration, conditions observed and medication given.
- (h) Record of discharge or death.
- (i) Final diagnosis.
- (3) Additional records of patients having surgery shall include the following:
 - (a) Details of the preoperative study and diagnosis.
 - (b) The preoperative medication.
 - (c) The name of the surgeon and his assistants.
 - (d) The method of anesthesia.
 - (e) The amount of anesthetic when measurable.
 - (f) The name of the anesthesiologist.
 - (g) The postoperative diagnosis, including pathological findings.
- (4) The report of special examinations, such as laboratory, x-ray and pathology, shall be kept in the patient's record.
- (5) Medical records shall be preserved as original records, abstracts, microfilms or otherwise and shall be such as to afford a basis for a complete audit of professional information.
- (6) The administrative records of the hospital shall include as a minimum:
 - (a) Records of admissions and discharges.
 - (b) Patient's records.
 - (c) Daily census records.
 - (d) Narcotic register.
 - (e) Statistics regarding number of deaths.
 - (f) Statistics regarding number of autopsies.

History: 1954 AC; 1979 AC.

ADDITIONAL REQUIREMENTS FOR MATERNITY HOSPITALS AND DEPARTMENTS

R 325.1051 Physical plant.

Rule 51. The physical plant shall provide the following in addition to the requirements of R 325.1021, R 325.1022, R 325.1023, R 325.1025, and R 325.1026:

(a) A hospital providing maternity care shall provide for segregation of maternity patients from other patients by section, wing, or floor, except when the director, upon the application of a hospital, grants permission to use surplus maternity beds in the postpartum suite for clean gynecological patients. Such permission shall be subject to the following restrictions:

(i) The hospital shall have registered 500 or more births in the preceding calendar year.

(ii) The hospital shall have 3 or more postpartum maternity beds over and above the number required to provide adequately for all postpartum patients as determined by the director.

(iii) The hospital shall have maintained a minimum 85% average occupancy in its medical or surgical beds in the preceding year.

(iv) The average length of stay for all patients shall not exceed 9.0 days in the preceding calendar year, except that a hospital with a higher average length of stay shall be given an opportunity to justify its longer average length of stay when a denial is based on this standard.

(v) The hospital shall be free from major physical plant or operational deficiencies and items of noncompliance as determined by the director.

(vi) The hospital shall have submitted a written plan, acceptable to the director, which demonstrates to his satisfaction that alternatives, such as consolidation of hospital obstetrical and newborn services in the

community or the reduction of postpartum maternity beds by assignment of surplus beds to another nursing unit, are not feasible or practical. The plan shall designate the rooms and beds to be utilized by clean gynecological patients, and indicate that such patients admitted to the surplus postpartum beds will not be patients with active infection, either acute or chronic; frank malignancy other than carcinoma in situ; patients admitted for radiotherapy; or patients already in the hospital who are on any other service, including the gynecological service.

(vii) The written plan submitted by a hospital shall be acceptable to the director from the standpoint of protecting the health of mothers and babies, as well as other hospitalized patients, and shall demonstrate the development and implementation of effective medical and administrative controls to carry out the plan.

(viii) The plan, if approved by the director, shall be in effect during the license year in which it is issued. Requests for extension of the plan, or any modification thereof, shall be submitted annually to the

director with a hospital's application for renewal of licensure and certification.

(b) Separate toilet facilities shall be provided for maternity patients.

(c) There shall be a separate delivery room.

(d) Separate nurseries shall be provided unless complete facilities for "rooming-in" are available.

(e) Each nursery shall have a minimum floor space of 24 square feet per bassinet. Bassinets shall be placed not less than 2 feet apart with a minimum of 3 feet between rows.

(f) A private room with a lavatory and a toilet shall be available for the isolation of any mothers with infection, fever, or diarrhea.

(g) There shall be an isolation nursery or a private room with running water available for the isolation of infants.

History: 1954 AC; 1979 AC.

R 325.1052 Minimum policies.

Rule 52. The following minimum policies shall be established and observed:

(a) The hospital shall require that there be staff policies regarding the use and administration of analgesics and anesthetics, and the policies shall be posted in all delivery units.

(b) The hospital shall require that there be staff policies concerning the use of pituitrin extracts and other oxytocics during each of the 3 stages of labor, and the policies shall be posted in all delivery units.

(c) The use of analgesics, anesthetics, pressure on the fetal head, or holding the mother's legs together to prevent birth before the arrival of the doctor is prohibited.

(d) All newborn infants born outside the hospital, infants with infection, or infants with conditions potentially harmful to others shall be admitted to the isolation nursery or private room with running water in the obstetric or pediatric department, and shall never be transferred to the well-baby nursery.

(i) The state health director may designate a hospital to maintain a neonatal intensive care unit or special newborn nursery unit as part of the department's regional perinatal intensive care program.

(ii) The unit shall be under the direction of a physician who is a board eligible or certified neonatologist, or whose experience, qualifications, and training are accepted in writing by the state health director. The unit shall be under supervision of a nurse prepared at the master's level in maternal and infant care, or whose experience, qualifications, and training are accepted in writing by the state health director.

(iii) The state health director may authorize the neonatologist or physician director to transfer convalescent infants to the hospital's newborn nursery, or the newborn nursery of another hospital, pursuant to a written plan approved by the neonatologist or physician director, the

governing bodies of the involved hospitals, and the state health director.

(e) A patient who is pregnant may be admitted to the maternity department during any stage of pregnancy, including an ectopic pregnancy, or following abortion.

(f) Any mother with infection, fever, or diarrhea shall be isolated in a separate room which is equipped with a lavatory and a toilet.

(g) Whenever it becomes necessary for the same nursing personnel to care for both well and infected mothers or infants or other than obstetric patients, individual isolation techniques shall be employed.

(h) A graduate nurse registered in Michigan shall supervise the care given in the maternity department.

(i) All personnel entering the nursery, including physicians and cleaning people, shall be free from the symptoms of infection, fever, and diarrhea, and shall wear clean, fresh gowns.

History: 1954 AC; 1979 AC.

R 325.1053 Required equipment and supplies.

Rule 53. The hospital shall provide all of the following equipment and supplies:

(a) Equipment for individual breast care.

(b) Equipment for individual perineal care.

(c) All of the following items for the immediate care of the newborn infant shall be assembled in the delivery room:

(i) An incubator or heated bed.

(ii) A warm sterile receiving blanket.

(iii) Available oxygen.

- (iv) A suction device for the gentle aspiration of the pharynx and trachea.
 - (v) A newborn eye prophylaxis, as specified in R 325.60, which is kept in the original and dated container.
 - (vi) Equipment for the care of the cord.
 - (vii) Identification equipment.
- (d) All nurseries shall be equipped for individual care of the infants in their bassinets and shall contain all of the following:
- (i) A 24-hour supply of linen provided by the hospital.
 - (ii) A lavatory with tempered running water.
 - (iii) Soap and individual towels in a towel dispenser.
 - (iv) Hampers for soiled linen other than diapers.
 - (v) Receptacles for soiled diapers with impervious liners and foot-controlled covers.
 - (vi) A suction device for the gentle aspiration of the pharynx and trachea.
 - (vii) Available oxygen.

History: 1954 AC; 1979 AC; 1979 ACS 8, Eff. Oct. 31, 1981.

R 325.1054 Postdelivery procedures.

Rule 54. The following techniques shall be observed in the immediate care of newborn infants:

- (a) The eyes of the newborn infant shall be treated within an hour after birth with a newborn eye prophylaxis as specified in R 325.60. The prophylaxis is to be kept in the original and dated container. Outdated approved eye medication shall not be used.
- (b) Every infant shall be identified by 1 or more of the reliable methods in common use before the infant is removed from the delivery room. This information shall be sufficient to identify the infant with 1 mother only. If written tags are used, identification shall be in waterproof ink.
- (c) Provision shall be made for keeping the infant warm and protected from exposure to infection during transit from the delivery room to the nursery and at any other time the baby is removed from the nursery.

History: 1954 AC; 1979 AC; 1979 ACS 8, Eff. Oct. 31, 1981.

R 325.1055 Nursery procedures.

Rule 55. The following procedures shall be observed in nurseries:

- (a) If nursery lavatory faucets are not elbow, foot, or knee controlled the water shall be left running during all periods of infant care or sterile paper lifters shall be used each time the hands manipulate the faucet control.
- (b) Each bassinet shall be marked with the mother's name and the baby's birth date.
- (c) Each infant shall be given completely individual care in his own bassinet.
- (d) The use of a common carrier for transporting babies is prohibited.
- (e) Receptacles for soiled diapers shall be kept covered.
- (f) An immediate report of inflammation or pus in the eyes of the newborn infants shall be made to the physician in charge and to the hospital administrator.

History: 1954 AC; 1979 AC.

R 325.1056 Formulas and water solutions for infant feeding.

Rule 56. (1) Infant formulas and water solutions prepared in the hospital for use in infant feeding shall be made and used with the following restrictions:

(a) A separate room shall be provided for the preparation of infant formulas and water solutions and shall be reserved for this purpose only.

(b) The formula room shall contain a handwash lavatory with tempered running water, soap, and individual towels in a towel dispenser for hand-washing.

(c) The formula room shall have a double compartment sink with hot and cold running water for use in the preparation of infant formulas and water solutions.

(d) The formula room shall contain enclosed cabinets for storage of supplies used in the preparation of infant formulas and water solutions.

(e) Cleaning supplies used in the formula room shall be stored in a separate cabinet clearly identified for this purpose only.

(f) A refrigerator shall be available exclusively for the storage of infant formulas and water solutions requiring refrigeration.

(g) After nipples and capping each individual unit of infant formula or water solution prepared in the formula room, the unit shall be subjected to a terminal sterilizing process at a minimum of 230 degrees Fahrenheit at 7 pounds pressure for 10 minutes.

(h) Nipples shall not be changed following sterilization. Provision shall be made to protect the sterility of the units in transportation from the formula room to the infant.

(i) The sterility of infant formulas and water solutions prepared in the formula room and the attached nipples shall be checked by bacteriologic methods at least once a month.

(j) Records of the bacteriologic check of infant formulas and water solutions prepared in the formula room and the attached nipples shall be maintained for 1 year from the date of bacteriologic check.

(k) The hospital shall develop and have available written policies for the preparation, storage, distribution, and use of infant formulas and water solutions prepared in the formula room.

(2) Commercially prepared and prepackaged infant formulas and water solutions used for infant feeding shall be used with the following restrictions:

(a) The director of public health shall approve each type of packaged unit of commercially prepared and prepackaged infant formula and water solution before it can be used for infant feeding.

(b) Disposable components of commercially prepared and prepackaged infant formula and water solution units shall not be reused.

(c) Enclosed cabinets shall be provided for the short-term storage of commercially prepared and prepackaged infant formulas and water solutions removed from their original shipping carton and not requiring refrigeration.

(d) Nipples shall not be changed following assembly of commercially prepared and prepackaged infant formula and water solution units.

(e) A refrigerator shall be available exclusively for the storage of infant formulas and water solutions requiring refrigeration.

(f) Provision shall be made to protect the sterility of the commercially prepared and prepackaged formula and water solution units in transportation from the point of unit assembly to the infant.

(g) The hospital shall develop and have available written policies for the storage, assembly, distribution, and use of commercially prepared and prepackaged units of infant formula and water solution used for infant feeding.

History: 1954 AC; 1979 AC; 1979 ACS 6, Eff. Apr. 10, 1981.

R 325.1057 Care of mothers.

Rule 57. The care of mothers shall include:

- (a) Individual perineal care.
- (b) Individual breast care.

History: 1954 AC; 1979 AC.

R 325.1058 Mothers' records.

Rule 58. (1) Mothers' records shall contain:

- (a) Past history, including:
 - (i) Number, complications, and outcome of all previous pregnancies.
 - (ii) Number of now living children.
 - (iii) Type of previous deliveries.
 - (iv) Birth weights of infants.
 - (v) Date of delivery of last viable fetus.
 - (vi) Significant past medical and family history.
 - (vii) Weight before present pregnancy.
 - (viii) Weight gain during this pregnancy.

(b) The following information about the present pregnancy and labor:

- (i) Prenatal complications.
- (ii) History of recent exposure to communicable disease or diarrhea or other communicable disease in the mother or family.
 - (iii) Time of onset of labor.
 - (iv) Frequency and intensity of contractions.
 - (v) Condition of the membranes.
 - (vi) Any symptoms of toxemia.
 - (vii) Amount and character of any bleeding.
 - (viii) Time and amount of last meal.

(2) Except in emergencies, the patient's admission examination shall record the following information:

- (a) Temperature, pulse, respiration and blood pressure.
- (b) Weight.
- (c) Skin lesions, degree of edema, condition of the throat, lungs, and heart.
- (d) Presentation and position of the fetus.

- (e) The rate and character of the fetal heart.
 - (f) A urine analysis.
 - (g) An estimation of the degree of engagement of the presenting part and the amount of cervical effacement dilation.
 - (h) A determination of the pelvic measurements, if not already done.
- (3) A delivery room record book shall be maintained with chronological entries of all deliveries including items pertinent to the history of each delivery.
- (4) Each maternity record shall contain a physician's signed report of the physical condition of the mother immediately before she is discharged from the hospital.

History: 1954 AC; 1979 AC.

R 325.1059 Infants' records.

Rule 59. (1) Records of infants shall include information sufficient to duplicate a birth certificate. This information shall be recorded in ink within 48 hours after the birth of each infant.

(2) The record of each newborn infant shall contain the physician's signed report on the physical condition of the infant immediately before the infant is discharged from the hospital.

(3) Infants' records shall be separate from mothers' records.

History: 1954 AC; 1979 AC.

R 325.1060 Additional requirements for tuberculosis hospitals and other communicable disease units.

Rule 60. (1) General requirements:

(a) The superintendent or medical director of any tuberculosis hospital shall be a physician, licensed to practice in Michigan, or eligible for licensure, whose training and experience in the care and treatment of tuberculosis is approved by the state health commissioner and whose vocation is restricted to the interests of the institution, the control of tuberculosis, or the practice of public health. He shall be responsible for the proper and adequate care of the tuberculosis patients admitted to the facility.

(b) The administrator of a nontuberculosis hospital shall be responsible for the effective carrying out of all applicable rules in communicable disease units of such hospital.

(2) Housekeeping requirements:

(a) Dry dusting and sweeping shall not be permitted.

(b) The medical director or administrator in the tuberculosis or nontuberculosis communicable disease care units shall make arrangements for the instruction of employees in the proper handling of linens, instruments, and utensils, and in protective techniques.

(c) Employees handling contaminated linens shall wear washable clothing and isolation gowns and masks when handling this material.

(3) Dietary requirements:

(a) The equipment in the food service department shall be adequate for efficient and safe food service.

(b) Employees' dishes shall be readily identifiable from patients' dishes.

(c) Dishwashing shall be handled in such a manner as to preclude the transmission of disease on dishes and utensils.

(4) Facilities:

(a) Fluoroscopy shall be available in tuberculosis hospitals.

(b) Facilities shall be available for all recognized therapy.

(c) There shall be a laboratory within the institution registered with the Michigan department of health under the provisions of Act No. 45 of the Public Acts of 1931.

(d) There shall be adequate provision for the performance of routine dental services for patients.

(e) A locker and dressing room shall be provided for the changing of uniforms and for leaving outside wraps:

(i) This dressing room shall be separate from the nursing unit.

(ii) There shall be adequate handwashing facilities.

(f) There shall be separate toilet facilities for patients and personnel:

(i) All toilet rooms shall have handwashing facilities.

(ii) Patient toilet facilities shall not be used by visitors.

(iii) The use of spring-loaded valves or faucets in handwashing facilities is prohibited.

(g) Each lavatory in patient care, laboratory, and x-ray areas shall be equipped with a gooseneck water supply pipe and foot, knee, or elbow controlled valves.

(h) Each nursing unit shall have a room for gowns. This room shall have a complete handwashing facility.

(5) Patient care:

(a) Patients in whom the diagnosis is not clearly established, and those known to be free of communicable diseases, shall be hospitalized apart from those with known communicable diseases.

(b) Materials for sputum disposal shall be available at the bedside. These shall include: (1) a supply of impervious tissues, (2) a bag for tissue disposal, and (3) a sputum cup when necessary.

(i) Used materials shall be collected and incinerated at least daily.

(ii) The attendant carrying out these procedures shall wear protective clothing and mask and practice good handwashing procedures.

(c) Techniques shall be such as to protect personnel from sensitizing drugs used in the treatment of patients.

(6) Records:

(a) Progress notes shall be written at sufficiently frequent intervals to record significant events and changes in the clinical course and at the time of such physical or x-ray examinations as may be performed.

(b) There shall be complete records of employee health programs.

(c) Each hospital treating tuberculosis patients shall send a monthly report (K-80 form supplied by the Michigan department of health) to the Michigan department of health covering all information requested.

(7) Employee and patient protection:

(a) There shall be written policies and techniques designed for the protection of all personnel.

(b) There shall be routine instruction for patients and orientation for employees whereby they are informed as to the nature and hazards of tuberculosis or other communicable disease cared for so as to better protect all involved from the transmission of communicable disease. This program shall be on a continuing basis and shall include, where applicable, instruction as to hospital rules, procedures, policies and practices.

(c) There shall be protective routines for visitors.

(d) Isolation gowns and masks shall be worn when giving care to patients or when working with contaminated equipment or material or in contaminated areas. Masks, when worn, shall cover the mouth and nose and shall be changed as soon as they become moist, but in no case shall be worn longer than 1 hour.

(e) Receptacles for clean and contaminated masks shall be provided and masks once removed shall not be re-worn until they have been laundered and sterilized.

(f) At necropsy, the examiners and observers shall wear proper protective clothing.

(g) All employees shall have, at the time of employment, an initial examination that includes a tuberculin test, unless there is a record of a previous reaction to tuberculin; a chest x-ray examination; a serological test for syphilis; and any other indicated examinations.

(h) All employees who are in contact with patients, patients' rooms, and laboratories, or fomites, shall have a chest x-ray at least every 6 months, except that such employees who are tuberculin negative shall receive the tuberculin test in lieu of the x-ray until such time as they are observed to react.

History: 1954 AC; 1979 AC.

R 325.1071 Definition of hospital.

Rule 71. A hospital is:

(1) An establishment which meets the definitions of a maternity hospital as given in Act No. 263 of the Public Acts of 1913, being S331.401 et seq. of the Michigan Compiled Laws.

(2) An establishment offering in-patient services and physical facilities to 4 or more nonrelated individuals requiring diagnosis, treatment, or care for a period of more than 24 hours. Such establishment

shall make readily available therein at least clinical laboratory and diagnostic x-ray services, as well as facilities for definitive medical and surgical treatment.

(3) An establishment offering in-patient services and physical facilities in one of the recognized medical specialties to 4 or more nonrelated individuals requiring diagnosis, treatment, and continuing

daily care of physicians licensed to practice in Michigan, which establishment shall make readily available therein facilities necessary for definitive treatment in the recognized speciality; provided that the Michigan department of health's written evaluation of the establishment shall be reviewed by the commissioner's hospital

committee, favorably recommended to the commissioner, and subsequently approved by him before certification.

History: 1954 AC; 1979 AC.

R 325.1081 Additional requirements for hospitals.

Rule 81. (1) The medical care available for children in the hospital shall be found to be satisfactory in the judgment of the chief of the bureau of maternal and child health of the department.

(2) Patients 12 years of age and under shall be cared for in a pediatric unit which meets the following requirements:

(a) It shall be segregated from the adult unit and consist of at least 2 rooms.

(b) Each room shall have a hand wash lavatory with gooseneck outlet and wrist, knee or foot controls.

(c) At least 1 room shall be available for use as an isolation room and shall have a toilet in addition to the lavatory for handwashing.

(d) A multipatient room shall provide a minimum of 80 square feet of floor space per bed or crib, and a single room shall provide 100 square feet of floor space per bed or crib.

(e) A multipatient room shall provide a minimum work clearance of 3 feet around beds, cribs, and bassinets.

(f) A room used for bassinets shall provide a minimum area of 40 square feet per bassinet.

(3) A pediatric unit of 16 beds or more shall meet the following additional requirements:

(a) A graduate professional nurse currently registered in this state shall be assigned to the unit at all times and be responsible for nursing care in the unit.

(b) The unit shall have a separate nursing station.

(c) The unit shall have utility rooms.

(d) The unit shall have a room for examinations and treatments.

(e) The unit shall have a playroom.

(f) The unit shall have bathroom facilities.

(g) The unit shall have provisions for storage and distribution of food and nourishment.

(h) The unit shall provide space for storage and a janitor's closet shall be located in the unit or close by.

(4) A hospital providing care for premature infants shall have at least 2 incubators and other equipment, facilities, and personnel necessary to adequately care for these infants.

History: 1954 AC; 1979 AC.

R 325.1100 Licensing of hospitals.

Rule 100. (1) Until such times as rules are promulgated under the authority of section 5 of Act No. 17 of the Public Acts of 1968, licensing of all hospitals shall be

based upon compliance with the minimum standards for hospitals set forth in R 325.1001 to R 325.1081 of the Michigan Administrative Code.

(2) An application for a license shall be made on forms authorized and provided by the director of public health and shall be completed in full.

History: 1954 AC; 1979 AC.