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## Chhattisgarh Nursing Home & Health Care Establishment Act, 2007 (Draft)

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**Short title, extent and commencement:**

**Section 1**

**Rules**

1. (I) These rules may be called the **Chhattisgarh Nursing Home & Health Care Establishments Act, 2007**.
2. They shall come into force from the date of their publication in the Official Gazette.
3. These rules shall apply to the whole of Chhattisgarh.

**Section 1**

**Definitions**

In the rules, unless there is anything repugnant in the subject or context:-

1. “ The Act “ means the Chhattisgarh Health Care Establishments Registration Act, 2007
2. Appendix means appendix to these rules;
3. “Appropriate authority” means the Council, the Body, the University or Board approved by the State or Central Government granting registration to particular discipline like Allopathic, Homeopathic, Ayurvedic, Acupuncture, Naturopathy or Unani system of medicine for such purpose;
4. “C.M.H.O” means the Chief Medical and Health Officer of the district with in which the local area is comprised ;
5. “D.D.H.S.(Administration)”means the Deputy Director of Health Services or any other officer equivalent to the rank of Deputy Director of Health Services as the State Government may by Notification in the Official Gazette specify;
6. “D.H.C.” means The District Health Committee constituted under section 5Bof the Act;
7. “Raipur” means the Raipur as defined in the capital of the state Chhattisgarh.
8. “Package” means a group of facilities towards investigation, treatment or management with clear item wise explanation wrapped under a fixed price to be provided to the beneficiaries.
9. ‘Infectious Disease ‘ means a disease which a Registered Medical Practitioner is required to notify to the Medical and Health Officer of his area under the law for the time being in force;
10. Notifiable disease means “a notifiable disease which a Registered Medical Practitioner is required to notify to the Medical and Health Officer of his area under the law for the time being in force”.
11. **Recognized System of Medicine:** means Allopathy, Ayurveda, Homoeopathy, Unani, Siddha, Yoga, and Naturopathy system of medicines or any other system of medicine as may be recognized by the Central Government.

12. **Maternity Homes** “any premise used or intended to be used for the reception of pregnant women for delivery; this would exclude those not having OT. They should have gynecologist/ surgeon, anesthetist, pediatrician on panel.
13. **Nursing Home** means “ a place where patients are treated as inpatients with facilities for admission as inpatients for treatment of illness without or with surgery or conduct of delivery and also includes other gynecological operations where women are received or accommodated for the purpose of sterilization, hysterectomy, or medical termination of pregnancy etc. with or without overnight inpatient facilities”. Nursing Home would include “any inpatient medical clinic, nursing home, maternity home, hospital, old age homes, day care centers (any intervention which would require observation and ongoing care/ monitoring).
14. The word **“HOSPITAL”** can be inserted in nomenclature of a clinical establishment having not less than **10** beds where treatment facilities in all the discipline or a particular discipline are sufficiently available with necessary infrastructure for **any type of emergency management during day and night.**
15. **“Clinical Establishments/ Health Care Establishment”** means –
  - (i) a hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities with beds requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognized system of medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or
  - (ii) a place established as an independent entity or part of an establishment referred to in clause (i), in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment, are usually carried on established and administered or maintained by any person or body of persons, whether incorporated or not,
 and shall include a clinical establishment owned, controlled or managed by,-
  - (1) the Government or a department of the Government;
  - (2) a Trust, whether public or private
  - (3) a Corporation (including a cooperative society) registered under a Central Provincial or State Act, whether or not owned by the Government;
  - (4) a local authority; and
  - (5) a single doctor establishment

but does not include the clinical/ health care establishments owned, controlled or managed by the Armed Forces.

**Explanation** – For the purpose of this clause “Armed Forces” means the forces constituted under the Army Act, 1950, the Air Force Act, 1950 and the Navy Act, 1957

16. The word “**RESEARCH**” means the nomenclature of a clinical establishment under this Act, under a subject of definite Research proposal (s) is are submitted along with the application for registration and if such a proposal is submitted at all, yearly progress in that field with observation of an expert in that specialty must be submitted to the licensing authority for onward transmission to the Ethical Committee.
17. **Medical Laboratory means** “an establishment where bio – medical tests such as hematology, biochemistry, serological tests, bacteriological cytology, histology, genetic investigation or any other diagnostic tests are carried out, which should be manned by academically qualified Pathologist, Radiologist etc.
18. Imaging centre is an establishment where Radiological, sonography, colour Doppler, Echocardiography, CT scan, MRI diagnostic tests are carried out, which should be manned by qualified pathologist, Radiologist etc.
19. Clinical Establishments: The keeper or owner of the Clinical establishments shall fulfill at all times the requirements of a Clinical Establishment as specified in **Annexure - B (Section 16 Rule 18)**
20. **Qualified medical practitioner** “a medical practitioner registered under the relevant Medical Act in force” It would mean “a person who possesses any of the recognized medical qualifications and who has been enrolled in the register of the respective Medical Council. Viz., Allopathy, Dental, Homeopathic and Board of Indian Medicine or any such council, Board or any other statutory body recognized by the government of Chhattisgarh”. Allopathy –Indian Medical council act 1956 Ayurved, Unani and sidhha – Indian Medicine Central Council Act 1970 Homeopathy Homeopathy central council act 1973.
21. **DMO (Duty Medical Officer)/ Residential Medical Officer** is a residential Doctor working in Nursing home engaged for particular discipline like Allopathic, Homeopathic, Aurvedic, Unani system of medicine with requisite qualifications and registration under Government recognized council, for the particular discipline for which nursing home is set up.
22. **Qualified Nurse** - Nurse, midwives and Health Visitors trained in an institute recognized under Chhattisgarh Nursing Council.
23. **Jeevan Deep Samiti:** Jeevan Deep Samitis are management committee of local level responsible for management of public health delivery system through people’s participation and guiding the hospitals to reach the Indian Public Health Standards (IPHS) standards and an improved quality of service delivery. This committee, which would be a registered society, acts as a group of trustees for the hospitals to manage the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector who are responsible for proper functioning and management of the hospital / Community Health Centre / FRUs. Jeevan Deep Samiti is free to prescribe, generate and use the funds

with it as per its best judgement for smooth functioning and maintaining the quality of services.

24. Appellate authority – State Competent authority at state level.
25. Company – Corporate body, trust or society running the hospital.
26. The words and expressions used in these rules and not defined shall have the meaning respectively arranged to them in the Act.
27. The names of the clinical establishments shall be **entered in the Register** in the order in which the applications of registration and for the grant of license are admitted and sufficient space shall be left for future additions and alterations in respect of the entries made about the establishment.

## **Section 2**

### **a) 1. State Level Body:**

A state level regulatory body shall be formed under the Act where the key regulators are appointed by an independent process and they nominate one person full time to regulate the district level regulatory body.

### **2. Members of State Level Body:**

- |                                |          |
|--------------------------------|----------|
| i. DHS or its equivalent       | Chairman |
| ii. JD (HA) will be Secretary  | Member   |
| iii. DME or his representative | Member   |
| iv. DISM                       | Member   |
| v. Representative from IMA     | Member   |

### **b) Local Supervisory Authority**

1. The Chief Medical and Health Officer (CMHO) of the district or its equivalent would be the Authority for purpose of grant of registration under this Act.
2. The Superintendent of District Hospital/DHO of the district shall be the District Registrar of Clinical Establishments.
3. The Local Supervisory Authority should comprise of the following members for inspection/ monitoring and recommendation for the grant of License.
  - a) Govt. representative of Health departments
  - b) Réprésentation from Professional bodies (Maximum Two). One from Allopathy and another from DISM
  - c) Representation from local public/ gentry. (Should be a member of District Jeevan Deep Committee) (One)
  - d) Representative of Registered Consumers Protection Association. (one)
  - e) Representative of Nursing Staff either from private or Government. (one)

- f) Representative of local Nursing Home Association. (President or, his representative from local Nursing Home Association) (one)
4. a) On the recommendation of the Local Supervisory Authority and scrutinizing the application for registration and for the grant of License, or for their renewal, or amendment, or for a duplicate of the license, if the original is lost or destroyed the District Authority under the Act would be the Authority for the purpose of the grant of registration under this Act.
- b) In case of any grievance regarding the recommendation of the Local Supervisory Authority, the State Level Body can take the matter for further examination.

### **Section 3**

#### **Prohibition to carry on nursing home without registration**

No person should run or carry on a nursing home unless it has been duly registered in respect of the Act has not been cancelled under section – 7 of the Act. Provided that nothing in this section shall apply in case of nursing home which is in existence at the date of commencement of this act, for a period of three months from such date or if application for registration is made within that period in accordance with the provisions of section 4 until such application is finally disposed off.

### **Section 4**

#### **Application and applicant for registration**

1. Every person intending to run/ carry on a nursing home shall make an application for registration and after 2 years on renewal of registration to the supervising authority provided that in the case of a nursing home which is in existence at the date of the commencement of this Act an application for registration shall be made within three months from such date.
2. Every application for registration or the renewal of registration shall be made on such date and in such form and shall be accompanied by such fee, as may be prescribed.
3. If the applicant submits an application for renewal of registration after one month from the expiry of the date of registration, such application shall be treated as a case of new registration. Such application shall not be treated as a case of renewal of registration and shall be accompanied by a late fee payment for registration as prescribed in the rate list, however such application after 3 months of the date of expiry shall be treated as application for new registration.
4. Registration of new and existing nursing home must be completed within 6 month from the date of commencement of the Act. No new nursing homes will be permitted to open before the registration as per the Act, once it is enacted. When an individual applies for registration the authority should process and clear his application within a period of 90 days.
5. In case the application is made on behalf of a Company, Society, trust, Association or other body corporate the name & residential address of the person in charge of the

management of such Company, Society, Association or Body Corporation should be given. This is applicable only when the application is made on behalf of a Company, Society, association or other body corporate. In case of a nursing home the application should be made by the applicant who is running the nursing home. **The person supervising the nursing home must be a qualified and registered medical practitioner.**

## **Section – 5**

### **Details of certificate of registration**

#### **Section 5 (1)**

#### **Provided that LSA may refuse to register the applicant if it is satisfied**

1. That the nursing home is not under the management of a person who is holding a degree in medical sciences and who is resident in the home or that there is not a prescribed proportion of qualified nurses employed in the nursing home to the number of patients in it; or
2. That in the case of a maternity home it has not got on its staff a qualified midwife or
3. That the area of the premises of the nursing home is less than the prescribed area;
4. That the number of beds available in the nursing home exceeds than those prescribed

#### **5. That the nursing home is owned or is under the management of a Government Medical Officer;**

**The registration certificate should be displayed at a conspicuous place in the nursing home.**

#### **Section 5 (2)**

No registration for Nursing home shall be granted unless the LSA is satisfied that the applicant and the Nursing home fulfill the following conditions;

1. The person supervising the Nursing Home is a qualified and registered medical practitioner.
2. Application (Form B) shall be filled in with the particular name of the applicant and not with the name of Registered Firm, Company or Partnership Organization so that responsibility of the nursing home shall be fixed upon a particular person. So in case of a Firm, Company or a Partnership Organization, the name of a person from amongst the Directors, Partners or Owners, that may be the Applicant, shall be specified through a resolution of the personnel in the management of such Firm, Company or Partnership Organization.

3. The Premises and equipments are reasonably suitable and adequate with a stock of emergency and lifesaving drugs.
4. The nursing home adheres to all the following minimum standards as prescribed in annexure A.
5. Proportion of qualified nurses to the beds in nursing home.
6. Change of user certificate from housing society if nursing home is in premises of housing society.

### **Procedure for granting registration or renewal of registration**

#### **Rule 6**

1. The LSA on receiving the application form and other details must check the application for compliance with all requirements provided.
2. After the LSA is satisfied that the applicant has complied with the requirements as mentioned in the Act and the Rules, the LSA should ensure inspection of the nursing home by persons appointed by LSA to verify the adherence to standards prescribed.
3. The LSA shall dispose of every application received within **six months** from the date of receipt of application. The nursing home would be deemed to have been registered in case there is no response from the LSA in six months from the date of application.
4. A certificate of registration issued under this section shall, subject to the provision of section 7, be in force and shall be valid for 2 years from date of issue on which such certificate is issued.
5. In case of non compliance to standards found on inspection, the registration fees will not be refunded.
6. The fees shall be paid by DD to LSA.
7. Occupancy certificate & Permission from the town planning department.
8. Approved plan
9. Receipt of property tax
10. List of Doctors on panel and names of specialists available in nursing home.

#### **Section – 6**

##### **Penalty for non registration**

Whosoever contravenes the provisions of section 3, shall, on conviction, be punished with the fine to **ten thousand rupees**.

## **Section - 7**

### **Refusal or of cancellation of registration**

Subject to the provision of this Act the supervising authority may at any time cancel the registration of a person in respect of any nursing home on provided the clauses mentioned in Section 8 are fulfilled which would entitled it to refuse in application for the registration of that applicant in respect of that home, or on the ground that the applicant has been convicted of an offence under this Act or that any other person has been convicted of such an offence in respect of that home.

## **Section - 8**

### **Notice for refusal or cancellation of registration**

1. Before making an order refusing an application for registration or an order canceling any registration, the Local Supervising Authority shall give to the applicant or to the person/ institution registered, as the case may be, not less than **one calendar month's notice** of its intention to make such an order, and every such notice shall state the grounds on which the local supervising authority intends to make the order and shall contain an intimation that if **within a calendar month** after the receipt of the notice the applicant or person registered informs the authority in writing that the reasons for not to do so, the local supervising authority shall, before making the order, give applicant ( in person or by a representative) an opportunity of showing cause why the order should not be made.
2. If the local supervising authority after giving the applicant or the person/ institution registered an opportunity of showing case as aforesaid, as the case may be, it shall make an order to that effect and shall send a copy of the order by registered post with acknowledgement due to the applicant or the person registered within 7 days of order.
3. Any person aggrieved by an order refusing an application for registration or canceling any registration may, within a calendar month after the date on which the copy of the order was received by him, appeal to the State level body/ State competent authority against such order or refusal. The decision of the State level body/ State competent authority on any such appeal shall be final,
4. No such order shall come into force until after the expiration of a 45 days from the date on which it was made or, where notice of appeal is given against it, until the appeal has been decided or withdrawn.
5. The State Competent authority should render its decision within 90 days of receipt of the appeal, after hearing all the parties as well as getting the nursing home inspected afresh if it is so found necessary.

## **Section – 9**

### **Inspection of Nursing Home by Competent Authority**

1. Inspection/ monitoring authority should comprise of :

- a) Representative of Department of Health and Family Welfare not below the rank of Class I officer.
- b) Représentation from Professional bodies (Maximum Two) One from Allopathy and another from DISM.
- c) Representation from local public/ gentry. (Should be a member of District Jeevan Deep Committee) (One)
- d) Representative of Registered Consumers Protection Association. (One)
- e) Representative of Nursing Staff either from private or Government equivalent or not less than the rank of Matron. (One)
- f) Representative of Local Nursing Home Association. (President or, his representative from local Nursing Home Association). (One)

At least 4 of above 7 members can conduct an inspection.

2. Every Nursing Home shall facilitate for inspection of the place, equipment and records to the local supervisory authority or any other officer as mentioned above duly authorized by the local supervising authority. The LSA/representative can inspect any relevant records, register, document, equipment and article necessary for the purpose of the provision of the act.
3. The routine inspection will be done at the time of original registration and/or at time of renewal/ and if the nature of the work is being changed, after prior intimation. Such routine inspection will be done at a time which is unlikely to disturb/ interface with the treatment of the patient and/or doctor's work.
4. Surprise inspection would be done only when there is a written complaint from a patient or a representative body of patients/ citizens alleging non – compliance of the provision of the act. Suo moto inspection can be initiated by the LSA.
5. In case of specific complaint, the LSA ordering inspection must record in writing the reasons for inspection. The inspection shall be as per the standards laid down in the Act.
6. The decision to do unscheduled inspection should be taken by the local supervisory authority in cases of emergency or a serious complaint.
7. Frivolous/ vexatious complaint would be punishable with a fine of Rs. 5000/- from the complainant.

8. Nothing in this Act shall be deemed to deter any such officer to inspect any clinical/ medical record relating to any patient in a Nursing home maintaining confidentiality and taking care that it doesn't come into public domain.
9. If any person refuses to allow any such officer to enter or inspect any such premises as aforesaid, or to inspect any such records as aforesaid or obstructs any such officer in the execution of his powers under this section he shall be guilty of an offence under this Act and the registration will be liable to be cancelled or suspended.

#### **Section -10**

##### **Income of local supervisory authority**

1. Any revenue received under this Act shall be paid into the fund of the local supervising authority, in a personal ledger account and used only for the implementation of the act and logistics for the same.
2. Part of the revenue collection, as decided by the State competent authority, will be deposited in personal ledger account of Director of Health Services for carrying out functions and responsibilities under Chhattisgarh Nursing Home and Health Care Establishments Act.

#### **Section 11**

##### **Expenses of State and Local Supervisory Authority**

The State and Local Supervisory Authority should be allocated suitable resources, which would include an office, clerk and data entry operator, peon, computer and logistic expenses to conduct meetings and carry out its responsibilities including inspection of Nursing Homes, secretarial work, maintain records etc. If there are any legal formalities, fees of lawyer should pay from revenue generated. All the expenses incurred should be debited from amount of revenue deposited in Personal ledger account (PLA) and audited as per prevailing rules.

#### **Section 12**

##### **Penalty for offences Under Act**

Whoever contravenes any of the provision of this Act or of any rule shall, if no other penalty is elsewhere provided in this Act or the rules for such contravention, on conviction, be punished with fine which may extend to five thousand rupees and in the case of a continuing offence to a further fine of fifty rupees in respect of each day on which the offence continues after such conviction up to six months following which the registration of the nursing home would be cancelled.

#### **Section 13**

##### **Offences by company**

Where a person committing an offence under this act is a company or other body corporate, trust or society every person who at the time of the commission of the offence was a director, manager, secretary, agent or other officer or person specified in the registration form and

concerned with the management thereof shall, unless the person proves that the offence was committed without his/her knowledge or consent be deemed to be guilty of such offence.

**Section 14**

**Courts competent under the act**

No court other than that of Magistrate of first class shall take cognizance of any offence under this act.

**Section 15**

**Indemnity to the person acting under the act**

No suit, prosecution or other legal proceeding shall be instituted against LSA or any person which is done in good faith.

In case of any form of claim or reimbursement like medi-claim from any insurance company or for government employee it should be mandatory for the nursing home to be registered under the Chhattisgarh Nursing Home and Health Care Establishment Act, or else such claims shall not be entertained by insurance company or other agency or by government institutions.

**Section - 16**

**Rules under the Act**

Section 16 Subsection 2 Clause b

The date on which an application for registration or renewal of registration to be made and the fees to be paid for such registration or renewal of registration, “provided that State Government may prescribe different rates of fees for registration of nursing homes, having regard to the area in which such nursing home is situated, the number of beds therein, the number of specializations offered in such nursing home.

Rule - 7 SUB – RULE (1) and (2)

The application Form B Should be accompanied with the registration fees.

**Fee structure**

	Corporation	Municipal areas & Dist HQ	Others ( Rural and Tribal etc)
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	Registration	Renewal	Registration	Renewal	Registration	Renewal
<b>1. Nursing Home and or Maternity Home, Dispensary with beds, Day Care Centre with beds &amp; Physical Therapy Establishments.</b>						
(a) Upto 10 beds	4000	3000	500	300	400	300
(b) 11-20 beds	5000	4000	700	600	600	500
(c) 21-30 beds	10000	8000	900	800	800	700
(d) for each additional bed above 30 beds	50	40	40	30	30	20
<b>2. Pathological Laboratory</b>						
(a) Small	500	400	300	200	200	100
(b) Medium	700	600	400	300	300	200
(c) Large	800	700	500	400	200	100
(d) Collection Centre for Pathological Labs	300	200	200	150	150	100
<b>3. IMAGING, X-RAY &amp; OTHERS</b>						
(a) USG only	1000	800	800	400	700	350
(b) ECHO	1000	800	800	400	700	350
(c) Color Doppler	1000	800	800	400	700	350
(d) CT Scan	2500	2000	1500	750	1000	500
(e) MRI	3000	2500	2000	1000	1500	1000
(f) X-Ray	1500	1000	800	400	700	350
(g) Others: ECG,EEg, EMG, Scopy	1200 each	1000 each	800 each	400 each	700 each	350 each
(h) Procedures, Holter Monitoring & others not Specified above						
(i) Angiography	4000	3000	3000	1500	2000	1000

	Corporation		Municipal areas & Dist HQ		Others ( Rural and Tribal etc)	
	Registration	Renewal	Registration	Renewal	Registration	Renewal
<b>4. ICCU/ITU/RCU/NCU Dialysis (each)</b>						
(a) up to 10beds	4000	3500	3000	2000	2000	1000
(b) 10+ beds	5000	2500	4000	3000	3000	2000
<b>5. (a) Poly clinics &amp; other Clinic</b>	700/docto r	350/doc tor	500/docto r	250/doc tor	400/docto r	200/doct or
<b>(b) Individual Clinic (Modern Medicine &amp; Dental)</b>						
a) Graduates	700	350	300	150	200	100
(b) Post-Graduate diploma and degree holder	1500	1000	1250	625	1000	500
<b>c) Ayurvedic/Homeo/Unani/ Acupuncture Therapist</b>						
(a) Graduates	600	300	400	200	300	150
(a) Post-Graduate diploma and degree holder	1000	500	600	300	400	200
<b>6. Hospital having specialty clinic</b>						
(a) 25-50 beds	2000/spec ialty	1500/sp ecialty	1500/spec ialty	1000/sp ecialty	1000/spec ialty	500/speci alty
(b) >50 beds	3000/spec ialty	1500/sp ecialty	2500/spec ialty	1250/sp ecialty	2000/spec ialty	1000/spe cialty
<b>7. For diagnostics facilities in hospitals having more than 50 beds (excluding MRI and Angiography)</b>	15000	20000	12000	6000	10000	5000
<b>8. Amendment fees</b>	800	400	500		500	
<b>9. Duplicate Copy of License</b>	500		250		250	

### **Speciality Clinic:**

1. Surgery/ Eye/ ENT/ Orthopedics/ Cardiothoracic/ Plastic surgery
2. Medicine / Pediatrics ( Surgery/ Medicine/ Cardiology/ Endocrinology
3. Gyne and Obstetrics
4. Neurology/ Skin Dental
5. Any other discipline not included above

### **Section 16 Rule 13**

#### **EMERGENCY MEDICAL SERVICES**

- 1) All emergency patients attending a nursing home, wherever registered medical practitioner/s are engaged, must be attended primarily to provide basic life without considering the financial capability of the patient, and then may be referred with suitable medical report about the ailments, as early as possible to the nearest Public Hospital if necessary. Golden hour treatment protocols should be followed.
- 2) Each Nursing Home should have all logistics for emergency basic life support with trained medical and paramedical personnel. Every nursing home should ensure that they must prescribe rational drugs to their patients and follow the Acts related to Drugs and Cosmetics Act.
- 3) Local Supervisory authority (LSA) will be District EMS authority and in cases of disaster or emergency patients will have access to nearest Nursing Home as far as basic life support is concerned.
- 4) Every Nursing Home has the professional obligation to extend his services with due expertise for protecting life in emergency or disaster.

### **Section 16.**

#### **Rule 8,9,10, 11**

**Rule 8:-** Transfer of ownership of nursing home – Transfer of ownership or management of nursing home should be informed to Local Supervisory authority (LSA) within 72 hours jointly by transferer and transferee. The transferee shall make an application for registration with provisions of Section – 4.

**Rule 9:-** Change in address – Any change in address shall be communicated to LSA not later than 15 days of such change.

**Rule 10:-** Change in staff any change in medical or nursing staff together with dates on which changes have taken place shall be communicated to LSA not later than 15 days of such change.

**Rule 11:-** Lost Certificate: if a certificate of registration is lost or destroyed the holder may apply for fresh certificate. A Certificate marked as “duplicate” will be issued on payment of Rs. 500/250 depending on its location.

## **Section 16**

### **Rule 14**

#### **Standard charter of patients’ rights:**

- 1) **No person suffering from HIV may be denied care** only on the basis of the HIV status, provided the curative or diagnostic care is available at the Nursing Home. Not having a Voluntary Testing and Counseling Centre cannot become grounds to refuse care. For management of patients who is HIV positive, the nursing home would follow guidelines circulated from time to time by NACO (National AIDS Control Organization)
- 2) Every nursing home shall maintain an inspection book and a complaint register (for the patients party), which shall be produced before the Local supervisory authority as and when required.
- 3) All nursing homes must adopt a Standard Charter of Patient’s Rights, observe it and orient their staff for the same. This Standard Charter of Patient’s Rights would include that –
  - A) The patients and/ other person authorized by patient should receive
    - The relevant information about the nature, cause, likely outcome of the present illness.
    - The relevant information about the proposed care, the expected results, possible and the expected costs complications.
  - B) Patient and/ or other person authorized by patient has a right to have
    1. An access to his/ her clinical records at all times during admission to Nursing Home.
    2. Photocopy should be available within 24 hrs when admitted to Nursing Home or within 72 hrs of making an application after discharge or death after paying fees for photocopy.
    3. A discharge summary at the time of discharge, which should contain
      - The reasons for admission, significant clinical findings and results of investigations, diagnosis, treatment and the patient’s condition at the time of discharge.

- Follow – up advice, medication and other instructions and when and how to obtain urgent care when needed in an easily understandable manner.

In case of death, the summary of the case should also include the cause of death.

- C) Treating patient information as confidential
- D) Patient has a right to personal dignity and privacy during examination, procedures and treatment.
- E) Patient and family rights include informed consent before anesthesia, blood and blood product transfusions and invasive/ high risk procedures/ treatment. Informed consent includes information in a language and manner that the patient can understand, on risks, benefits, alternatives if any and as to who will perform the requisite procedure.
- F) Rights of women as patients
  - Privacy during examination. In case of examination by male doctor, a female attendant must be present.
  - Rights to confidentiality of reports and information not to be disclosed to any other person other than one who is authorized by the patient.
  - Confidentiality of HIV positive patients
- G) In case of nursing homes undertaking clinical research –
  - Documented policies and procedures should guide all research activities in compliance with the national (ICMR) and international guidelines.

## **Section 16**

### **Rule 15**

**MEDICAL RECORDS:** Maintenance of medical records of all patients attending the nursing home is of utmost importance.

The “OPD paper” of a patient attending the OPD should contain the doctor’s name and detailed clinical notes including patient’s name, age, occupation, chief complaints, onset/duration/progress of illness, past history, personal history, family history, detailed examination findings, provisional diagnosis and treatment advised. A separate prescription should be written out for the medication that has been advised.

The OPD paper should be given to the patient along with X-rays and all investigation reports. Nursing homes should maintain a copy of the OPD paper. All indoor papers should be complete, i.e. clinical notes (as detailed above) should be written along with whatever treatment has been given during the admission and reports of investigation carried out.

## **INDOOR RECORDS**

The nursing home shall keep the following registers of the patients received or accommodated or both at the nursing home as an out-door or in-door patient namely:-

- a) Register of admission /discharge /death of the patient;
- c) Records of treatment, both outpatient and inpatient.

These registers shall be entered fully, chronologically and legibly.

Copies of which shall be kept in the record room of the nursing home concerned for at least 5 years. The information in this regard shall be supplied to the LSA, as and when required.

### **Section 16**

#### **Rule 16**

#### **Functional programme of Nursing home and other Clinical Establishments**

##### **THE SPECIALITIES PROVIDED AND LIST OF DMOs AND SPECIALIST DOCTORS SHOULD BE DISPLAYED AT PROMINENT PLACE IN NURSING HOME**

The basic minimum functions provided by a nursing home should include the following:

##### 1. Emergency First Aid:

In case a patient had been admitted in such a facility for more than 24 - 48 hours, and in case the patient is in a critical condition, it is expected that the patient will be transferred with a medical attendant \*accompanying the patient and all medical records (including X-rays, investigation reports, clinical notes) will be made available to the next doctor who will be treating the patient. It is also expected that the doctor who had treated the patient initially will keep in touch with the institution to which the patient has been transferred in order to remain aware of the patient's condition. This may not be applicable for patients leaving the premises Against Medical Advice (LAMA).

*\* The Medial Attendant should accompany the patient at the time of transfer if patient's condition desires so. If not a Duty Medical Officer (D. M. O) should accompany the patient. All nursing homes should have access to patient services within one hour.*

##### 2. Maternity Facilities:

All nursing homes providing maternity facilities should provide basic obstetric facilities and neonatal facilities. All maternity homes should be able to carry out procedures like suction and evacuation, dilatation and curettage, Lower Segment Cesarean Section and Hysterectomy on an emergency basis. Blood transfusion facilities should be available with nearest blood bank. Maternity home should have gynecologist /surgeon, anesthetist, and pediatrician on panel. In villages with less than 10,000 population deliveries without high risk pregnancy can be handled when above mentioned facilities are not available. These should be labeled as Maternity homes with facilities of basic obstetric care, which should have minimum facility of delivery table, emergency tray, oxygen cylinder, suction machine( electric and foot operated), basic instruments required for normal delivery & episiotomy.

##### 3. Co- operation in National Health Programmes:

Nursing homes should maintain records of all cases of notifiable diseases and this record must be available to the regulating bodies for checking on a periodic basis.

**Minimum equipments required for Nursing Home**

a) **The general cleanliness** of the **premises** includes sanitary arrangement, furniture and equipments must be properly maintained along with 24 hours adequate **potable water** supply for the beneficiaries with an arrangement for safe and hygienic disposal of clinical waste products as per provisions laid down in the **Bio – medical Waste (Management and Handing) Rules, 1998.**

b) 1) All instruments equipments required for emergency & basic life support.

2) Emergency Tray

3) One suction machine & one standby foot suction machine

4) Minimum one oxygen cylinder for 8 beds with one standby cylinder

5) All basic instruments & equipments of specialty of nursing home.

6) Fire fighting equipment.

7) Dressing trolley.

8) ECG Machine.

**Minimum equipments required for Maternity home**

1) Foetal monitor

2) Labour table

3) Neonatal Resuscitation kit

4) One suction machine with generator connection & one standby foot suction machine

5) Minimum one oxygen cylinder for 8 beds with one standby cylinder.

6) Minimum one infant warmer.

7) All instruments equipments required for emergency & Basic life support ( CPR)

8) Emergency Tray

9) Fire fighting equipment.

10) Dressing trolley.

11) Instruments & equipments required for Emergency obstetric care. ( LSCS, Obstetric hysterotomy, Forceps, Ventouse)

12) ECG Machine

**Minimum requirements of O.T.**

1) Operation Table

2) Boyles Machine with four stand by cylinders

3) Laryngoscope with 5 blades

4) Endotracheal Tubes all sizes with connections.

5) Pulse oxymeter

6) Electric suction machine with generator connection

7) Foot suction machine

8) Emergency tray

9) Electric autoclave with additional stand by.

- 10) Fixed or mobile shadowless lamp.
- 11) Minimum required instruments & equipments for particular speciality.
- 12) Caution if major surgeries carried out.
- 13) O.T. Care machine

#### **For Physical Therapy Establishments**

(I) A physical therapy establishment provides treatment facilities to patients suffering from crippling diseases and disabilities. The treatment may be classified as physical and electrotherapy, hydrotherapy, occupational therapy and exercise (Gymnasium). Physiotherapy demands complete privacy. Accommodations should, therefore, be provided in the forms of booths. A long room with curtains, which could be drawn, to form cubicles and afford adequate privacy shall be provided. The minimum area that could be provided in such an establishment for different items shall be as per with Annexure-A of these rules with adequate equipments for the purpose.

(II) Such establishments shall be under direct supervision of a properly qualified expert on the particular type of treatment to be provided by the establishment.

(III) Save as hereinafter provided the employees of the establishment and the person/s giving the actual treatment shall have the proper qualifications from institutions approved by the appropriate authority for imparting such treatment.

(IV) Male or female employees providing such therapy under direct supervision of properly qualified person/s shall possess a minimum qualification of Secondary Education (10+) or equivalent education from any recognized board of secondary education and must possess practical experience for a period of at least 5 years as a trainee or work assistant under a Physiotherapist in Physiotherapy department of a Government hospital or a hospital recognized for such purpose by the appropriate authority to achieve a satisfactory Knowledge on (a) basic anatomy specially of bones joints and muscle (b) basic physiology with rudimentary knowledge of diseases in which massage is indicated or contraindicated (c) mechanism and use of remedial apparatus (d) physics and application of electrical appliances used in modern physiotherapy.

(V) To provide complete separate arrangement shall be provided for the therapy of male and female patients by the male or female employees respective under proper supervision of qualified person/s in this respect.

#### **DIAGNOSTIC FACILITIES:**

All diagnostic facilities employing consultant / full time specialist /MBBS as the case may be, in various departments will display in a prominent place the time of the visit of the consultant / full time specialist / MBBS for the interest of the patient. If the consultant /full time specialist / MBBS is not available on 2 successive occasions during the stipulated time, necessary measures

will be taken as per rule. The consultant / full time specialist / MBBS, as the case may be, should put their signature and date in the report issued by the diagnosis unit.

#### **D. For Clinical Laboratories**

(I) It shall be under a properly qualified person to conduct the test, examination or analysis and the preparation of cultures, vaccines, serum or other biological or bacteriological product undertaken by the laboratory.

(II) The clinical laboratories shall be provided with 600 mm 900 mm high bench of length about 2 meters per technician and to full width of the room for pathology in charge of the laboratories. Each laboratory bench shall have laboratory sink with swan neck fittings, reagent shelving, gas and power point under counter cabinet. Top of the laboratory bench shall be of acid alkali proof.

(III) The room size shall be provided for such purpose shall be as per Annexure-A of these rules apart from pathologist room, sample collection room report delivery room and laboratory waste material for disposal.

(IV) All clinical laboratories are liable to keep the records the name of the patients, their address and the name of the referral doctor with detail of invention results. The clinical laboratories will have to inform the licensing authority about the notifiable diseases, if detected, within 24 hours with a copy to Chief Health Officers, Raipur Urban Health Organization in case of Raipur and Deputy Chief Medical Officer of Health –II in case of a district.

#### **(A) Laboratory:**

a) The large and super-specialty laboratory shall be manned by the medical persons with post-graduate qualification in pathology, microbiology and biochemistry /PhD in the respective discipline.

b) The small laboratory may be manned by a DCP or DTM&H or an MBBS with at least five years experience in laboratory medicine.

c) The medium laboratory may be manned by a DCP or DTM&H or an MBBS with at least five years experience in laboratory medicine along with MSc: Biochemistry / Medical Micro-biology provided the laboratory performs the special tests.

d) Any laboratory that performs histopathological, cytopathological and special hematological tests must be manned by an MD in pathology and in the specialty.

e) Multi-disciplinary laboratories shall identify a group leader, with specific qualification for each.

#### **(B) Technical Personnel:**

The technical person performing the tests and reporting the results should have one of the following qualifications:

- a) Science graduate with five years experience in an established medium sized laboratory. (to be approved by the Govt. of Chhattisgarh).
- b) Graduate in Medical Laboratory Technology.
- c) Diploma in Medical Laboratory Technology (with a course of at least of one year duration) awarded by a University, State Government, Central Technical Board, or Indian Medical Association with 2 years experience in an established medium – sized laboratory.
- d) A Laboratory may employ upto 25% of the staff without experience but which requisite qualifications or a person with more than ten years of laboratory experience with at least matriculation with science. The laboratory shall have a system for imparting necessary training to technical staff at various levels. There shall be a system so that a technical person receives adequate training in the operation of a new analytical equipment and performance of a new test before he/she is assigned to such work.

**(C) Collection Centre:**

A blood collection center should be manned by an MBBS. The qualification of technician is as mentioned in (B) above. The collection center should have an adequate waiting space and a room having at least 80 sq.ft. floor area. No collection center should be operated by any pathological laboratory in any medicine shop. If any laboratory is found to operate through a medicine shop the authority may cancel the license of such laboratory.

**(D) Laboratory Specification:**

Small: Routine Clinical Procedures e.g. Hb, TC,DC,ESR,BT,CT,PT, Routine examination of stool, urine, suger (blood and urine), urea, cholesteorol.

Medium: As above + Special tests e.g. LFT, Lipid profile, Rental Function, Cardiac Function, Common Hormone Assay: T3, T4, TSH, Prolactin, 17 ketosteroids, Urine and blood culture, Elisa Test, Use of Semi Auto Analyser & Electrolytes estimation.

Large: As above and others.

Laboratories doing investigations by radio-immunoassay techniques need clearance from the BARC.

**E. FOR RADIOLOGY AND IMAGING**

(I) The role of radiology department shall be radio diagnostic and radiotherapy; hence it shall be under properly qualified person/ conduct the radio diagnosis or radiotherapy, as the case may be.

(II) The Radiotherapy diagnostic units generally deal with Radiography, Ultrasound, Nuclear medicine, and Computed Axial Topography Scanner, Magnetic Resonance Image etc.

(III) The Radiotherapy units including treatment with various types of radiations ranging from superficial therapy to mega voltage therapy.

(IV) The size of the department depends on the load the scope of work and the type of the equipment employed. However the room housing X-ray equipment must be spacious enough to permit installation, use and servicing of the equipment with safety and convenience for the operating personnel, the servicing personal and the patients. The room size must be provided as per Annexure –A of these rules for a general purpose X-ray machine. Fluoroscopy room shall be completely cut off from direct light through provisions of air locks.

(V) The rooms housing diagnostic X-ray units and related equipments shall be located as far away as feasible from areas of high occupancy and general traffic.

(VI) The radiography units should be operated from separate control room or behind a lead mobile protection screen of 1.5 mm lead equivalent wherever necessary.

(VII) All establishments having X-Ray and imaging facilities MUST fulfill the clauses as laid down in the SAFETY MANUAL prepared by ATOMIC ENERGY REGULATORY BOARD, Govt. of India.

(VIII) All establishments doing Ultrasonography via a portable machine should have license under the Act and PNDT Act. Ultrasonologist having portable machine, who have no fixed establishments should be registered under PNDT act. No ultrasonologist should perform USG in an establishments who has no license under CE and or PNDT Act. No ultrasonologist should perform in any establishment without having license under PNDT Act.

#### **F. For Individual Clinics (Doctors' Chambers for any discipline)**

(I) Minimum floors space to be provided for an examination rooms shall have the specification as specified in Annexure 'A' of these rules.

(II) Adequate waiting space and reception area. Airy, ventilated, comfortable and well lighted. Only fees to be displayed and toilet for patients.

(III) **Doctor's chamber of any registered medical practitioner inside a medicine shop is not permitted.** However 6 months time, from the date of issuance of Gazette is allowed for withdrawal of such chambers. An owner may apply to the licensing authority, in case of

difficulty for consideration, which will be judged on merit. The total period in any case should not exceed 12 months.

**Section 16**

**Rule 17**

**REQUIREMENT OF HUMAN RESOURCE**

a) Duty Medical Officer: MBBS, BAMS, or BHMS should have completed one year of internship. Responsibility regarding clinical decisions, procedures etc. is that of the consultant and not the DMO. He should be available round the clock. If in charge of nursing home resides adjacent to nursing home DMO not necessary.

b) Nursing staff:

- One nurse for every 10 beds on shift duty (total 4 nurses per 10 beds).
- Four qualified nurses for labour room. One in each eight-hour shift.

**STAFFING NORM**

Sl no	Category of Staff	No of Beds	Number to be provided
1	Resident medical officer	20 patients or its part	1
2	Registered Nurses or Midwives	5 patients or its part	1
3	General Duty Attendant	5 patients or its part	1
4	Sweeper	8 patients or its part	1

c) Health clothing sanitary requirements of staff:

- i) The staff, employed shall be free from any contagious disease and shall be provided with clean uniforms suitable to the nature of their duties.
- ii) the workers shall be medically examined at the time of employment and periodically so examined thereafter.

**Section 16**

**Rule 18**

It is recommended that existing registered nursing homes should be exempted from the area specification, if not feasible as ensured by Local Supervisory Authority. The new Nursing home that will apply for registration should be situated in a place having clean and hygienic surroundings and shall not be adjacent to an open sewer, drain or public lavatory, or to a factory emitting smoke or obnoxious odour or hazardous gases.

Categories of Hospitals when designed

Category A	25 to 50 beds
Category B	51 to 100 beds
Category C	101 to 300 beds
Category D	301 to 500 beds
Category E	501 to 750 beds

## **PHYSICAL STANDARDS**

### 1) Entrance Zone

Reception and Registration: sufficient space for receptionist, furniture and waiting area for patients including drinking water facility and toilets should also be provided

### 2) Ambulatory zone

a. Nursing station / may overlap with reception/ registration area.

### 3) Diagnostic zone

Laboratory

### 4) Intermediate zone

Wards:-

- 1) Fire fighting equipment
- 2) Emergency Tray
- 3) Oxygen cylinder with ventimask
- 4) Suction machine
- 5) Dressing trolley

a) Wards should be relegated at the back to ensure quietness and freedom from unwanted visitors.

b) Beds would conveniently correspond to the ratio for provision of W.C. facilities.

c) Separate ward units shall be provided for male and female patients.

d) Separate wards should be provided for medical and surgical patients.

e) Every patient shall have access to a toilet area without having to enter the general corridor area.

Operation Theatre should have

- 1) Clean zone
- 2) Neutral zone – Changing and scrubbing room with O.T. stretcher
- 3) Sterile zone – Must have mobile / shadow fewer lamps, Boyle's Machine,

Operation Table with head low, updown, Suction machine.

Demarcated by a redline and separated by compartment and door

### 5) Ambulatory Zone

1. Clinic with consultation & examination room

### 6) Critical Zone

Delivery room.

- 1) All maternity homes and all nursing homes offering maternity services shall make provisions for a delivery room
- 2) In maternity homes an arrangement must be possible to isolate a patient of eclampsia. A specific eclampsia room/ward may be provided for every twenty post natal beds.
- 3) A neonatal unit should be provided in nursing homes providing obstetric facilities or should be accessible in near vicinity or services of pediatrician on call basis should be available.

7) Service zone

Space for storage of oxygen & nitrous oxide cylinders: Enough reserve cylinders should be kept

Generator / Invertor : In case of a power failure, all Essential equipments, instruments and electrical points of the nursing home should be able to work as normal.

**ANNEXURE A**

**TABLE 1**

**ACCEPTABLE NUMBER OF SOME ITEMS TO BE PROVIDED IN INDOORS OF CLINICAL ESTABLISHMENTS (AS THE CASE MAY BE)**

<b>S.NO.</b>	<b>ITEMS</b>		<b>NUMBERS TO BE PROVIDED</b>	
<b>1</b>	Maximum no. of beds in a ward		<b>1</b>	
<b>2</b>	Maximum no. of beds in a cubicle		<b>1</b>	
<b>3</b>	Maximum no. of beds in a cabin		<b>1</b>	
<b>4</b>	Separate Toilet (with wash basin, baths, ablution taps and water-closet) with a cabin or isolation room.		<b>1</b>	
<b>5</b>	Indoor and cubicles	water-closet(some may be of European style)	For every 8 male beds or part there of For every 6 female beds or part of there of	<b>1</b> <b>1</b>
		Absolution Taps	For water closet	<b>1</b>
			Water tap with draining arrangements in the vicinity of water closet	<b>1</b>
		Urinals	For every 12 male beds or part of there of	<b>1</b>
		Wash basins	For every 12 beds or part of there of	<b>1</b>
		Baths	Baths with shower for every 12 beds or part there of	<b>1</b>
		Bed pan washing sinks	In dirty utility and sluice room of the ward or cubicles	<b>1</b>
		Cleaner's sinks and sinks/slab for clearing mackintosh	Indirty utility and sluice room of the ward or cubicles	<b>1</b>
		Kitchen sinks and dishwashers	In ward pantry or pantry for the cubicles	<b>1</b>

**TABLE 2**  
**ACCEPTABLE NUMBERS OF SANATARY FITMENTS**  
**TO BE PROVIDED ITEMWISE IN OUTDOORS OF CLINICAL ESTABLISHMENTS**

SL.NO.	ITEMS			NUMBERS TO BE PROVIDED
1	Water closets	For Males	For every 40 persons or part there of	1
		For Females	For every 50 persons or part there of	2
2	Ablution Taps	For Males	For water closet	1
			In the vicinity of water closet & urinals	1
		For Females	In each water closet	1
			In the vicinity of water closet	1s
3	Urinal	For males	For every 25 persons or part there of	1
4 and 5	Wash basins & drinking water foundations	For males	For every 50 persons or part there of	1
		For females	For every 50 persons or part there of	1

**TABLE 3**

**SOME ACCEPTABLE MEASUREMENTS TO BE PROVIDED ITEMWISE IN INDOORS, OUTDOORS AND OTHER DEPARTMENTS OF CLINICAL ESTABLISHMENTS (AS THE CASE MAY BE)**

	<b>FOR OLD ESTABLISHMENT</b>	<b>FOR NEW ESTABLISHMENT</b>
Minimum floor space/bed in ward	60 sq. ft. for one bed and additional 40 sq. ft. for every additional bed in the room of floor space in general ward should be minimum 6.0 sq. meter and for special ward it should be 11.0 sq. meter	60 sq. ft. for one bed and additional 40 sq. ft. for every additional bed in the room of floor space in general ward should be minimum 6.0 sq. meter and for special ward it should be 11.0 sq. meter
Cabin (Toilet should be attached)	114 sq. ft.	151 sq. ft.
Cubicle	87 sq. ft.	114 sq. ft.
Minimum distance between center of two beds	5 ft.	6 ft.
Minimum distance between bed & wall (in inches)	7.8"	7.8"
Minimum area to be provided for a toilet	30 sq. ft.	36 sq. ft.
Minimum area for emergency OT	160 sq. ft.	200 sq. ft.
Minimum area for operation theatre upto 10 beds or minor OT	140 sq. ft.	160 sq. ft.
>10-30 beds	160 sq. ft.	200 sq. ft.
> 30 beds	200 sq. ft.	300 sq. ft.
Minimum area for instrument sterilization	35 sq. ft.	50 sq. ft.
Minimum area for scrub up	25 sq. ft.	25 sq. ft.
Minimum area for dirty wash	25 sq. ft.	25 sq. ft.
Minimum area for pantry	35 sq. ft.	80 sq. ft.
Minimum area for observation room with 1 bed	As above for 1 bed in ward	As above for 1 bed in ward
Minimum area for nursing station	36 sq. ft.(without toilet)	120 sq. ft.(with toilet)
Minimum area for RMO's room	36 sq. ft.(without toilet)	120 sq. ft.(with toilet)



India or the State Government, no equipment without such certification/ approval shall be installed and/or used.

**(3) Stock Register –**

Stock register shall be maintained in the clinical establishment for equipments, instruments and other articles used in carrying out tests, examination etc.

**(4) Services of Medical Practitioners and Technicians-**

i. The clinical establishment shall be provided with the services of a Medical Practitioner having recognized qualification in the field in which diagnostic tests or examination are carried out. Having regard to the work – load in the clinical establishment, services of adequate number of such qualified medical practitioners shall be provided.

ii. Services of qualified technician or technicians to operate the equipments or to carry – out tests/examination shall be provided.

iii. In case the clinical establishment provides physio-therapy facilities, services of a qualified physio- therapy shall be provided.

**(5)** i. The keeper or owner of the clinical establishment shall maintain a complaint book and make it available to the complainant for recording complaining. The complaint book shall be made available to the supervising authority or a person authorized on his behalf for inspection.

ii. Rate list of various medical services being provided by the clinical establishment shall be kept compulsorily on the clinical establishment shall be kept compulsorily on the counter and on demand shall be shown to the patient or his/her family members. The rate list so available shall be displayed on the notice board also. The supervising authority shall also be kept informed of the rate list and of the amendments, if any, made therein.

**SECTION 16.**

**Rule 19**

**Building Engineering Environmental Standards**

**1. Location**

The site should be compatible with other considerations such as accessibility and availability of services and should be approved by the town planning department or the appropriate authority.

2) a) The Building used for the nursing home shall comply with the relevant municipal by – laws in force from time to time.

b) The rooms of the nursing home shall be well ventilated and lighted and shall be kept in clean and hygienic conditions.

3. If the nursing home is situated in premises of housing society – Change of user certificate from society (from residential to commercial) is essential.

4. **Ceilings** – R.C.C. / False ceiling

5. **Floor Height**

The height of all the rooms in the hospital should not be less than 3.00m and not more than 3.65m, measured at any point from the surface of the floor to the lowest point of the ceiling.

#### **6. Floors and Walls**

The architectural finishes in hospitals shall be of high quality in view of maintenance of good hygienic conditions. The walls should be impervious with oil paint. Floors should be covered with good quality tiles with non slip surface. The aim being that floor materials shall be readily cleanable and appropriately wear-resistant. Floors should be smooth so as to allow smooth passage of wheelchairs and trolleys.

Wall finishes shall be washable and shall be smooth Wall bases in areas that are frequently subject to wet cleaning shall be covered with the tiles.

Floor and wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

Operating room / Labour room/Delivery room should be made dust-proof and moisture proof. Walls of operation theatre, delivery room, recovery room, scrub room should be partly covered with dado tiles.

In other areas of critical zone, tiling should be provided upto a height of 1.2m.

#### **7. Doors:**

The minimum door width for patient use shall be (2 feet 10 inches) 86cms.

#### **8. Water Supply, Plumbing and Other Piping Systems**

Supply 350 liters of potable water per day per bed to meet all requirements (including laundry) Systems should be designed to supply water at sufficient pressure.

Within the operation theatre there should not be any drains.

The material used for plumbing fixtures shall be non-absorptive and acid-resistant

Electrically operated automatic control lifts or **Ramp shall** be provided in all categories of hospitals having more than one storey. The lift should be easily accessible from all entrances of the hospital. Lifts should be conveniently situated near ward and operation theatres departments. There should be approval from inspector of Lifts and escalators for the lifts. There shall be sufficient space near the landing door for easy movement of stretcher/trolley. Lift should be large enough to accommodate a trolley, a wheel chair and 3-4 persons at a time.

9. Ramp should provided for movement of patients from ground to upper floors required in case lift is not available or in situation of power failure when lift is available

10. Fire-fighting system: - Efficient fire fighting systems should be installed in every nursing home.

### **SECTION - 17**

#### **By-laws**

1. The local supervisory authority can make By-laws not inconsistent with this act or rule Prescribing the records to be kept of the patients received in nursing home and in case of

maternity home, of miscarriages, abortion or still births occurring in the nursing home and of children born therein and of the children so born who are removed from the home otherwise than to the custody of care of any parent, guardian or relative.

2. No by-law made by local supervisory authority shall come into force until it has been confirmed by the state Government with or without modification

3. All bylaws made under this section shall be published in official gazette.

4. Whoever contravenes any of the provision of this Act or of any rule shall, if no other penalty is elsewhere provided in this Act or the rules for such contravention, on conviction, be punished with fine which may extend to five thousand rupees and in the case of a continuing offence to a **further fine of fifty rupees** in respect of each day on which the offence continues after such conviction up to six months following which the registration of the nursing home would be cancelled.

### **SECTION – 18**

#### **Nothing in this act shall apply to**

a) Any nursing home carried on by Government, Corporation, and Municipality Mental Hospitals who are governed by Mental Health Act 1987.

#### **Annexure I**

Laws in relation to Nursing homes which are to be followed. So not mentioned in rules.

1) Indian Penal Code sections – 52, 80, 87, 88, 90, 92, 270, 304 A, 320.

2) Indian Medical Council Act 1956 with amendment 1964 section 20 A & 33(m)

3) Indian Medical Council (professional conduct, etiquette and ethics) Regulations 2002

4) Consumer protection act

5) MTP Act 1971

6) The Transplantation of Human Organs Act 1994

7) PNDT Act 1994

8) BMW Act 1998

9) The Epidemic Diseases Act 1897

10) The Drugs and Cosmetics Act 1940

11) The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954

12) Atomic Energy Act 1962

13) Minimum Wages Act

14) Different legal provisions governing service conditions of employees in private sector.

15) FDA Guidelines regarding functioning of Blood Bank and preparation of Blood components

16) Mental Health act 1987

17) Birth and Death registration act (Amendment 2006) dated 08.02.06

*Note: The nursing homes will abide by the rules and procedures under above mentioned acts*

#### **Annexure II**

#### **FORM ‘B’**

**(See rules 4 & 6)**

**Application for Registration/ Renewal of registration under section 5 of the Chhattisgarh Clinical Establishments Registration Act, 2007**

The replies to be written in this column

1	Name of the establishment	
2.	Address of establishment with PO & PS	
3.	Phone No	
4.	Whether new or old for renewal	New/ Old
5.	Name of the Applicant (Person directly responsible for the management of the clinical establishments)	
6.	Address of the Applicant	
7.	Phone No	
8.	Nature of the firm: Ownership/ Partnership/ Registered Company/ Trust/ Voluntary Organization/ Society/ Body	
9.	Type of establishment 1. Maternity home with O.T 2. Maternity home without O.T 3. General Nursing Home 4. Others ( Please Specify)	

In case the application is made on behalf of a Company, Society, trust, Association or other body corporate the name & residential address of the person in charge of the management of such Company, Society, Association or Body Corporation should be given. This item is applicable only when the application is made on behalf of a Company, Society, association or other body corporate.

10	Trade License <ul style="list-style-type: none"> <li>• Name of Authority</li> <li>• License No</li> <li>• Date of Issue</li> </ul>	
11	Clearance from Pollution Control Board	Yes/ No/ Applied for
12	Clinical Waste Disposal License: (from Panchayat/ Municipality/ Municipal Corporation)	Yes/ No/ Applied for
13	Brief description of the construction, size & equipment of the nursing home or any premises used in connection therewith as detailed below:- i) Plan of construction approved by local	

	<p>authority( Gram Panchayat, Municipality, Corporation) – For New</p> <p>ii) Floor space of beds provided - Per square foot</p> <p>iii) Arrangements made for medical check – up &amp; immunization of the employees.</p> <p>iv) Floor space for kitchen, servant’s rooms and giving details of user and area of each room.</p> <p>v) Details arrangements made for sanitary convenience for patients and employees giving their number.</p> <p>vi) Details of arrangements made for storage and service of food.</p> <p>vii) Generator available ( with connection to suction Machine)</p>	
14	Whether the nursing home or any premises used in connection therewith are used or are to be used for purposes other than that of carrying on a nursing home.	
15	Number of beds for maternity patients Number of beds for other patients	
16	<p>Exemptions granted from</p> <ul style="list-style-type: none"> <li>• Custom duty <ul style="list-style-type: none"> <li>i) Whether free treatment facilities @ 40% in OPD and 10% in IPD</li> <li>ii) Monthly Report Submitted:</li> </ul> </li> </ul>	<p>Yes/ No/ Applied for (if yes then)</p> <p>Yes/ No</p> <p>Yes/ No</p>
17	Names, ages and qualifications of the members of the nursing staff in the nursing home	
18	Place where the nursing staff is accommodated	
19	Names, ages and qualifications of the resident or visiting physicians or surgeons in the nursing home	

20	Name with qualifications of medical and paramedical staff in case of Lab, X – ray, CT, USG, MRI other diagnostic facilities.	
21	Whether the nursing home is under the supervision of a qualified medical practitioner and if so his or her name, age and qualifications	
22	Whether any person of alien nationality is employed in the nursing home and if so, his name and other particulars	
23	Name of specialists, Concerned Doctors, DMO displayed.	
24	No. & Date of expiry of the certificate of registration. ( in case of renewal)	

I solemnly declare that the above statements are true to the best of my knowledge and belief.

Date

Signature of the Applicant

**Annexure – III  
FORM C**

Certificate of Registration under Section 5 of the Chhattisgarh Clinical Establishments  
Registration Act, 2007

(Under Rule 5)

No. : .....

This is to certify that Shri. / Shrimati .....  
..... has been registered under the  
Chhattisgarh Clinical Establishment Registration Act 2007 in respect of  
..... situated  
at.....  
..... and has been authorized to carry on the said Nursing Home.

Registration No.	Maternity	Cots
Date of Registration	Other Nursing Patients	Cots

Place:

Date of issue of Certificate:

This Certificate shall be valid up to 31<sup>st</sup> March .....

Executive Health Officer / Civil Surgeon /  
District Health Officer

**Annexure IV**  
**List of Notifiable diseases**

- 1) Cholera
- 2) Plague
- 3) Diphtheria
- 4) Neonatal Tetanus
- 5) Polio (AFP)
- 6) Japanese encephalitis
- 7) Dengue
- 8) Infectious hepatitis
- 9) Gastroenteritis
- 10) AIDS
- 11) Leptospirosis
- 12) SARS
- 13) Avian influenza
- 14) Malaria
- 15) Chikungunya
- 16) Measles
- 17) Kalaazar
- 18) Chickenpox