

## REGULATIONS

### UNDER

#### Health Facilities Licensing Act

#### **Interpretation**

1. In this regulation:

“Anesthesiologist” means a medical practitioner with specialty training in anesthesiology who is registered with the Medical Council as an anesthesiologist;

“Blood Bank” means a blood recruitment, transmission and storage facility;

“Cardiology Clinic” means a facility where services are provided by a cardiologist;

“Cardiologist” means a medical practitioner who is an internist with specialty training in the disease of the heart and who is registered with the Medical Council as a cardiologist;

“Clinical Laboratory” means a facility where clinical tests, other than tests performed by a medical laboratory, are performed on individuals;

“Community Health Worker” means a person who is selected by a community to provide basic health care in the community, and who has completed a community health worker program approved by the Minister;

“Dental Assistant” means a person who is registered as a dental assistant under the *Dental Registration Act*;

“Dental Clinic” means a facility where dental services are provided by a dental practitioner;

“Community Dental Therapist” means a person who is registered as a community dental therapist under the *Dental Registration Act*;

“Dental Technician” means a person who is registered as a dental technician under the *Dental Registration Act*;

“Dental Practitioner” means a person who is registered as a dental practitioner under the *Dental Registration Act*;

“Dental Surgeon” means a person who is a dental practitioner with specialty training in oral surgery and who is registered with the Medical Council as a dental surgeon;

“Dental Extender” means a person who is registered as a dentist extender under the *Dental Registration Act*;

“Diagnostic Imaging Facility” means a facility where services are provided in interventional radiology, ultrasound, diagnostic x – ray imaging services techniques including static radiography, dynamic radiography, computerized tomography, magnetic resonance imaging, positron emission tomography or other similar devices;

“Diagnostic Radiographer” means a person who is trained as a diagnostic radiographer to a standard acceptable to the Minister;

“Dialysis Centre” means a facility where artificial renal replacement therapy is performed including haemodialysis or peritoneal dialysis;

“Dynamic Radiology” means radiology studies where physiological information is obtained from the patient and includes fluoroscopy and Doppler studies;

“Health Centre” means a purpose built facility that provides primary health care and that is staffed Monday to Friday by a part – time or full – time Medex or community health worker, where in –patient services are limited to over – night stays to stabilize or observe a patient and, if a nurse or midwife is present, to perform routine deliveries;

“Health Post” means a facility that provides minimal primary health care using a part – time or full – time community health worker, patients attend schedule clinics for preventative care and primary health care and no in-patient services are provided;

“Hospital” means a facility that provides on a daily basis, laboratory and diagnostic radiology services, schedule and non – scheduled out – patient, in – patient care for stays not exceeding fourteen days and medical nursing services;

“Human Tissue Bank” means a supply of human tissue that is used in aid of or in lieu of surgical procedures;

“Licensed” means licensed under the Act;

“ Licensee” means the holder of a license;

“Maternity Ward” means a ward or area in a hospital or health center where human babies are delivered on an ongoing basis;

“Medex” means a person who is registered as a Medex under *the Medical Practitioners’ Act, 1991*;

“Medical Council” means the Guyana Medical Council under the Medical Practitioners Act;

“Medical Laboratory” means a facility for the examination and testing of materials or fluids derived from the human body for the purposes of providing information on the diagnosis, prevention or treatment of disease;

“Medical Physicist” means a person who is trained to provide oversight, maintenance and quality control of radiation equipment and to provide radiation protection programs;

“Medical Laboratory Technologist” means a person who is trained as medical laboratory technologist to a standard acceptable to the Minister;

“Medical Practitioner” means a person who is licensed as medical practitioner under the *Medical Practitioners Act, 1991* and is registered with the Medical Council;

“Midwife” means a person who is registered as a midwife under the *Nurses and Midwives Ordinance*;

“Nephrologists” means a medical practitioner who is an internist with specialty training in nephrologists and who is registered with the Medical council as a nephrologists;

“Nurse” means a person who is registered as a nurse under the *Nurses and Midwives Ordinance*;

“Nurse Anesthetist” means a nurse with specialty training in anesthesiology;

“Nurse Assistant” means a person who has completed a nurse assistant training program approved by the Minister;

“Oncology Clinic” means a clinic for the treatment of persons suffering from neoplastic diseases or tumors;

“Out - Patient Clinic” means a healthy facility where diagnosis, treatment, ambulatory care, or health information, or any combination thereof is provided;

“Polyclinic” means a facility or clinic that provides care or treatment for a variety of medical conditions in an out- patient clinic setting;

“Pathologist” means a medical practitioner with specialty and who is registered with the Medical Council as a pathologist;

“Pathology Laboratory” means a facility where cytology, surgical pathology and autopsies are performed;

“Pediatrician” means a person with specialty training in pediatrics and who is registered with the Medical Council as a pediatrician;

“Pharmacist” means a person who is registered as a pharmacist under the *Pharmacy Practitioners Act, 1998*;

“Pharmacy assistant” means a person who is registered as a pharmacist under the *Pharmacy Practitioners Act, 1998*;

“Radiation Oncologist” means a medical practitioner who confines his or her professional practice to radiation oncology or therapeutic radiology, who hold a certificate in radiology that is acceptable to the Medical Council or who has completed a residency in radiation oncology or has completed training that the Medical Council considers equivalent thereto;

“Radiologist” means a medical practitioner with specialty training in radiology and who is registered with the Medical Council as a radiologist;

“Regional Health Authority” means a regional health authority established under the *Regional Health Authorities Act*;

“Registered Nurses” means a person who is registered as a nurse under the *Nurses and Midwives Ordinance*;

“Static Radiography” means radiography where morphological information is obtained from the patient;

“Surgical Centre” means a place where surgery is performed under general, local or regional anesthesia.

### **Application**

2. This regulation applies to the following health facilities:
  1. Blood Banks
  2. Diagnostic Imaging Facilities
  3. Dialysis Centres
  4. Hospitals
  5. Human Tissue Banks
  6. Maternity Wards
  7. Medical Laboratories
  8. Nursing Homes
  9. Oncology Clinics with Radiation Therapy
  10. Pathology Laboratory
  11. Surgical Centres.

### **Obligations of Licensee of Health Facility**

3. Except where other wise indicated, every licensee of a health facility that is licensed as a health facility referred to in section 2 shall ensure that the requirements of Part 1 of this regulation are met.

## **Part 1 - General**

4. Except where otherwise provided, every health facility shall,

(a) **HOSPITAL GOVERNANCE AND ADMINISTRATION**

Have a policy making body and documented administrative structure, including a designated official responsible and accountable for medical care.

(b) **ADMINISTRATION**

There is an individual responsible for the administration of the facility. The qualification of doctors must be displayed for public information. It has an updated Manual of Administrative Procedure (including operational routine, procedures and standards). There is a personnel office with files on all staff members that include certification of training. There should be staff meetings at least quarterly including all categories of staff. Visiting hours should be displayed.

(c) **Staffing**

Have sufficient numbers of qualified staff in the employ of the health facility and present during the operating hours of the facility commensurate with the type of services being offered at the facility.

### **Patient records**

5. (1) An up-to-date patient medical record shall be maintained for each patient of a health facility that bears the assigned date each entry is made on the record and that includes the following information with respect to the patient:

1. Name, address and phone number, where available.
2. Age and sex.
3. Relevant history of illness or injury and physical findings.
4. Diagnosis.
5. A list or a copy of a list, of all diagnostic tests and procedures carried out by the facility on the patient, together with the date of the tests or procedures, and the results, or a copy of the results, where available, including a copy of the original test procedure.
6. Clinical observations, including results of treatment.
7. Allergy history.
8. For pediatric patients, immunization records.
9. Where there is a referral, a copy of the original referral.
10. Patient contact information.
11. Patient consent to treatment form.

(2) Patient records and reports shall be treated as confidential information and, except as provided in subsections (3), (4), (5) or (6), no person shall be allowed to examine a patient's health record or be given any information, copy or item for a patient's record.

(3) A person who is treating a patient may examine the patient's health record or obtain any information or item or copy from the health record only for the purpose of providing health care or assisting in the provision of health care to the patient.

(4) Copies from a patient's health record shall be provided on request to a patient, a personal representative who is authorized by the patient to obtain copies from the record, or if the patient is dead, the patient's legal representative.

(5) Subsection (2) does not apply to a person making a report that is required to be made under the Public Health Ordinance or any prevailing law or regulation.

(6) Subsection (2) does not apply to a person who is collecting data for a study that is approved by the Minister from a health facility owned or operated by the Ministry or by a Regional Health Authority, provided that the person agrees not to release or publish any identifying information.

(7) Every patient's health record, a copy of it, in either paper or electronic form, shall be retained for at least ten (10) years following the patient's last visit to the health facility.

(8) Every maternal death and perinatal death in the health facility shall be reported to the Chief Medical Officer within twenty-four hours of the occurrence and all other deaths shall be reported on a weekly basis to the Chief Medical Officer.

(9) The medical record function in the health facility shall be adequately staffed to ensure that the requirements of this section are met.

### **Access to Care**

6. All patients shall be treated equally regardless of age, race, creed, nationality, gender or sexual orientation.

### **Patient Care Setting**

7. (1) Every health facility shall be so designed and equipped as to be able to carry out the operations that the facility is licensed for in a safe and effective manner.  
(2) Waiting areas and patient registration areas shall be readily accessible to patients, including physically challenged persons.  
(3) All areas of a health facility shall be so constructed and located as to ensure patient privacy and confidentiality without compromising patient care.  
(4) Where a health facility provides emergency medical care, wheelchairs and other ambulating aids, as are necessary for patients in these particular circumstances, shall be readily available at the facility.

(5) Where a health facility may require a patient to provide a specimen, the area for the procurement of specimens shall be in a room that is separate from the room in which patients are examined.

(6) Subsection (5) does not apply with respect to a patient who is bed-ridden.

(7) Every health facility shall have an examination room that is properly equipped commensurate with the type of services being offered at the facility.

(8) Every health facility shall have, where it is possible, at least one sink with running water or a clean washbasin with a supply of portable water for hand washing.

(9) The sink or washbasin referred to in subsection (8) shall be available in the location where a patient is required to give a specimen.

(10) Where a health facility contains a medical laboratory, the sink referred to in subsection (8) shall be in the form of a fixture that is so constructed as to permit flushing of the eyes, the body and clothes with large quantities of water so as to neutralize any hazardous or corrosive substances in case of an accident.

(11) Every health facility shall have a sufficient number of flush toilets and washrooms or latrines to handle the volume of patients and employees of the facility and such toilets and washrooms or latrines shall be conveniently located for the patients and employees.

### **Equipment and Supplies**

8. (1) Every health facility shall establish a preventative maintenance program to ensure that equipment required by the manufacturer to be checked or calibrated is done so with a frequency that is in accordance with the manufacturer's specifications.

(2) Biological and other supplies requiring refrigeration shall be stored in a refrigerated enclosure.

(3) Infectious materials shall be stored in clearly marked containers designed specifically for storage of infectious waste that meet the requirements of the Guyana Bureau of National Standards [**insert name of standard**].

(4) Flammable liquids in excess of 10 gallons shall be contained in a storage cabinet containing not more than 60 gallons that meet the requirements of the Guyana Fire Service.

(5) "No smoking" signs shall be posted at areas in which flammable gases or liquids are stored for use.

(6) There shall be sufficient storage space for patient records and pharmaceuticals supplies.

(7) Approved fire extinguishers in good working order in the number required by the Guyana Fire Service shall be kept on the premises of every health facility.

## **Patient Rights**

9. (1) Patients shall be provided with considerate respectful care at all times and under all circumstances, with due regard to their personal dignity.
- (2) No patient shall be denied privacy concerning any matter related to the patient's medical history.
- (3) Patients shall be provided with care that is appropriate in the circumstances.
- (4) Patients shall be informed of the identity and professional status of persons providing their care.
- (5) The person who is responsible for coordinating a patient's care shall provide information to the patient with respect to the patient's diagnosis, current prognosis, if known any treatment or procedures to be under taken.

## **Consent**

10. (1) Except where otherwise provided under the provisions of the *Medical Termination of Pregnancy Act*, no treatment or procedure shall be performed on a patient without the voluntary, competent and informed consent of the patient or, where the patient is a minor, the consent of a relative, legal representative or guardian of the patient.
- (2) For the purpose of subsection (1), informed consent includes advising the patient, in terms that can be understood by the patient, of the risks, benefits and alternatives of all proposed treatments or procedures.
- (3) A consent shall be in writing.
- (4) Where a patient is unable to give informed consent because the patient is physically impaired, mentally impaired, debilitated or incompetent in any way so as not to be able to give informed consent, written consent shall be obtained from a relative or legal representative of the patient prior to the administration of the treatment or procedure on the patient.
- (5) Where a patient is illiterate but is otherwise able to give informed consent, the patient may give written consent by marking the consent form with his or her mark and having it witnessed.
- (6) When a patient is unable to give informed consent, and there is no relative, legal representative, guardian or other person designated by the patient for this purpose and delay in medical treatment would endanger the life or a limb of the patient, the consent of the patient may be presumed, unless it is obvious from a previous declared expression of the patient that consent would be refused in the situation.

## **Policies and procedures**

11. Every health facility shall have written policies and procedures that specify the scope and conduct of the care and service that they provide and that includes at least,
- (a) the mechanism used to inform a client of the practitioner on other health care personnel responsible for his care;
  - (b) the keeping of patient medical records, including a reference to the confidentiality of patient information, the safeguard of medical records, the release of information to authorized individuals and any consent required for treatment of a patient or the administration of any procedure on a patient;
  - (c) the scope of treatment and procedures to be performed in patient care areas, including general and specific treatments and procedures that may be performed;
  - (d) the mechanism for the provision of care to a minor not accompanied by a parent or guardian;
  - (e) the location and storage of medications, supplies and equipment;
  - (f) the dispensing of medication in accordance with legal requirements and the responsibility for maintaining the integrity of an emergency drug supply;
  - (g) infection control measures;
  - (h) the methods used to ensure that the facility is sanitary and free from nuisance;
  - (i) the methods used by the facility to ensure that the safety and well being of patients and employees are assured; and
  - (j) the mechanism used to make reports to the Ministry of Health.

## **Sanitation and Safety**

12. (1) The Occupational Health and Safety Act 1997 applies to all health facilities.
- (2) Premises shall be kept sanitary and free from nuisance in accordance with the existing *Environmental Protection Act* and any other law or legislation.
- (3) Syringes, needles, lancets or other blood letting devices capable of transmitting infection from one person to another shall be disposed of according to the requirements of the Guyana Solid Waste Management Division of the Ministry of Local Government.

(4) Every health facility shall ensure that linen, gauze, bandages or any other material that is contaminated with blood or other bodily fluid shall be treated as infectious waste in accordance with section 13.

(5) Any specimen from a patient that is transported locally in Guyana shall be transported in accordance with the requirements of the Guyana Solid Waste Management Division of the Ministry of Local Government.

(6) Any specimen from a patient that is transported abroad for assessment shall be shipped in accordance with shipping guidelines as set out in *IATA Regulation 650*.

(7) Every health facility shall be smoke free and the licensee shall ensure that no person smokes or holds lighted tobacco in the facility or in the nine metre radius surrounding any entrance or exit to the facility.

### **Infectious and Radioactive Waste**

13. (1) Infectious waste, other than infectious waste referred to in subsection 12 (2), shall be kept separate from other waste and shall,

(a) Be stored in double impervious plastic bags that are each at least 2mm. in thickness, that are securely fastened, that are conspicuously marked "infectious waste" and that when full do not exceed 25 pounds in weight.

(b) Be transported in receptacles that are conspicuously mark "infectious waste";

(c) Be processed to render the waste harmless or shall be held for pick-up in specially marked non- mental containers separate from regular waste;

(d) Be secure from unauthorized persons;

(e) Be secure from birds and animals;

(f) Not be removed by mechanical means or compacted;

(g) Not be deposited in any sanitary landfill; and

(h) Shall be disposed of in accordance with the requirements of the Guyana Solid Waste Management Division of the Ministry of Local Government.

(2) Broken or leaking bags of infectious waste shall not be permitted to be transported from a clinic or facility unless it is re- bagged in accordance with this section.

(3) Where trash that may constitute a hazard to any person or thing is compacted and the integrity of the container is compromised such container shall be handled as infectious waste under this section.

(4) Radioactive waste shall be stored, transported and disposed of according to the requirements of the Guyana Solid Waste Management Division of the Ministry of Local Government.

(5) This section does not apply to articles that are dirty or contaminated but are intended to be reused after they have been cleared and sterilized.

## **Part 11 - Blood Banks**

### **Requirements**

14. (1) Every licensee of a health care facility that is licensed as a blood bank shall ensure that the requirements of this Part are met.

(2) Every licensee of a health facility that contains a blood bank shall ensure that the requirements of this part are met.

### **Staff**

15. Every blood bank shall be under the direction of a medical practitioner or a pathologist.

### **Procedures**

16. Every blood bank shall meet the requirements of the "Caribbean Regional Standards for Blood Banks and Transfusion Services, 2001, as amended from time to time".

## **Part 111 - Diagnostic Imaging Facilities**

### **Requirements**

17. (1) Every licensee of a health facility that is licensed as a diagnostic imaging center shall ensure that the requirements of this Part are met.

(2) Every licensee of a health facility that provides diagnostic imaging services shall ensure that the requirements of this part are met.

### **Staff**

18. Every facility that is licensed as a diagnostic imaging facility shall be under the direct supervision of a medical practitioner.

### **Policies and procedures**

19. (1) Every diagnostic imaging facility shall have written policies and procedures for monitoring and evaluating the effective management, safety and operation of imaging

equipment so as to minimize patient, personnel and public radiation risks and maximize the quality of the diagnostic information.

(2) The premises of every health facility that has an x-ray department shall conform to the following structural requirements for protection from radiation:

(a) Radiation protection for the walls of the facility shall be a lead equivalent of 2mm.

(b) Where there is a room above the facility, radiation protection in the ceiling of the facility shall be a lead equivalent of 2mm.

(c) Where there is a room below the facility, radiation protection in the floor of the facility shall be a lead equivalent of 2mm.

(3) For the purposes of subsection (2) a lead equivalent of 2mm means,

(a) A single brick wall at least 9" thick;

(b) a six inch thickness of solid concrete; or

(c) 2mm of lead sheeting.

(4) Waiting areas and change rooms shall so situate as to prevent exposure to radiation.

(5) Radiation protection for patients shall consist of gonad shields, or lead rubber aprons where it is necessary to support a patient during an examination.

(6) Radiation protection for operators shall consist of,

(a) Radiation monitoring badges from a recognized company or organization;

(b) Lead rubbers, aprons and gloves when the operator is in the room with the patient;

(c) A control desk that is behind a lead protective screen with a lead glass window for the operator to stand behind; and

(d) Radiation equipment so installed that it does not point to the control panel.

(7) Equipment performance shall be monitored and machine calibration shall be checked by a medical physicist every six (6) months at least according to the manufacturer's specifications, and records of such monitoring and calibration shall be kept in the facility and shall be readily available upon the request of an inspector.

(8) Machines requiring calibration shall be calibrated as soon as practicable.

(9) Images shall be clearly labeled with the examination date, patient identification and image orientation and a written report of the image results shall be included with the patient's medical record.

(10) X-rays shall be taken by a diagnostic radiographer, and shall be interpreted by a radiologist or, where no radiologist is available, by a medical practitioner.

(11) X-ray equipment shall be grounded.

(12) An x-ray department shall consist of an x-ray room that is at least 18 square meters, a darkroom that is at least 7.5 square metres and an office / storeroom that is at least 8 square metres.

## **Part 1V - Dialysis Clinics**

### **Requirements**

20. (1) Every licensee of a health facility that is licensed as a dialysis center or as a dialysis clinic shall ensure that the requirements of this Part are met.

(2) Every licensee of a health facility that includes a dialysis clinic shall ensure that the requirements of this Part are met.

### **Staff**

21. Every health facility licensed as a dialysis center or that includes a dialysis clinic shall be under the direct supervision of a nephrologist.

### **Policies and Procedures**

22. (1) Every health facility providing dialysis services to patients shall have written policies and procedures for maintaining, monitoring and evaluating management, safety and operation of equipment in the facility and of services provided in the facility.

(2) The policies and procedures referred to in subsection (1) shall be so designed as to minimize patient, personnel and public risks and to maximize the quality of dialysis care.

### **Nursing Station**

23. Every dialysis clinic shall have a central nursing station.

## **Dialysis Treatment area**

24. (1) There shall be an adequate number of sinks for implementing precautions relating to infection control according to standards established by the American Professions of Infection Control. {Or insert Guyana standard}.

(2) Walls and floors shall be smooth and washable so that decontamination procedures can be carried out easily.

(3) Every dialysis clinic shall ensure that in addition to the dialysis treatment area the following areas in the clinic are clearly defined:

1. Clean up area.
2. Clean supply room.
3. Equipment storage.
4. Water treatment area.
5. Lockers and bathrooms for patients and staff.
6. General reception area.
7. Waiting room for patients and visitors.

## **Infection Control**

25. Used blood- lines and dialysers shall be treated as infectious waste in accordance with section 13.

## **Water Control**

26. The quality of the water used in the dilution of the dialysis concentrate shall be in accordance with AAMI water treatment equipment and quality recommendations for dialysis. [ or insert Guyana Standard]

## **Part V - Hospitals**

### **Requirements**

27. (1) Every licensee of a health facility that is licensed as a hospital shall ensure that the requirements of this Part are met.

(2) Every hospital shall have a medical staff and the medical staff shall be under the direct supervision of a medical practitioner.

### **Accommodation**

28. Every hospital shall have ready access to,

(a) A licensed medical laboratory, either on or off the premises;

(b) A licensed blood bank , either on or off the premises

## **Governance and Administration**

- (29) (1) Every hospital shall be governed by a policy making body and by- laws that include a written administrative medical care in the hospital.
- (2) Every hospital shall designate a person who is responsible for and accountable for continuing medical care in the hospital.
- (3) The by- laws of a hospital shall,
- (a) Provide for a manual of administrative procedures to be employed by the hospital;
  - (b) Require a personnel office that contains a list of all medical practitioners and paramedical professionals on the hospital staff with their qualifications and training;
  - (c) Require staff meetings at least once a month, which meetings shall include all categories of staff;
  - (d) Set out the visiting hours of the hospital and require them to be prominently displayed to the public;
  - (e) Require a medical practitioner, or where a medical practitioner is not available, a Medex, to be on duty twenty-four hours per day;
  - (f) Require daily rounds of the wards of the hospital;
  - (g) Provide that a specific person or persons be responsible during daily rounds for following up on each patient who is admitted to the hospital;
  - (h) Require that the staff on duty in the hospital know how to contact all medical staff who are on duty at any particular time;
  - (i) Provide for written procedures to deal with the preparation and sterilization of all materials of the hospital;
  - (j) Provide for written procedures to ensure that cleaning takes place in standardized fashion including instruction for the use of disinfectants and the elimination of biological and other wastes;
  - (k) Provide for a designated individual who shall be responsible for ensuring that the hospital is cleaned on a daily basis; and
  - (l) Require the establishment of a protocol to deal with highly contagious diseases.

## Out - Patient Clinics

### Requirements

30. Every licensee of a health facility that is licensed as an out- patient clinic shall ensure that the requirements of this Part are met.

### Policies and Procedures

31. (1) Every out-patient clinic shall conspicuously post that medical practitioners who are available at the clinic and the times that they are available.
- (2) Every out-patient clinic shall have written policies governing visiting at the clinic.
- (3) Every out-patient clinic in a hospital shall be under the direction of the medical director or designated medical director of the hospital.

### Emergency Services

32. (1) Every hospital shall have an emergency department that is located at a specific dedicated site at the hospital and that has a medical practitioner and nurse on duty twenty-four hours a day.
- (2) At a minimum, emergency service shall be the provision of life saving First Aid.
- (3) Emergency service shall include the ability, where necessary, to refer the patient to the nearest facility that has the capability of providing the specialty service required by the patient.

### Food Service

33. (1) Food services in a hospital shall be supervised by a dietician or food service supervisor who shall maintain or ensure the maintenance of a list of diets appropriate for the pathology of the types of patients served by the hospital.
- (2) A diet manual shall be available at all times.
- (3) Each food service worker shall be
- (a) So dressed as to make them easily identifiable as a food service worker; and
- (b) Be the holder of a valid food handlers certificate issued by the municipality or public health department where the worker is employed, as the case required;
- (4) The food preparation area in a hospital shall be,
- (a) So constructed that all external openings to the area are fly-proof; and

(b) Restricted to food service workers only.

(5) Patients on special diets shall not be permitted to receive food from sources external to the hospital except as provided in subsection (6) and (7).

(6) Where the food service in a hospital is contracted out, the hospital shall ensure that,

(a) All patient diets are monitored by a dietician or food service supervisor; and

(b) That the contract with the external supplier provides for inspection under the Act.

(7) When relatives or other authorized persons request to provide food, such authorized person should consult and obtain permission from the hospital.

(8) Food for patients shall be covered from the time it leaves the food preparation area until it reaches the patient.

### **Sterilization**

34. (1) Every hospital shall have access to a specific dedicated site for the preparation and sterilization of materials of the hospital.

(2) Sterilization equipment shall consist of an autoclave, instrument sterilizer and a stove or oven and shall be tested regularly and at least twice a year to ensure they are in proper working order to sterilize the materials being placed in them.

### **Drug Dispensing**

35. (1) Every hospital shall have a specific site that is dedicated for the pharmacy which site shall provide for the conservation and refrigeration of drugs.

(2) The pharmacy in a hospital shall be administered and controlled by a pharmacist who provides drugs to in-patients and to out-patient clinics of the hospital on a restricted schedule and to the emergency department on a twenty-four hour basis.

(3) The hospital pharmacist shall keep a medication profile for each patient receiving drugs from the pharmacy.

### **Registers and Indexes**

36. (1) Every hospital shall keep the following registers:

1. A register of admissions and discharges for both in-patients and out-patients.
2. An emergency department register.
3. An operating room register.
4. A maternity ward register.

5. A register of births.
6. A register of deaths.

(2) Every hospital shall keep the following indexes:

1. A master index of patients.
2. An operating index.
3. A disease index.
4. A staff index

### **Occupational Health and Safety**

37. (1) The hospital administrator shall ensure that one or more health and safety representatives are chosen from among the staff in the hospital in accordance with the provisions of the *Occupational Health and Safety Act*.

(2) No person shall be employed by a hospital unless they have a medical examination conducted by a medical practitioner provided by the hospital.

### **Quality assurance**

38. (1) In addition to the by-laws referred to in subsection 29 (3), every hospital shall have by-laws that establish a quality assurance program for the hospital that evaluates the quality of care being provided to patients of the hospital on an on-going basis against a prevailing and accepted standard of professional care.

(2) A quality assurance program referred to in this section shall,

- (a) Ensure that all patient care services are efficiently rendered, readily available and properly documented;
- (b) Ensure that all hospital staff are ethically, professionally, legally competent and qualified for their particular duty in the hospital;
- (c) Establish a system to evaluate the hospital's facilities, manpower, necessary drug supply and physical safety of workers;
- (d) Establish protocols to investigate and resolve problems that could negatively impact on patient quality of care;
- (e) Establish a system of setting priorities to deal with quality assurance issues to ensure that problems are investigated and resolved that could negatively impact on patient quality of care; and
- (f) Establish a system of monitoring, evaluating and documenting the results of the hospital quality assurance program.

### **Housekeeping**

39. (1) All floors shall be washed at least once a day with cleaning agents recommended or consistent with the recommendations of the manufacturer of the flooring.

(2) Dry sweeping shall not be permitted except in out-patients area.

(3) Every hospital shall have suitably protective clothing available for staff who may have to come into contact with highly infectious patients or materials

## **Part V1 Maternity Wards in Hospitals and Health Centres**

### **Requirements**

40. Every licensee of a health facility that is licensed as a hospital or health center that operates a maternity ward shall ensure that the requirements of this Part are met.

### **Staff**

41. (1) Every maternity ward in a hospital shall be under the direction of a medical practitioner.

(2) Every maternity ward in a health centre shall be under the direction of a medical practitioner or a Medex or a staff nurse/midwife.

### **Competent Staff - Maternity**

42. (1) Patients in labour shall be managed by a staff nurse or midwife, under the direct supervision of the medical practitioner or Medex who is responsible for the patient's care.

(2) Where the medical practitioner or Medex referred to in subsection (1) is not specially trained in obstetrics, the facility shall, where feasible, have an established written agreement with an obstetrician to provide twenty-four hours of direct consulting access for the physician referred to in subsection (1).

(3) Nursing and maternity care in a hospital shall be set out in an organisational chart and the maternity ward shall meet the following criteria:

1. Evidence of current registration of all nurses and midwives should be available on request.
2. A roster of nurses and midwives on the various shifts within each twenty-four hour period for the week shall be available upon request.
3. Vital signs of each patient shall be observed and recorded on each patient's chart at least once in 24 hours or as often as is required in the circumstances.

### **Accommodation**

43. Every maternity ward shall have and maintain at all times,

- (a) A delivery room; and

- (b) Operable resuscitation equipment, including a supply of oxygen and suction apparatus commensurate with the number of patients in the facility.

### **Surgical operations**

44. Every maternity ward in which surgical operations are performed shall meet the requirements of Part X (Surgical Centres).

## **Part V11 - Medical Laboratories**

### **Requirements**

- 45 (1) Every licensee of a health facility that is licensed as a medical laboratory shall ensure that the requirements of this Part are met.
- (2) Every Licensee of a health facility that contains a medical laboratory shall ensure that the requirements of this Part are met.

### **Staff**

46. (1) Every medical laboratory shall be under the direction of a medical practitioner.
- (2) Every medical Laboratory shall have on staff medical laboratory technicians who are qualified to perform the procedures undertaken by the laboratory.
- (3) At least one medical laboratory technologists shall be available on the premises of a medical laboratory during all hours when laboratory tests are performed.

### **Scope of Service**

47. Every medical laboratory shall post a list of all tests that are carried out by the facility and those tests that are carried out by another facility on behalf of the laboratory.

### **Collection Stations**

48. (1) The collection of specimens shall only be performed under the general supervision of the laboratory director or a medical laboratory technologist.
- (2) Every medical laboratory shall post in a conspicuous place in the laboratory, written instructions for the handling, preservation, storage and transportation of specimens.

### **Records**

49. (1) Every medical laboratory shall keep records and reports of all tests undertaken at the facility and those that are carried out by another facility on behalf of the laboratory.

(2) All records and reports of tests performed, including reports received from another laboratory, shall be kept on the premises of the requesting laboratory and the laboratory that performed the tests, for a period of ten (10) years.

(3) Records and reports referred to in this section may be kept in electronic form provided they can be reproduced in readable form.

(4) Records and reports referred to in this section shall be made available to an inspector upon request.

### **Policies and Procedures**

50. (1) Every medical laboratory shall have written policies and procedures that address the following matters:

1. Quality system requirements.
2. Organisation.
3. Purchasing of equipment and supplies.
4. Complaints against the laboratory.
5. Review of requests.
6. Control of non-conforming work and corrective and preventative action.
7. Control of records and documents.
8. Quality assurance and management reviews
9. Safety.
10. Personnel.
11. Accommodation and environmental conditions.
12. Test methods and sampling.
13. Equipment.
14. Handling of tests and calibration of instruments.
15. Assuring quality of test results and reporting of test results.

(2) A medical laboratory shall not to be used unless it is certified by the Guyana Bureau of National Standards as meeting the requirements in subsection (1).

### **Reportable disease**

51. (1) Every medical laboratory shall report to the Ministry of Health those tests that a medical practitioner is required to report under existing laws and regulation.

(2) A medical laboratory reporting under subsection (1) shall ensure the confidentiality of all information reported.

### **Accommodation**

52. (1) Fume hoods that safely vent toxic and vapors to the outside shall be installed whenever toxic and volatile chemicals are used in a medical laboratory.

(2) All medical laboratories shall be well ventilated and, where possible, air conditioning that is independent from the rest of the facility shall be used.

(3) Fire blankets with instructions for proper use shall be kept on the premises of every medical laboratory.

(4) Written fire control and evacuation plans together with clearly marked fire escape routes shall be posted in a conspicuous place in every medical laboratory.

(5) Every medical laboratory that uses electronic equipment requiring electrical power shall have emergency power available during a power failure to provide for refrigeration of those things required to be refrigerated under this regulation and to supply heat, if required in the circumstances.

## **V111 - Oncology Clinics**

### **Requirements**

53. Every licensee of a health facility that is licensed as an oncology clinic shall ensure that the requirements of this Part are met.

### **Staff**

54. (1) A health facility that is licensed as an oncology clinic shall be under the direction of a medical practitioner with specialty training in oncology.

(2) A clinic in which medical oncology is provided, shall be under the direction of a medical practitioner with specialty training in medical oncology and shall also have on staff, registered nurses with specialty training in medical oncology.

(3) A health facility that is licensed as an oncology clinic shall have on duty during the hours of operating, at least one member of staff who is a medical practitioner with specialty training in oncology or a registered nurse with special training in oncology.

### **Tissue removal**

55. Tissue that is removed from a patient in an oncology clinic shall be sent to a pathologist for an examination and any malignancy shall be recorded by the clinic and a copy of the record placed in the patient's record and reported as required to the Ministry of Health.

### **Administration of Chemotherapeutic Agents**

56. (1) Every health facility in which chemotherapy is administered shall have written policies and procedures with respect to the preparation of drugs that ensures the safety of staff and patients.

(2) Specimen preparation shall only be carried out by a medical practitioner, a pharmacist or registered nurse who has specialty training in oncology and in the administration of chemotherapy drugs.

(3) Every health facility in which chemotherapy is administered shall have written policies and procedures for the management of adverse effects of such treatment on patients.

(4) Every health facility in which chemotherapy is administered shall obtain a written consent from the patient or legal representative of the patient before administering chemotherapy drugs.

(5) Where a patient will be receiving chemotherapy drugs at home, the health facility shall provide instructions to the patient or, where applicable in the circumstances, to any other person who will be assisting the patient or administering the drugs to the patient.

## **Part 1X Pathology and Clinical Laboratory Facilities**

### **Requirements**

57. Every licensee of a health facility that is licensed as pathology and clinical laboratory facility shall ensure that the requirements of this Part are met.

### **Accommodation**

58. Every pathology and clinical laboratory facility shall designate an area for the procurement and storage of specimens and infectious waste.

### **Tracings**

59. Abnormal ECG tracings shall be confirmed by an internist or a cardiologist.

## **Part X - Surgical Centres**

### **Requirements**

60. Every licensee of a health facility that is licensed as a surgical centre and ever hospital that operates a surgical center shall ensure that all requirements of this Part are met.

### **Staff**

61. (1) Every surgical center shall be under the direction of a medical practitioner.

(2) Every surgical centre where general intravenous or any other type of a regional anesthesia is being administered shall have an anesthesiologist, a nurse anesthetist or a medical practitioner with specialty training in anesthesiology on staff.

## **Policies and Procedures**

62. (1) Where surgical procedures are provided in an ambulatory care setting, the surgical centre shall have policies and procedures that are consistent with those applicable to inpatient surgery, anesthesia, and postoperative recovery.
- (2) The policies and procedures referred to in subsection (1) shall include,
- (a) The types of elective operative procedures that may be performed in the centre and the locations where they may be performed.
  - (b) The scope of anesthesia services that may be performed in the centre and the locations where such anesthesia services may be administered.
  - (c) The available pre-operative and post operative transportation;
  - (d) The available postoperative care, including post anesthesia recovery;
  - (e) Standardized procedures for operating and maintaining operating rooms and instruments;
  - (f) Procedures for cleaning and disinfecting surgical areas between operations; and
  - (g) Protocols for regular microbiological testing of the surgical area.
- (3) Every patient in a surgical centre who receives anesthesia, other than local anesthesia, shall be examined before discharge and shall be accompanied home by a person designated by the patient.
- (4) The examination referred to in subsection (3) shall be performed by a medical practitioner or a dental surgeon, as the case requires.
- (5) When a patient is discharged from a surgical centre, the centre shall provide written instructions for follow-up care to the patient or other person providing care to the patient including directions for obtaining an appropriate medical practitioner or dental surgeon for postoperative problems.
- (6) Whenever feasible, a family member shall be available to pediatric patients during the preoperative and postoperative periods.

## **Physical Requirements**

63. (1) Surgical areas shall be separate and distinct from the rest of the facility.
- (2) A site separate from the surgical area shall be set aside for washing and gowning of the surgical staff and nursing staff.
- (3) Every surgical center shall have emergency power available during a power failure.

## **Patient's History to be Recorded**

64. (1) Before a patient is submitted to any anesthetic or undergoes any surgical operation, the patient's history, the results of any physical examination and a written pre-operative diagnosis shall be recorded in the patient's record by the operating surgeon or any medical practitioner so authorized by the surgeon.
- (2) Where in the opinion of the operating surgeon, compliance with subsection (1) would result in delay detrimental to the patient; the surgeon shall so state in writing and shall record and sign only the pre-operative diagnosis.

## **Description of Operation in Patient's Medical Record**

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

## **Operations Register**

66. Every surgical centre shall keep an operation register showing the name of the patient, the date and nature of the operation, the name of the surgeon, the name of the anesthesiologist or nurse anesthetist given and the time the operation began and was completed.

## **Anesthetic**

67. The anesthesiologist or nurse anesthetist shall furnish to the surgical centre, a record showing the type of anesthetic given, the amount used, the length of time the anesthetic was administered to the patient and the condition of the patient flowing the operation.

## **Surgical Procedures**

68. An accurate and completed description of the techniques and findings of every operative procedure performed at a surgical centre shall be dictated or written immediately following surgery by the surgeon who performed the operation.

## **Removal of Tissue**

69. (1) Any tissue removed during an operation or during oral surgery shall be set aside, preserved and labeled by the operating surgeon and sent to pathology.
- (2) The pathologist report received by the surgical centre from the medical laboratory shall become part of the patient's medical record and all abnormal findings reported to the Chief Medical Officer.

## **Commencement**

69. Subsections 7 (4), 8 (8) and sections 13 (4) and 59 (3) come into force on the second anniversary of the day this regulation comes into force.