

HOSPITAL INSURANCE AND HEALTH  
AND SOCIAL SERVICES ADMINISTRATION ACT

**CONSOLIDATION OF HOSPITAL STANDARDS REGULATIONS**

R.R.N.W.T. 1990,c.T-6

*(Current to: December 27, 2019)*

**AS AMENDED BY NUNAVUT REGULATIONS:**

R-034-2019

In force January 1, 2020

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## GLOSSARY OF TERMS USED IN CONSOLIDATIONS

### *Miscellaneous*

c.	means "chapter".
CIF	means "comes into force".
NIF	means "not in force".
s.	means "section" or "sections", "subsection" or "subsections", "paragraph" or "paragraphs".
Sch.	means "schedule".

### *Citation of Acts*

R.S.N.W.T. 1988,c.D-22	means Chapter D-22 of the <i>Revised Statutes of the Northwest Territories, 1988</i> .
R.S.N.W.T. 1988,c.10(Supp.)	means Chapter 10 of the Supplement to the <i>Revised Statutes of the Northwest Territories, 1988</i> . ( <i>Note: The Supplement is in three volumes.</i> )
S.N.W.T. 1996,c.26	means Chapter 26 of the 1996 Annual Volume of the Statutes of the Northwest Territories.
S.Nu. 2002,c.14	means Chapter 14 of the 2002 Annual Volume of the Statutes of Nunavut.

### *Citation of Regulations and other Statutory Instruments*

R.R.N.W.T. 1990,c.A-1	means Chapter A-1 of the <i>Revised Regulations of the Northwest Territories, 1990</i> .
R-005-98	means the regulation registered as R-005-98 in 1998. ( <i>Note: This is a Northwest Territories regulation if it is made before April 1, 1999, and a Nunavut regulation if it is made on or after April 1, 1999 and before January 1, 2000.</i> )
R-012-2003	means the regulation registered as R-012-2003 in 2003. ( <i>Note: This is a Nunavut regulation made on or after January 1, 2000.</i> )
SI-005-98	means the instrument registered as SI-005-98 in 1998. ( <i>Note: This is a Northwest Territories statutory instrument if it is made before April 1, 1999, and a Nunavut statutory instrument if it is made on or after April 1, 1999 and before January 1, 2000.</i> )
SI-012-2003	means the instrument registered as SI-012-2003 in 2003. ( <i>Note: This is a Nunavut statutory instrument made on or after January 1, 2000.</i> )

## HOSPITAL STANDARDS REGULATIONS

### Interpretation

1. In these regulations,

"communicable disease" means a virulent communicable disease as defined in the *Public Health Act* or a communicable disease listed in Schedule 2 to the *Reporting and Disease Control Regulations* made under that Act; (*maladie transmissible*)

"dentist" means a person who is licensed or holds a permit under the *Dental Profession Act* to practise dentistry; (*dentiste*)

"graduate nurse" means a person who has completed nursing education in an approved school offering educational preparation in general nursing and who is eligible for registration with a registered nurses' association in a province of Canada; (*infirmière diplômée ou infirmier diplômé*)

"hospital" means a hospital as defined in the *Territorial Hospital Insurance Services Regulations*; (*hôpital*)

"hospital authority" means the owner of a hospital and includes the person responsible for operating the hospital; (*direction d'hôpital*)

"inspector" means a person appointed by the Minister or by the Hospital Services Planning Division to inspect a hospital and make recommendations concerning the hospital in accordance with these regulations; (*inspecteur*)

"in-patient" means a person who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinets is allocated; (*malade hospitalisé*)

"medical practitioner" means a person who is entitled to practise medicine under the *Medical Profession Act*; (*médecin*)

"nursery" means a special room or rooms or other suitable space provided for the accommodation and care of newborn infants in a hospital; (*pouponnière*)

"out-patient" means a person who receives diagnostic or treatment services in a hospital, but who has not been admitted as an in-patient; (*malade externe*)

"rated capacity" means the number of beds that according to the Minister should be set up in a hospital in order that the facilities of the hospital may be utilized most effectively and efficiently; (*capacité optimale*)

"single service container" means a utensil that is to be used once and then discarded; (*réipient à usage unique*)

"toilet" means

- (a) a water closet or urinal connected to a pressure water system, or
- (b) where no pressure water system is available in a hospital, a sanitary privy, chemical closet or other means for the disposal of excreta that is approved by the Minister; (*toilette*)

"utensil" includes a dish, glass, cup, knife, fork, spoon or portable container, implement or apparatus used in the storage, preparation, serving or consumption of food or drink but does not include single service containers. (*ustensile*)

R-034-2019,s.2,3(1).

### Hospital Services Planning Division

2. There shall be an advisory agency to be called the Hospital Services Planning Division that shall be responsible to the Minister and that shall

- (a) provide consultant services to the Minister on the matters referred to in paragraphs 5(e) to (h) of the Act and matters pertaining to regulations under the Act;
- (b) have the duty and power to inspect a hospital and make recommendations to the Minister; and
- (c) perform such other duties with respect to the supervision and planning of hospitals, hospital services and facilities and other related health services as the Minister may prescribe.

R-034-2019,s.4(1).

### Application

3. (1) These regulations shall apply to every hospital except that the Minister, in granting permission to the hospital authority of a hospital to operate a hospital, may suspend temporarily the application of any provision of these regulations.

(2) A suspension by the Minister of these regulations shall be stipulated in writing to the hospital authority of a hospital and shall include such terms and conditions for the completion of alterations or additions to the buildings, installations, equipment and other facilities of the hospital, or changes in the number or type of hospital personnel, as the Minister considers necessary for full compliance with these regulations. R-034-2019,s.3(1).

### Approval and Classification of Hospitals

4. No building, institution, installation or facility may be constructed, acquired, altered or continue to operate as a hospital unless

- (a) an application is made to the Minister in the prescribed form by the owner or other agency responsible for the building, institution, installation or facility;
- (b) the hospital authority for the proposed hospital is named in the application;

- (c) permission is granted by the Minister in writing to the hospital authority of a hospital to operate the building, institution, installation or facility as a hospital subject to such conditions as the Minister may determine; and
- (d) in the case of proposed new construction or alterations, plans have been submitted beforehand to the Minister in accordance with these regulations. R-034-2019,s.3(1).

**5.** (1) The Minister may cancel or modify by notice in writing to the hospital authority of a hospital, permission, terms and conditions or the suspension of a regulation under the Act previously given with respect to the hospital.

(2) In the event of cancellation of permission to operate a hospital, the hospital authority of a hospital may apply in the prescribed form and in the manner described in section 4 for reinstatement by undertaking in writing to comply with the requirements of the Minister. R-034-2019,s.3(1).

**6.** The Minister shall be notified by a hospital authority of a change in the name or names of the hospital authority and notification shall be forwarded to the Minister within 48 hours of the change. R-034-2019,s.3(1).

#### Inspection and Supervision of Hospitals

- 7.** With respect to a hospital, an inspector shall have the duty and power to
- (a) enter the premises of the hospital at a reasonable hour of the day;
  - (b) inspect and examine the grounds, buildings, installations, equipment and facilities of the hospital;
  - (c) examine and if necessary make copies of a book, paper, account or other record concerned with the operation of the hospital, except that with respect to the case history records of in-patients, out-patients or hospital personnel, the inspector must be a medical practitioner unless the inspector is authorized in writing by the Minister to examine and make copies of a case history record;
  - (d) take photographs of hospital premises, including a building, installation, equipment or facility that the inspector considers necessary;
  - (e) make other notes or records in writing that the inspector considers necessary;
  - (f) take, for purposes of testing only,
    - (i) samples of food or drink,
    - (ii) samples of a drug, medicine or other chemical substance,
    - (iii) samples of water in which utensils are being washed, rinsed or sterilized,
    - (iv) measurements,
    - (v) swabs of utensils or of a surface;
  - (g) make recommendations to the Minister or to the Hospital Services Planning Division that the inspector considers desirable; and
  - (h) communicate to the hospital authority of a hospital the information, advice, instructions, terms and conditions, or suspension of a regulation with respect to the operation of the hospital that may be directed by the Minister. R-034-2019,s.3(1).

**8.** Information and a photograph that an inspector has or obtains with respect to a hospital authority, the premises of a hospital, a member of the personnel of a hospital, a book, paper, account or other record, or a case history record concerning an in-patient or out-patient may not be communicated or given to another person except

- (a) the Minister;
  - (b) **repealed, R-034-2019,s.3(2)**;
  - (c) a person designated by the Minister;
  - (d) a member of the Hospital Services Planning Division;
  - (e) another inspector;
  - (f) a medical health officer; and
  - (g) on the order of a court of competent jurisdiction.
- R-034-2019,s.3(2),(3),4(1),5.

#### General Administration

**9.** (1) The hospital authority of a hospital shall be responsible for the observance of these regulations and of the terms and conditions respecting a suspension granted by the Minister of regulations, and for the carrying out of any other directions given in writing by the Minister with respect to the operation of the hospital.

(2) The hospital authority of a hospital shall have full administrative control of the hospital, including the medical, surgical, obstetrical and dental staff of the hospital and shall be responsible for the observance of the general by-laws, rules and regulations of the hospital and the by-laws, rules and regulations of the medical staff and the dental staff. R-034-2019,s.3(1).

**10.** (1) The hospital authority of a hospital shall enact by-laws, rules and regulations

- (a) for carrying out the business of the hospital;
- (b) to ensure the safety and comfort of in-patients, out-patients and hospital personnel;
- (c) to ensure healthy working conditions for hospital personnel;
- (d) providing for the establishment of policies necessary for the provision of good medical, dental and nursing care of in-patients and out-patients;
- (e) concerning the duties and conduct of hospital personnel;
- (f) defining and regulating the duties and powers of the medical and dental staff;
- (g) concerning the admission, conduct, discipline and discharge of in-patients;
- (h) providing for the establishment of a proper system of records and accounts and the appointment of an auditor; and
- (i) to maintain the hospital buildings, installations, equipment and facilities in a state of good repair and efficiency so as to minimize hazards that might endanger the health or well-being of in-patients, out-patients or hospital personnel.

(2) By-laws, rules or regulations enacted under the provisions of subsection (1) shall have force and effect only when they have been approved by the Minister.

(3) An amendment to a by-law, rule or regulation enacted under the provisions of subsection (1) shall also be subject to the approval of the Minister. R-034-2019,s.3(1).

**11.** Charges other than authorized charges that may be made by a hospital authority to an in-patient or an out-patient shall be at rates approved by the Minister. R-034-2019,s.3(1).

#### Sites, Construction and Alterations of Hospital Buildings

**12.** Land shall not be used as a site for a hospital until approved by the Minister. R-034-2019,s.3(1).

**13.** (1) No building, institution, installation or facility shall be constructed or acquired for hospital purposes until provisional approval has been obtained from the Minister.

(2) No hospital shall be altered by enlarging or remodelling until provisional approval has been obtained from the Minister. R-034-2019,s.3(1).

**14.** (1) An application for provisional approval referred to in section 13 shall be submitted to the Minister and shall be accompanied by sketch plans in triplicate and other information that the Minister may require.

(2) Where a plan is approved it shall not be altered without the written consent of the Minister. R-034-2019,s.3(1).

**15.** A hospital building erected or altered shall not be finally approved until examined by one or more inspectors and found to comply with requirements of the Minister. R-034-2019,s.3(1).

**16.** No reallocation of the use of areas within a hospital shall be made by the hospital authority of the hospital so as to affect its rated capacity without the prior approval of the Minister. R-034-2019,s.3(1).

**17.** A hospital constructed and an extension to, or alteration of an existing hospital made, shall meet the following minimum requirements:

- (a) with respect to in-patient accom-modation:
  - (i) adults - single patient room - 9.3 m<sup>2</sup> of floor space for each bed, multiple accommodation - 7.4 m<sup>2</sup> of floor space for each bed,
  - (ii) children - child's single room - 7.4 m<sup>2</sup> of floor space for each bed, children's ward - 4.6 m<sup>2</sup> of floor space for each bed,
  - (iii) infants not in the obstetrical service - 2.8 m<sup>2</sup> of floor space for each crib or bassinet,
  - (iv) newborn infants - bassinets in obstetrical service - 1.8 m<sup>2</sup> of floor space for each bassinet;
- (b) ceiling heights of main kitchens and laundry service areas shall be at least 3 m;

- (c) ceiling heights of wards, surgical and obstetrical services areas and other areas accommodating in-patients and out-patients shall be at least 2.7 m;
- (d) main corridors shall have a minimum width between the walls of 2.3 m;
- (e) doors, including emergency exits provided for use in case of fire, shall have a minimum width of 1.12 m;
- (f) the clear glass area of wards shall be at least 10% of the floor area served;
- (g) the clear glass area of sleeping quarters of hospital personnel shall be at least 10% of the floor area served;
- (h) steam, hot water, hot air or radiant heating systems shall be installed in hospitals that shall be capable of thermostatic control.

**18.** In a hospital,

- (a) the floors and floor coverings shall be tight, smooth and non-absorbent;
- (b) the walls and ceilings of the rooms and passageways shall be constructed so that they may be readily cleaned and maintained in good condition;
- (c) a basement shall
  - (i) have the walls and floors below the ground level made moisture proof and waterproof,
  - (ii) have the floors and walls, including that portion of the walls that is above ground level, made proof against rats and other vermin,
  - (iii) be adequately lighted and ventilated, and
  - (iv) have the walls and ceilings whitewashed or painted a light colour; and
- (d) windows made to open and doors and other openings to the outside shall be screened against insects and other vermin.

### Environmental Sanitation

**19.** A hospital shall be equipped and furnished in a manner so as to provide reasonable comfort to in-patients, out-patients and hospital personnel.

**20.** No basement in a hospital may be used as a bedroom where the floor is more than 1.07 m below ground level.

**21.** A hospital shall be provided with

- (a) adequate lighting in every part of the hospital; and
- (b) adequate ventilation so that in-patients, out-patients and hospital personnel shall receive an ample supply of fresh air.

**22.** In a hospital the heating system shall be operated so that a temperature of at least 18°C is maintained in rooms occupied by in-patients, out-patients or hospital personnel.

**23.** Items of furniture and equipment and a utensil used in a hospital shall be

- (a) so designed and constructed as to be easily cleaned;
- (b) of sound and tight construction and in good repair; and

(c) free from breaks, corrosion, open seams, cracks and chips.

**24.** (1) The water supply system of a hospital shall be of a type and design approved by the Minister and shall be installed and operated to the satisfaction of the Minister.

(2) The water supply of a hospital for whatever purpose shall be clean and potable and shall conform to bacteriological and chemical standards laid down by the Minister.

(3) The water supply of a hospital shall be tested not less than once weekly in a manner laid down by the Minister.

(4) Where drinking fountains are used in a hospital they shall be of an approved angle-jet type, operated to the satisfaction of the Minister. R-034-2019,s.3(1).

**25.** In a hospital there shall be provided, to the satisfaction of the Minister,

(a) adequate systems for the purpose of emptying and sterilizing bedpans and urinals; and

(b) adequate systems for the collection and disposal of garbage, refuse and other solid and liquid wastes.

R-034-2019,s.3(1).

**26.** (1) Excluding toilet and hand-washing facilities provided in private rooms, in a hospital at least one toilet with hand-washing facilities shall be provided and located conveniently

(a) for each eight in-patients;

(b) for each 15 out-patients, based on the average daily attendance;

(c) in multi-occupancy residences for each six resident hospital personnel; and

(d) exclusive of residences, for each 15 hospital personnel.

(2) Toilet and hand-washing facilities for males shall be separate from those provided for females.

(3) A space containing a toilet shall be separately lighted and ventilated by a window opening to the external air, excepting where artificial lighting and mechanical ventilation are provided and operated to the satisfaction of the Minister. R-034-2019,s.3(1).

**27.** Excluding shower and bathtub facilities provided in private rooms, in a hospital at least one shower or bathtub shall be provided and located conveniently

(a) for each 15 in-patients;

(b) for out-patients; and

(c) in multi-occupancy residences for each six resident hospital personnel.

**28.** No toilet or room containing a shower or bathtub shall open directly into a room used for the storage or preparation of food or into a dining room.

**29.** In a hospital, hand-washing facilities shall be provided conveniently adjacent to space

(a) where a toilet is located;

- (b) where food is prepared, cooked or consumed;(c)used as a workshop, boiler room or powerhouse;
- (d) used as a medical laboratory;
- (e) used for the treatment of in-patients or out-patients;
- (f) used as a nursery; and
- (g) used for the preparation of formulas for infant feeding.

- 30.** (1) In a hospital, hand-washing facilities provided shall consist of
- (a) a basin;
  - (b) an adequate supply of hot and cold water;
  - (c) a constant supply of soap in a suitable container or dispenser; and
  - (d) an adequate supply of clean towels for the use of each person using the hand-washing facilities together with a suitable receptacle for used towels and waste materials.

(2) Single or roller towels for common use shall not be permitted in a hospital.

(3) Despite paragraph (1)(d), an apparatus for drying the hands may be substituted for an adequate supply of clean towels where such apparatus is approved by the Minister.

R-034-2019,s.3(1),6.

**31.** A room where food is cooked shall be provided with adequate means for the escape to the exterior of the building of smoke, gases and odours.

- 32.** A hospital shall be provided with
- (a) equipment and facilities for the cleansing and sterilizing of utensils, including an ample supply of hot and cold water, as follows:
    - (i) mechanical equipment so designed and operated that utensils are adequately cleaned and sterilized, or manual equipment consisting of at least three sinks or containers of non-corroding metal or porcelain of sufficient size to ensure thorough cleansing and sterilizing, and
    - (ii) draining racks of non-corroding materials; and
  - (b) a draining and drying area of sufficient size to permit utensils to be stacked long enough to drain and dry in the air without the use of towels for drying, rubbing or polishing;
  - (c) suitable racks, cabinets, shelves or drawers for the safe storage of food, placed not less than 250 mm above the floor, for protection against contamination;
  - (d) adequate refrigerated space for the safe storage of perishable food and drink, provided with removable racks or trays and maintained at a temperature not higher than 4°C;
  - (e) suitable enclosed racks and shelves or drawers for the storage of utensils, placed not less than 250 mm above the floor, for protection against contamination; and

- (f) cupboards for the storage of mops, floor polishers and other equipment and supplies for the cleaning of floors, walls and furniture, but the cupboards shall not be used for the storage of food or drink.

**33.** In a hospital,

- (a) food and drink brought into the premises shall be clean, wholesome and free from spoilage;
- (b) no prepared food shall be stored in direct contact with shelves or walls;
- (c) food or drink that is readily susceptible to spoiling or the action of toxin-producing organisms shall be kept under refrigeration;
- (d) food and drink shall be prepared so as to be safe for human consumption;
- (e) food and drink served to a person and not consumed by that person shall not afterwards be served as human food but shall be discarded;
- (f) fresh milk shall be served in or from
  - (i) the original sealed container, or
  - (ii) the original sealed container equipped with an automatic dispensing device;
- (g) only ice from a source approved by a Health Officer shall be used for any purpose in a hospital and the ice shall be handled in a sanitary manner;
- (h) table-cloths, napkins and serviettes used shall be clean and in good condition; and
- (i) no napkin or serviette shall be used unless it has been laundered before each use.

**34.** Subject to sections 36 and 37, except in the case of single service containers, a utensil that is used by any person in a hospital in consuming food or drink shall, after each use, be washed, rinsed and sterilized as provided in these regulations and shall be stored until further use in a manner that will prevent it from becoming contaminated.

**35.** (1) Where manual equipment is used for the cleansing and sterilizing of utensils, the utensils shall be

- (a) scraped free from food particles;
- (b) washed in the first sink, containing a detergent solution that is
  - (i) capable of removing grease and food particles,
  - (ii) maintained at a temperature of at least 44°C and not more than 60°C, and
  - (iii) completely replaced by fresh detergent solution of a quality and temperature as described in subparagraphs (i) and (ii), every 15 minutes during use;
- (c) rinsed in the second sink in warm clean water that is replaced every five minutes during use;
- (d) sterilized in the third sink by immersion
  - (i) in boiling water,
  - (ii) for at least two minutes in a warm chlorine solution of not less than 100 mg/L available chlorine, or

- (iii) for at least two minutes in a warm solution containing a quaternary ammonium compound having a strength of at least 200 mg/L; and
- (e) allowed to drain and dry without the use of a towel for drying, rubbing or polishing.

**36.** (1) Where mechanical equipment is used for the cleansing and sterilizing of utensils, the utensils shall be

- (a) scraped free from food particles;
- (b) washed in a detergent solution that is
  - (i) capable of removing grease and food particles, and
  - (ii) maintained at a temperature of at least 44°C and not more than 60°C;
- (c) rinsed in clean water at a temperature of at least 77°C for at least two minutes, but where the temperature exceeds 77°C the time may be reduced, providing bacterial results comply with the standards referred to in section 37; and
- (d) allowed to drain and dry without the use of a towel for drying, rubbing or polishing.

(2) Mechanical equipment shall be equipped with thermostatic control of the temperature of the rinse water and thermometers in both the wash and rinse water lines and the thermometers shall be located so as to be readily visible.

**37.** The cleansing and sterilizing of utensils shall meet recognized public health standards, and the plate count shall not exceed 100 bacteria for each utensil when tested in accordance with the standard plate test, utilizing the swab technique.

**38.** A room or space in a hospital where food is stored, prepared, cooked or served shall be kept free from materials, equipment or furniture not regularly used in that room.

**39.** In a hospital no person shall

- (a) use a room where food is stored, prepared or cooked or a dining room for sleeping purposes; or
- (b) permit a live animal, live bird or live fowl in a room in which food is stored, prepared, cooked or served.

**40.** The hospital authority of a hospital shall ensure that floors, walls, stairways, ceilings, pipes, drains, gutters, furniture, equipment and utensils are maintained in a clean and sanitary condition by means of methods designed to minimize the spread of infection.

**41.** The hospital authority of a hospital shall comply with the *General Sanitation Regulations* made under the *Public Health Act* with respect to the maintenance of sanitary conditions within the hospital.

**42.** A hospital shall have x-ray and darkroom space provided or available, furnished, equipped and staffed in a manner and to a degree commensurate with the size and the type of the hospital and approved by the Minister. R-034-2019,s.3(1).

**43.** A hospital shall provide suitable protection against x-ray and other types of ionizing radiation in a manner and to a degree satisfactory to the Minister. R-034-2019,s.3(1).

**44.** X-ray and fluoroscopic procedures shall be conducted only on the instructions of a member of the medical staff of the hospital.

**45.** In those hospitals having an organized department of radiology with a qualified radiologist in charge, fluoroscopy and radiography shall be done on the authority of the radiologist and he or she shall be responsible for setting up reasonable routines and safety measures to safeguard in-patients, out-patients and the technical and medical attendants.

**46.** (1) Roentgen or other radiation treatment shall be given only with equipment installed and calibrated for that purpose to the satisfaction of the Minister, and the treatment shall be given only on prescription of those medical practitioners whose training is considered adequate by the Minister.

(2) A prescription for radiation treatment shall be written and signed in person and shall become part of the record of radiation treatment. R-034-2019,s.3(1).

**47.** (1) The interpretations of fluoroscopic findings and radiographs shall be reported in writing by the medical practitioner and shall become part of the in-patient's or out-patient's case record.

(2) Interpretations of fluoroscopic findings or radiographs that are beyond the capacity of the medical staff shall be referred to a radiologist, in which case the reports shall become part of the in-patient's or out-patients's case record.

**48.** (1) The following procedures shall be carried out on an in-patient admitted to the hospital unless the attending medical practitioner specifies that any or all of the procedures shall not be performed:

- (a) x-ray of the chest;
- (b) urinalysis for albumin and sugar;
- (c) an estimation of the haemoglobin content of the blood;
- (d) other procedures as may be specified by the Minister.

(2) A hospital shall be equipped to carry out these procedures to the satisfaction of the Minister. R-034-2019,s.3(1),4(1).

**49.** (1) A hospital shall provide or have available a clinical laboratory, furnished, equipped and staffed in a manner and to a degree commensurate with the size and type of the hospital and approved by the Minister.

(2) The results of laboratory procedures shall be reported in writing and the reports shall become part of the in-patient's or out-patient's case record.

(3) Examinations that cannot be made in a laboratory shall be referred to an approved laboratory, and the reports of the examinations shall become part of the in-patient's or out-patient's case record. R-034-2019,s.3(1).

**50.** (1) A hospital having a rated capacity of 10 beds or more shall have a suitable post-mortem room or rooms for the proper care, protection and preservation of the dead pending their removal and the room or rooms shall be furnished and equipped to the satisfaction of the Minister.

(2) The medical staff of a hospital shall, when possible in cases of death, examine the remains of a person deceased in the hospital where the cause of death is in doubt in order to establish an accurate cause of death, subject to the permission of the next of kin of the deceased or the executor of the estate or as provided for under the *Coroners Act*.

(3) Subsection (2) shall also apply to deaths of newborn infants in a hospital. R-034-2019,s.3(1).

#### Medical, Surgical and Other Facilities

**51.** A hospital shall provide accommodation for the proper treatment of medical, surgical and obstetrical cases and for the administration of anaesthesia, furnished, equipped and staffed in a manner and to a degree approved by the Minister. R-034-2019,s.3(1).

**52.** A hospital shall provide suitable facilities for the performance of treatment services to out-patients on referral to or by a member of the medical staff.

**53.** A hospital shall provide suitable facilities for the performance of diagnostic services to out-patients on referral by a medical practitioner.

**54.** A hospital shall have a room or rooms furnished as a pharmacy in order to ensure adequate and accurate dispensing of drugs.

**55.** In a hospital there shall be a standardized list of drugs, approved by the Minister, for use in the hospital. R-034-2019,s.3(1).

**56.** (1) In a hospital there shall be provided a suitable nursery for the accommodation and care of newborn infants, which shall be furnished, equipped and staffed to the satisfaction of the Minister.

(2) In a hospital there shall be a suitable space for the preparation of formulas for the feeding of infants, which shall be furnished, equipped and staffed to the satisfaction of the Minister. R-034-2019,s.3(1).

**57. Repealed, R-034-2019,s.7.**

**58.** A hospital in which orthopaedic surgery will ordinarily be done shall provide suitable facilities for the administration of physiotherapy both to in-patients and out-patients but these facilities shall not be used unless the patient is referred to or by a member of the medical staff.

**59.** (1) The hospital authority of a hospital shall provide, associated with the hospital, suitable accommodation approved by the Minister for the temporary isolation of persons suspected to be suffering from a communicable disease that requires isolation until a proper diagnosis can be made, and for the isolation of persons found to be suffering from a communicable disease that requires isolation.

(2) Where a person suffering from or suspected to be suffering from a communicable disease requires emergency isolation and treatment, the hospital to which admission is sought shall make provision for temporary admission of that person as an in-patient, to be isolated within the accommodation provided for in subsection (1). R-034-2019,s.3(1),8.

**60.** (1) The medical practitioner attending an in-patient, out-patient or member of the hospital personnel in a hospital, shall report in writing without delay to the hospital authority of a hospital the existence or suspected existence in that in-patient, out-patient or member of the hospital personnel, of a

- (a) communicable disease;
- (b) condition indicating cross infection within the hospital;
- (c) post-operative infection of a wound;
- (d) post-partum infection; and
- (e) carrier state of a communicable disease.

(2) On being informed of or on suspecting the existence of a disease, infection, condition or carrier state mentioned in subsection (1), the hospital authority of a hospital shall

- (a) **repealed, R-034-2019,s.9(2)(a);**
- (b) in the case of an out-patient that has a communicable disease that requires isolation, provide for the temporary isolation of that out-patient until that time as a medical health officer has decided whether or not measures must be taken for the protection of the population;
- (c) make the investigations and take the action that may be necessary to prevent the spread of the communicable disease or infection within the hospital; and
- (d) bring the matter to the attention of the health services committee of the hospital at its next meeting.

R-034-2019,s.9.

#### Health Services Committee

**61.** The hospital authority of a hospital shall, in co-operation with a medical health officer, representatives of the medical and dental staffs and the Director of Nursing, together with such other members of the hospital personnel as the hospital authority of a hospital may select, constitute a health services committee, which shall

- (a) meet in conference at least twice monthly under the chairpersonship of the hospital authority of a hospital;
- (b) arrange for the keeping of minutes of meetings;
- (c) have the duty to examine, discuss and make recommendations to the hospital authority of a hospital and, where necessary, to the Minister with respect to

- (i) ways and means by which the hospital can provide better service to the population,
  - (ii) ways and means by which the hospital can be used to promote public health,
  - (iii) improving diagnostic and treatment standards within the hospital,
  - (iv) improving hospital records,
  - (v) improving services for the feeding of in-patients and hospital personnel,
  - (vi) providing health education within the hospital for the benefit of in-patients, out-patients and hospital personnel, and
  - (vii) the more efficient operation of the hospital;
- (d) consider every case of cross-infection occurring within the hospital, including the post-operative infection of wounds and the post-partum infection of mothers and advise the hospital authority of the hospital as to whatever measures should be taken to control the infection; and
- (e) form such subcommittees or working groups as may be necessary to consider in detail a matter mentioned in paragraph (c) or (d).
- R-034-2019,s.3(1),10.

#### Hospital Personnel

- 62.** (1) A person employed in a hospital shall receive a comprehensive medical examination before entering employment and each person shall receive a review medical examination each year.
- (2) A medical examination referred to in subsection (1) shall include
- (a) an x-ray examination of the chest and a tuberculin test performed and certified by a medical practitioner, which shall be repeated as often as may be directed by the medical practitioner;
  - (b) a urinalysis including a test for albumin, for sugar and including a microscopic examination of a centrifuged sample;
  - (c) an estimation of the haemoglobin content of the blood; and
  - (d) other examinations or tests of the blood, sputum, excreta or other body fluids or tissues that the medical practitioner performing the medical examinations may prescribe.
- (3) An employee, either before or during his or her employment, may be required to show proof of immunization or to undertake an immunization program in keeping with current public health practices in relation to the employment of staff in hospitals in Canada.
- (4) The hospital authority of a hospital shall keep accurate records of medical examinations and tests relating to each employee of the hospital as provided in subsections (1) and (2), and shall preserve those records for a period of not less than two years after cessation of employment.
- (5) Records referred to in subsection (4) shall be the property of the hospital and shall be kept secret except that they may be disclosed in the same manner as prescribed for in-patient's and out-patient's records in section 74.

**63.** A hospital having a rated capacity of 10 beds or more shall employ a technician or technicians suitably qualified in laboratory and radiographic techniques, such qualifications to be of a standard approved by the Minister. R-034-2019,s.3(1).

**64.** (1) A hospital shall have sufficient graduate nurses to the satisfaction of the Minister having due regard for the number and classification of in-patients and the average out-patient load.

(2) The service of at least one graduate nurse shall be available at all times.

(3) A graduate nurse shall be in charge of the operating room of a hospital.  
R-034-2019,s.3(1).

**65.** A hospital with a rated capacity of 100 beds or more shall employ a pharmacist who shall be entitled to practise the profession of pharmaceutical chemist under the *Pharmacy Act*.

**66.** A hospital with a rated capacity of 100 beds or more shall employ a full-time dietitian or dietitians having qualifications equivalent to those required for membership by the Canadian Dietetic Association.

**67.** Except with the approval of the Minister, no school shall be set up or operated in a hospital for the training of students as

- (a) nurses;
- (b) nursing assistants or ward aides;
- (c) medical laboratory technicians;
- (d) x-ray technicians; or
- (e) dental assistants, technicians or nurses.

R-034-2019,s.3(1).

#### Medical Staff

**68.** (1) The hospital authority of a hospital shall appoint a medical staff for the hospital, the members of which shall ordinarily hold their appointments for a period of one year. Application for appointment to the medical staff shall be made annually in writing.

(2) The hospital authority of a hospital may suspend or dismiss a member of the medical staff and a member of the medical staff suspended or dismissed by the hospital authority shall have no right to admit patients or privilege to practise in the hospital until such time as the hospital authority may reinstate the member of the medical staff so suspended or dismissed.

(3) It shall be the duty of the hospital authority of a hospital to lay down limitations on surgical or other privileges of a member of the medical staff annually in writing.

(4) Medical health officers are, by virtue of their office, members of the medical staff of all hospitals. R-034-2019,s.11.

- 69.** A hospital medical staff of two or more members shall
- (a) be constituted and shall recommend to the hospital authority of the hospital by-laws, rules and regulations in the manner set out by the Joint Commission on the Accreditation of Hospitals and when approved, the by-laws, rules and regulations shall become part of the hospital by-laws;
  - (b) form appropriate committees as recommended in the by-laws;
  - (c) meet at least monthly to discuss and make recommendations to the hospital authority of the hospital with respect to
    - (i) criteria for the admission and discharge of cases and other questions with respect to the operation of the hospital that require medical judgment,
    - (ii) a complaint respecting the care of an in-patient or out-patient in the hospital,
    - (iii) a review of the professional work in the hospital,
    - (iv) a review and analysis of the clinical experiences of the staff in the various departments of the hospital such as medicine, surgery, obstetrics and the out-patient department, with the clinical records of in-patients and out-patients forming the basis for review and analysis,
    - (v) cases ending fatally or unimproved,
    - (vi) infections or complications that may have occurred in the hospital,
    - (vii) ways and means for improving the welfare of in-patients and out-patients, and
    - (viii) ways and means for improving the professional standards within the hospital; and
  - (d) keep minutes of meetings and forward copies to the hospital authority of the hospital.

#### Dental Staff

**70.** (1) The hospital authority of a hospital may appoint a dental staff consisting of one or more dentists, who shall ordinarily hold their appointments for a period of one year. Application for appointment to the dental staff shall be made annually in writing.

(2) The hospital authority of a hospital may suspend or dismiss a member of the dental staff and a member of the dental staff suspended or dismissed by the hospital authority shall have no right or privilege to practise in the hospital until such time as the hospital authority may reinstate the member of the dental staff so suspended or dismissed.

(3) A medical practitioner attending an in-patient or out-patient in the hospital may request a member of the dental staff to render such dental surgery and treatment as may be required by the in-patient or out-patient.

(4) A member of the dental staff who attends on an out-patient in a hospital, or who is requested by a member of the medical staff to render dental surgery or treatment to an in-patient, shall on request be entitled to render dental care to the out-patient or in-patient and within the scope of his or her qualifications as a dentist shall be entitled to the same rights within the hospital and

shall be subject to the same obligations with respect to his or her relationship to the out-patient or in-patient, and to hospital records and procedures, as are prescribed in these regulations for members of the medical staff.

### Surgical Operations

**71.** (1) Except where life would be endangered by delay, no surgical operation shall be performed on an in-patient or out-patient in the hospital without the consent in writing, signed by the in-patient or out-patient or his or her legally qualified representative.

(2) Except in cases of emergency, no operation involving a serious hazard to the life of an in-patient or out-patient shall be performed unless the medical practitioner is assisted in the operation by another medical practitioner.

(3) Before an in-patient or out-patient is submitted to an anaesthetic or surgical operation, a complete history, physical examination and a written pre-operative diagnosis shall be furnished by the operating medical practitioner or dentist or a medical practitioner authorized by him or her, provided that where the operating medical practitioner is of the opinion that the delay occasioned in obtaining the history and examination would be detrimental to the in-patient or out-patient, the medical practitioner shall so state in writing, and in that event the pre-operative diagnosis shall be furnished in writing and signed by the operating medical practitioner.

(4) An operation performed in a hospital shall be fully described in writing by the medical practitioner or dentist or medical practitioner authorized by him or her and the written description shall form part of the in-patient's or out-patient's record. The written description is to be signed by the medical practitioner or the dentist or the medical practitioner authorized by him or her.

(5) When a woman or girl is admitted to a hospital in the condition of abortion or threatened abortion, or whenever any curettage or removal of the uterus is indicated for whatever reason, except in the case of an emergency, two medical practitioners shall examine the woman or girl and shall make and sign records of their findings and recommendations before any such operation is carried out.

(6) Body tissues or sections of body tissues removed at operation or curettage shall be set aside immediately by the medical practitioner operating and shall be forwarded with a short history of the case and a statement of the findings at the operation to a laboratory approved by the Minister for that examination, provided that a tooth, tonsil, frenum, hernial sac, finger, haemorrhoid, toe, hand, foot, arm or leg removed or amputated shall not be so forwarded unless the medical practitioner or the hospital authority of the hospital desires a special examination.

(7) The pathological report received from a laboratory with respect to body tissues or sections of body tissues or body fluids or discharges obtained from the person of an in-patient or out-patient shall become part of that in-patient's or out-patient's hospital record. R-034-2019,s.3(1).

## Anaesthesia

**72.** (1) Except in cases of emergency, general anaesthetics shall be administered to an in-patient or out-patient by a medical practitioner only.

(2) A medical practitioner administering anaesthetic shall furnish a record showing the type of anaesthetic given, the amount used, the length of anaesthesia and the condition of the in-patient or out-patient following the operation.

(3) A hospital where anaesthesia is administered shall provide the following equipment for the safety of both in-patients and out-patients:

- (a) a source of oxygen to which is attached a flow meter with a bag and mask to allow for the performance of artificial respiration, to be provided in each operating room or other location where anaesthesia is administered as a routine measure;
- (b) a series of oral airways of different sizes;
- (c) at least one set of endotracheal tubes and one laryngoscope to be kept in the operating room or in a place where it can be obtained easily in an emergency;
- (d) a sterile tracheotomy tray to be kept in the operating room or in a place where it can be obtained easily in an emergency;
- (e) a source of suction available wherever anaesthesia is administered.

(4) Precautions shall be taken to ensure that the above mentioned equipment is maintained in a reasonable condition for immediate use.

(5) Appropriate precautions shall be taken to prevent explosions owing to static electricity or other cause.

## Case Records

**73.** (1) With respect to an in-patient in a hospital the hospital authority of the hospital shall require the medical staff or the dental staff or the medical interns or members of the hospital personnel to prepare a complete medical record within 48 hours of the time of admission of the in-patient, and the record shall include

- (a) identification;
- (b) chief complaint;
- (c) history of present illness;
- (d) family history;
- (e) social history;
- (f) history of past illness;
- (g) results of physical examination; and
- (h) provisional diagnosis.

(2) To the items provided for in subsection (1) shall be added in due course, as the information is received and before the discharge of the patient,

- (a) reports of consultations;
- (b) reports of laboratory and x-ray examinations;

- (c) reports of pathological findings;
- (d) reports of medical and surgical treatments;
- (e) reports of operations and anaesthetics;
- (f) progress notes;
- (g) final diagnosis;
- (h) summary of the case;
- (i) condition on discharge; and
- (j) in the event of death a copy of the death certificate and, if an autopsy is performed, a copy of the autopsy findings.

(3) To the items provided for in subsections (1) and (2) shall be added in due course copies of follow-up records that may be obtained from the medical practitioner attending the case or a person to whom the case has been referred for follow-up under the direction of the medical practitioner.

**74.** (1) Medical records with respect to an in-patient or out-patient shall be the property of the hospital and shall be kept secret, except that they may be disclosed under the following circumstances:

- (a) on the request of the superintendent of another hospital, tuberculosis sanatorium, mental hospital, or the medical officer in charge of a cancer clinic or psychopathic ward of a general hospital, or the attending medical practitioner when required in giving proper care, diagnosis and treatment of the in-patient or out-patient;
- (b) on the request of a medical health officer;
- (c) to a person on a written request signed by the in-patient or out-patient;
- (d) in the event of death or incapacity of an in-patient or out-patient on a written request signed by his or her next of kin;
- (e) on the direction of the Minister;
- (f) for academic or teaching purposes by the medical staff of the hospital, and for review of the professional work carried on in the hospital;
- (g) on the order of a court of competent jurisdiction;
- (h) on the request of a person authorized to access the medical record under the *Workers' Compensation Act*;
- (i) on the request of the Department of Veterans Affairs (Canada) or its successors made with respect to an in-patient or out-patient who is a member or former member of the army, naval or air force of Canada, or who is otherwise eligible to receive services from that department.

(2) The medical records of in-patients or out-patients may not be removed from the hospital except on the order of the Minister or of a court of competent jurisdiction.

R-034-2019,s.3(1),4(2),12.

**75.** Where a complete history and physical examination of an in-patient or out-patient has not been recorded before the time stated for a surgical operation on the in-patient or out-patient, the operation shall be cancelled unless the attending surgeon or dentist states in writing that the delay would be detrimental to the in-patient or out-patient.

**76.** Where a medical practitioner does not wish to have a diagnosis of venereal disease on the in-patient's or out-patient's record, the medical practitioner may insert a diagnosis of "infectious disease". He or she shall, however, report the proper diagnosis of the patient to a medical health officer on the card provided for this purpose and shall state on the card the name of the hospital to which the patient was admitted. R-034-2019,s.13.

#### Admission, Orders for Treatment and Discharge

**77.** An admission of an in-patient shall be subject to confirmation by a member of the medical staff.

**78.** A member of the dental staff of a hospital may treat a person as an out-patient in the hospital whenever in his or her opinion the dental surgery or treatment required can be rendered more effectively and safely in the hospital than in his or her office.

**79. Repealed, R-034-2019,s.14.**

**80.** Except in an emergency, no person shall be admitted to a hospital as an in-patient until after a provisional diagnosis has been stated. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible.

**81.** The hospital authority of a hospital may admit a person as an in-patient who is suffering from a type of disease other than tuberculosis or a psychotic disorder, except that a person suffering from tuberculosis or a psychotic disorder may be admitted temporarily while arrangements for his or her admission to a suitable institution elsewhere are being made. A medical practitioner who admits a person who is potentially dangerous to himself or herself or others must notify the hospital authority of the hospital without delay.

**82.** (1) Provided that the medical practitioner or dentist is a member of the hospital staff, an in-patient or out-patient shall be attended by his or her own private medical practitioner or dentist except that, where an agency is responsible for the provision of medical or dental service for an in-patient or out-patient, the in-patient or out-patient shall be attended by the medical practitioner or dentist designated by the agency.

(2) A person who applies to a hospital for medical or dental treatment and who has no attending medical practitioner or dentist, shall be assigned by the hospital authority of the hospital to a member of the medical staff according to a roster approved by the medical staff, or to a member of the dental staff according to a roster approved by the dental staff, as the case may be.

**83.** Orders for the treatment of an in-patient or out-patient shall be recorded either on the in-patient's or out-patient's treatment record sheet or in a book provided for this purpose, and shall be signed by a member of the medical or dental staff.

**84.** The hospital authority of a hospital shall keep in a form approved by the Minister, a complete record of persons admitted to the hospital. R-034-2019,s.3(1).

**85.** The hospital authority of a hospital shall notify the Minister in the prescribed manner of each admission and discharge of an in-patient. R-034-2019,s.3(1).

**86.** The hospital authority of a hospital shall, with respect to every in-patient who remains more than 30 days in the hospital, without delay provide to the Minister the prescribed form reporting the medical necessity for hospitalization of the patient beyond 30 days. R-034-2019,s.3(1).

**87.** An in-patient shall be discharged from a hospital only under the authority of an order written and signed by

- (a) the attending medical practitioner;
- (b) himself or herself or, if under 19 years of age, his or her parent or legal guardian, except that the written order shall be accompanied by a signed statement releasing the hospital authority of the hospital and the attending medical practitioner of responsibility for the discharge;
- (c) the hospital authority of the hospital; or
- (d) the Minister.

R-034-2019,s.3(1).

**88.** At the time of discharge of an in-patient, the medical practitioner attending the in-patient shall

- (a) complete the in-patient's medical record by summarizing the case and stating the final diagnosis; and
- (b) sign the in-patient's medical record.

**89.** No autopsy shall be performed on the body of a deceased in-patient or out-patient without the prior approval of the hospital authority of a hospital.