

BOMBAY NURSING HOME ACT (AMENDMENT) 2006
DRAFT RULES RECOMMENDED BY DIRECTORATE OF
HEALTH SERVICES, MUMBAI.
Submitted to Government in June 2006

Bombay Nursing Homes Registration Act
(Amendment) 2005

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SECTION - 1

Short title, extent and commencement

- (1) These rules may be called the Bombay Nursing Home Registration Rules 2006
- (2) They shall come into force from the date of their publication in the Official Gazette
- (3) These rules shall apply to the whole of Maharashtra

SECTION - 1

Definitions

In these rules, unless there is any thing repugnant in the subject or context,-

- (1) "The Act" means the Amended Bombay Nursing Home Registration Act 2005
- (2) Appendix means appendix to these rules;
- (3) "Local supervisory authority" means,-
 - (i) in the areas falling within the jurisdiction of the municipal corporation – the Health Officer of the concerned municipal corporation;
 - (ii) in the areas falling within the jurisdiction of the municipal council – the Civil Surgeon of the District in which such council is situated
 - (iii) in the areas falling within the jurisdiction of the Cantonment – the Health Officer of the Cantonment;
 - (iv) in the areas not falling in sub-clauses (i), (ii) and (iii) above, the District Health Officer of the concerned Zilla Parishad"
- (5) State competent authority – A multistakeholder body at state level to guide District competent authority in discharging the functions under chairmanship of Director of Health services. This is appellate body at state level.

- (6) Maternity Homes "any premise used or intended to be used for the reception of pregnant women for normal delivery; this would exclude those not having OT. They should have gynecologist / surgeon, anesthetist, pediatrician on panel.
- (7) Qualified medical practitioner "a medical practitioner registered under the relevant Medical Act in force" It would mean "a person who possesses any of the recognized medical qualifications and who has been enrolled in the register of the respective Medical Council. Viz., Allopathy, Dental, Homeopathic and Board of Indian Medicine or any such council, Board or any other statutory body recognized by the government". Allopathy – Maharashtra Medical council act 1965 & Indian Medical council act 1956 Aurved, Unani and sidhha – Maharashtra Medical Practitioners act 1961 & Indian Medicine Central council act 1970 Homeopathy - Maharashtra Medical Practitioners act 1961 & Homeopathy central council act 1973
- (8) Nursing Home also means "a place where patients are treated as inpatients with facilities for admission as inpatients for treatment of illness without or with surgery or conduct of delivery and also includes other gynecological operations where women are received or accommodated for the purpose of sterilisation, hysterectomy, or medical termination of pregnancy etc. with or without overnight inpatient facilities".
- Nursing Home would include "any inpatient medical clinic, nursing home, maternity home, hospital, old age homes, day care centers (any intervention which would require observation and on-going care/ monitoring).
- (9) Medical Laboratory means "an establishment where bio-Medical tests such as haematology, biochemistry, serological tests, bacteriological, cytology, histology, genetic investigations or any other diagnostic tests are carried out.
- (10) Imaging centre is an establishment where Radiological, sonography, colour Doppler, Echocardiography, CT Scan, MRI tests are carried out
- (11) DMO (Duty medical officer) is a residential Doctor working in Nursing

home engaged for particular discipline like Allopathic, Homeopathic, Aurvedic, Unani system of medicine with requisite qualifications and registration under Government recognized council, for the particular discipline for which nursing home is set up.

- (12) Disease means “a notifiable disease which a Registered Medical Practitioner is required to notify to the Medical and Health Officer of his area under the law for the time being in force”
- (13) Appellate authority – State competent authority at state level
- (14) Company – Corporate body, trust or society running the hospital.
- (15) Qualified Nurse – Nurse registered under Bombay Nurses, midwives, and Health visitors act 1954 trained in a institute recognized by Maharashtra Nursing Council.

Section 2

Local Supervisory Authority

- | | |
|---|----------------------------|
| 1) Corporation | MOH |
| 2) Municipal Council | Civil Surgeon |
| 3) Cantonment | Health Officer, Cantonment |
| Area not falling in (i),(ii),(iii) DHO ZP | |

Functions of Local supervisory authority

- a) To grant, suspend or cancel registration of Nursing home
- b) To enforce standards prescribed for nursing home
- c) To investigate breach of provisions of the act
- d) To supervise implementation of the provisions of the act and rules
- e) Keeping record of registration, renewals, inspections, cancellations,

any other

matters pertaining to act, record of meeting of District competent

authority

Powers of Local supervisory authority

- a) Inspection of Nursing Homes
- b) Summon individual or organization who is in possession of information relating to violation of the act

- c) Verification of hospital records
- d) Issue search warrant for any nursing home on receipt of complaints.
- e) LSA can take Pseu moto legal action against nursing home.

Composition of the State competent authority

Director of Health Services	(Ex-officio)
Chairperson	
Representative from the State Indian Medical Association	Member
One representative from the Hospital Owners Association.	Member
Representative from State level consumer organization	Member
Representative from state level NGO working in the area of health	Member
Representative from a state level women's group	Member
Representative from Law & Judiciary Dept Mantralaya	Member
Representative from DMER	
Member	
Representative from DDHS Nursing	Member
Representative from LSA as nominated by chairman	Member
Joint Director of Health services, (Medical)	Member
Secretary	

11. Functions of State Competent authority

- a) Lay down minimum requirements (standards) or upgrade existing requirements periodically (every 5 years) for different types of nursing homes.
- b) Appropriate number of types of Nursing Homes in a geographical area and suggest revision of fees charged periodically.
- c) Review and monitor the implementation of the Act and recommend changed in the said Act and Rules.
- d) To act as supervisory body for monitoring the LSA. Receiving quarterly reports from the LSA, giving directives to the LSA, act as apex body at state level, support to the LSA.
- e) The board shall also act as a grievance redressal forum regarding provisions stipulated under this Act where it would entertain complaints from patients, consumers, and lay public. The would only act on receipt of complaints to the

board if the complainant is not satisfied with the decision of the District Competent authority and LSA. .

Functioning of the State Competent authority

- i) The meeting of the SCA will be called by the Chairperson with a minimum notice of 15 days with period between two meetings not exceeding more than 90 days.
- ii) Emergency meetings could be called by the Chairman with a three days notice on receipt of serious complaints made to the SCA.
- iii) The constitution of the State competent authority should be valid for the period of five years.
- iv) The government and non- government members appointed to the state Competent authority will be entitled to traveling allowance and daily allowance according to the traveling allowance rules of the state government, for attending the meeting.

SECTION -3

1. Prohibition to carry on nursing home without registration

No person should run a nursing home unless it has been duly registered

and registration in respect thereof has not been cancelled under section – 7.

Provided that

nothing in this section shall apply in case of nursing home which is in existence at the date

of commencement of this act, for a period of three months from such date or if application for registration is made within that period in accordance with provisions of

section 4 until such application is finally disposed off.

SECTION – 4

Application for registration

Application of Registration/Renewal of a Nursing home

- i. An application for registration, renewal or for duplication of the registration shall be made to the Local supervisory Authority (LSA), in duplicate, on Form A
- ii. An application for the registration / renewal of registration shall be made in advance in the prescribed form at least three months before the date on which the registration and the registration are to expire and shall be accompanied by the fee prescribed.
- iii. If an applicant submits an application for renewal of registration after one month from the expiry of the date of registration, such application shall not be treated as a case of renewal of registration and shall be accompanied by up to date fee for original registration.
- iv. If the applicant is aggrieved in anyway regarding registration or renewal thereof he/ she may appeal to the State Competent authority within one month of expiry of registration. Once an appeal is filed the cancellation or refusal order will be deemed stayed till the appeal is disposed of. The appeal may be disposed of within three months.
- v. The intervening period, that is, from the date of expiry of the previous registration up to the date before issue of the new registration, unless the case is under appeal, shall be treated as irregular period of running the establishment by the applicant. Without providing any information the licensing authority can then proceed to seal the establishment during that period. The registration can subsequently be obtained only after making a fresh application to the LSA after receiving the full payment toward the fee for original registration.
- vi. If the last date of submitting an application is a holiday, the application shall be submitted on the immediate next working day.
- vii. If the nursing home is unable to employ qualified nurses, registration can be granted if owner of nursing submits undertaking/ affidavit regarding recruitment of qualified nurses within three months of submitting the affidavit.

Before submitting the affidavit owner of nursing home should present sufficient documents of efforts taken to recruit qualified nurses.

The clause of employment of qualified nurses should be implemented in phased manner. Municipal corporations – Within one year of rules coming in to force.

Municipal councils - Within two years of rules coming in to force.

Gram Panchayat - Within three years of rules coming in to force.

With regard to criteria of nurses' employment, two categories of nurses should be decided.

Qualified nurses – Nurses registered with Nursing council.

Trained Nurses – Nurses who have taken training of six months duration at Govt recognized institutions.

There should be at least one qualified nurse for three trained nurses.

SECTION – 5 Rule 3

On receipt of fees for registration and after grant of registration name is registered in office of LSA in a register in form A

SECTION – 5 Rule 3

FORM 'A'

Register showing names of persons registered under section 5 of the (Bombay)
Nursing Homes Registration Act, 1949.

Name (in full) of the applicant	Full address of the applicant	Nationality of the applicant	Name & other particulars of the nursing home in respect of which the applicant is registered
1	2	3	4

Places where the nursing home is situated 5	Total number of patients for whom the nursing home		Number & date of registration 8	Date of renewal of registration 9
	Maternity patients 6	Other patients 7		

SECTION – 5

Registration

Section 5 (1) (b)

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

(b) That the nursing home is not under the management of a person who is holding a degree in medical sciences and who is resident in the home or that there is not a prescribed proportion of qualified nurses employed in the nursing home to the number of patients in it; or "

Section 5 (1) (c)

(c) That in the case of a maternity home it has not got on its staff a qualified midwife; or

(c-1) That the area of the premises of the nursing home is less than the prescribed area;

(c-2) That the number of beds available in the nursing home exceeds than those prescribed

(c-3) That the nursing home is owned or is under the management of a Government Medical Officer ;"

Section 5 (3)

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

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

- i. The person supervising the Nursing Home is a qualified and registered medical practitioner.
- ii. Application (Form ---) shall be filled in with the particular name of the applicant and not with the name of Registered Firm, Company or Partnership Organization so that responsibility of the nursing home shall be fixed upon a

particular person .So in case of a Firm, Company or a Partnership Organization, the name of a person from amongst the Directors, Partners or Owners, that may be the Applicant, shall be specified through a resolution of the personnel in the management of such Firm, Company or Partnership Organization.

- iii. The premises and equipments are reasonably suitable and adequate with a stock of emergency and lifesaving drugs.
 - iv. The nursing home adheres to all the following minimum standards as prescribed in annexure...
 - v. Proportion of qualified nurses to the beds in nursing home.
- vii) Change of user certificate from housing society if nursing home is in premises of housing society.

Procedure for granting registration or renewal of registration

Rule 6

- i. The Local Supervisory Authority or authorized representative on receiving the application form and various forms and details must check the application for compliance with all requirements provided.
- ii. After the Local Supervisory Authority is satisfied that the applicant has complied with all the requirements as mentioned in the Act and the Rules, the Local Supervisory Authority should ensure inspection of the nursing home by any person or persons appointed by Local Supervisory Authority to verify the adherence to standards prescribed.
- iii. The Local Supervisory Authority shall dispose of every application received within three months from the date of receipt of application. The Nursing home would be deemed to have been registered in case there is no response from the local supervisory authority in three months from the date of application.
- iv. A certificate of registration issued under this section shall, subject to the provisions of section, be in force and shall be valid until the 31st day of March of the third year next following the date on which such certificate is issued or renewed, as the case may be.
- v. In case of non-compliance to standards found on inspection, the registration fees will not be refunded.

- vi. The fees shall be paid by DD to LSA
- vii Occupancy certificate & Permission from town planning Dept
- viii Approved plan
- ix Receipt of property tax
- x List of Doctors on panel and names of specialties available in nursing home.

Penalty for non-registration

SECTION - 6

Whoever contravenes the provisions of section 3, shall, on conviction, be punished with imprisonment which may extend to six months or with the fine which may extend to ten thousand rupees or with both.

- a) On finding contravention of provision of section 3 from the Act , a show cause notice may first be served to the owner and asked to register within a month after paying a fine amounting to 50% of registration fee.
- b) On further contravention will be liable for punishment as per the act.

Contravention of

renewal after three years, will also invite a show cause notice, along with a fine as per

section 12 of Act. Failure to renew registration three months after show cause notice

will amount to non-registration

SECTION - 7

Refusal or Cancellation of registration of nursing home.

The LSA may refuse to register the applicant or renew the registration or cancel the registration if it is not satisfied that

- a. The nursing home is not under the supervisory management of a person who is qualified and registered in the council recognized by the government,
- b. The rules and by-laws under the act are not followed,
- c. Used for purposes which are in violation of any other law which the Nursing Home is

expected to comply with or it is found that the Nursing Home is carrying out activities

for which it is not registered.

- d. Subject to provisions of the act LSA can cancel the registration at any time of a person in respect of nursing home on the ground person has been convicted of an offence under the act.

- e. The owner of the nursing home could be a non-medical person but it should be under the supervisory management of a person who is a qualified and registered medical practitioner.

- f. If at any time after the nursing home has been registered and granted a registration

therefore, the LSA is satisfied that the terms of registration are not being complied with,

may cancel such registration and registration.

- g. Section 5, subsection 2 - A certificate of registration issued under this section

shall, subject to the provisions of section 7, be in force and shall be valid until the 31st day of March of the third year next following the date on which such certificate is issued or renewed, as the case may be."

SECTION – 8

Notice of refusal or cancellation of registration

1	The LSA should make a detailed note of observations made and its comments on inspection of the premises of the applicant. It should indicate the applicant about the deficiencies and submit a report to the board
2	LSA would reject or cancel the registration only after enquiry and giving opportunity of being heard to the applicant and is satisfied that the applicant has not complied with the requirements of the Act and these rules, it shall for the reasons to be recorded in writing, reject the application for registration and communicate such rejection to the applicant within three months of the date of the application as specified in particular form.
3	A reasonable rectification period of a month be given to the nursing home to make-up for the deficiencies pointed out in the LSA's report. This would be followed by reapplication by the owner and reinspection by the LSA before a final decision is taken by the LSA.

Redressal for refusal to register or renew or cancellation of registration

- i. If the applicant is not satisfied with the decision of the LSA and wants to seek redressal, the applicant should appeal to the State competent authority with the reasons given by the LSA for refusal of registration within a period of 30 days from the date of order of the LSA.

- ii. The State competent authority should render its decision within 90days of receipt of the appeal, after hearing all the parties as well as getting the nursing home inspected afresh if it is so found necessary.

SECTION - 9

Inspection of nursing homes

- i. Every nursing home shall offer reasonable facilities for inspection of the place, equipment and records to the local supervisory authority or any other officer duly authorized by the local supervising authority. LSA can inspect any relevant records, register, document, equipment and article necessary for the purpose of the provision of the act.
- ii. The routine inspection will be done at the time of original registration and/or at time of renewal/and if the nature of the work is being changed, after prior intimation. Such routine inspection will be done at a time which is unlikely to disturb /interfere with the treatment of the patient and/or doctor's work.
- iii. Surprise inspection would be done only when there is a written complaint from a patient or a representative body of patients/citizens alleging non-compliance of the provision of the act. Suo moto inspection can be initiated by the LSA.
- iv. In case of specific complaint, the Local Supervisory Authority ordering inspection must record in writing the reasons for inspection. The procedure of inspection would be laid down in annexure. The LSA will designate the relevant govt. medical officer to be in charge of a team of three persons.
- v. Person in charge of inspection should be a Medical Doctor, who may be assisted by others.
- vi. The decision to do unscheduled inspection should be taken by the supervisory authority in cases of emergency or a serious complaint.
- vii. Frivolous /vexatious complaint would be punishable with a fine of Rs.5000/-
- viii. Nothing in this Act shall be deemed to deter any such officer to inspect any clinical/ medical record relating to any patient in a Nursing home maintaining confidentiality and taking care that it doesn't come into public domain.
- ix. If any person refuses to allow any such officer to enter or inspect any such premises as aforesaid, or to inspect any such records as aforesaid or obstructs any such officer in the execution of his powers under this section, he shall be guilty of an offence under this Act and the registration will be liable to be cancelled or suspended.
- x. Every nursing home shall maintain an inspection book for LSA & complaint book for patients.

SECTION – 10

Income of local supervisory authority

- i. Any fees or service charges received under this Act shall be paid into the fund of the local supervising authority, in a personal ledger account and used only for the implementation of the act and logistics for the same.
- ii. Part of the revenue collection, as decided by the State competent authority, will be deposited in personal ledger account of Director of Health Services for carrying out functions and responsibilities under BNHRA (TA/DA of members attending meeting).

SECTION – 11

EXPENSES OF LOCAL SUPERVISORY AUTHORITY

The LSA should be allocated suitable resources, which would include an office, clerk and data entry operator, clerk peon, computer and logistic expenses to conduct meetings and carry out it's responsibilities including inspection of Nursing Homes, secretarial work, maintain records etc. If there are any legal formalities, fees of lawyer should paid from revenue generated. All the expenses incurred should be debited from amount of registration fees deposited in PLA

Section 12:

Penalty for offences under Act

Whoever contravenes any of the provision of this Act or of any rule shall, if no other penalty

is elsewhere provided in this Act or the rules for such contravention, on conviction, be

punished with fine which may extend to five thousand rupees and in the case of a continuing

offence to a further fine of fifty rupees in respect of each day on which the offence continues

after such conviction up to six months following which the registration of the nursing home

would be cancelled.

SECTION – 13

Offences by company

Where a person committing an offence under this act is a company or other body corporate ,

trust or society every person who at the time of the commission of the offence was a director,

manager, secretary, agent or other officer or person specified in the registration form and

concerned with the management thereof shall, unless the person proves that the offence was

committed without his/her knowledge or consent be deemed to be guilty of such offence.

SECTION – 14

Courts competent under the act

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

SECTION 15

Indemnity to the persons acting under the act

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

SECTION – 16

RULES UNDER THE ACT

Section 16 Subsection 2 Clause b

The date on which an application for registration or renewal of registration to be made and

the fees to be paid for such registration or renewal of registration, "provided that State

Government may prescribe different rates of fees for registration of nursing homes, having

regard to the area in which such nursing home is situated, the number of beds therein, the

number of specializations offered in such nursing home.

RULE – 7 SUB – RULE (1) and (2)

The application Form..... should be accompanied with the registration fees.

Fees structure

	Rural		Municipal		Corporation	
	Reg	Renewal	Reg	Renewal	Reg	Renewal
Hospitals, Nursing Homes, Maternity home, any Health Centers upto 10 beds	2000	1000	3000	2000	4000	3000
Hospitals, Dental Hospitals, Nursing Homes, Health Centres with 11 to 30 beds	3000	2000	4000	3000	5000	4000
Hospitals, Dental Hospitals, Nursing Homes, Health	5000	4000	8000	5000	10000	8000

Centers with 31 to 100 beds						
For each additional bed above 100 beds	20	10	30	20	40	30

SECTION 16 RULE 13

EMERGENCY MEDICAL SERVICES

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

SECTION 16.
Rule 8, 9, 10 & 11

Rule 8 :- Transfer of ownership of nursing home – Transfer of ownership or management of nursing home should be informed to LSA within 72 hours

jointly by transferer and transferee. The transferee shall make an application for registration with provisions of Rule – 4.

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

Rule 10 :- Change in staff Any change in medical or nursing staff together with

dates on which changes have taken place shall be communicated to LSA not later than 15 days of such change.

Rule 11 :- Lost Certificate : If a certificate of registration is lost or destroyed the holder may apply for fresh certificate. A Certificate marked as "duplicate" will be issued on payment of Rs. 500.

SECTION 16.

Rule 14

Standard charter of patients' rights:

- 1) No person suffering from HIV may be denied care only on the basis of the HIV status, provided the curative or diagnostic care is available at the NH. Not having a Voluntary Testing and Counseling Centre cannot become grounds to refuse care. *.For management of patients who is HIV positive, the nursing home would follow guidelines circulated from time to time by NACO (National AIDS Control Organization)*
- 2) Every nursing home shall maintain an inspection book and a complaint register (for the patients party), which shall be produced before the LSA as and when required.
- 3) All nursing homes must adopt a Standard Charter of Patient's Rights, observe

it and orient their staff for the same. This *Standard Charter of Patient's Rights* would include that -

A) The patients and / or Person authorized by patient should receive

- The relevant information about the nature, cause, likely outcome of the present illness.
- The relevant information about the proposed care, the expected results, possible and the expected costs complications.

Patient and All nursing homes must adopt a Standard Charter of Patient's Rights, observe it and orient their staff for the same. This *Standard Charter of Patient's Rights* would include that -

B) Patient and/ or person authorized by patient has a right to have

- An access to his / her clinical records at all times during admission to NH
- Photocopy should be available within 24 hrs when admitted to NH or within 72 hrs of making an application after discharge or death after paying fees for photocopy.
- A discharge summary at the time of discharge, which should contain
 - The reasons for admission, significant clinical findings and results of investigations, diagnosis, treatment and the patient's condition at the time of discharge.
 - Follow-up advice, medication and other instructions and when and how to obtain urgent care when needed in an easily understandable manner.

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

C) Treating patient information as confidential.

D) Patient has a right to personal dignity and privacy during examination, procedures

and treatment

E) Patient and family rights include informed consent before anesthesia, blood and blood product transfusions and any invasive / high risk procedures / treatment. Informed consent includes information in a language and manner that the patient can understand, on risks, benefits, alternatives if any and as to who will perform the requisite procedure.

Information and consent before any research protocol is initiated (see below)

F) Patient and family rights include information on how to voice a complaint. Appropriate procedure for grievance redressal must be put in place by the hospital.

G) Rights of women as patients

- Privacy during examination. In case of examination by male doctor, a female attendant must be present.
- Right to confidentiality of reports and information not to be disclosed to any person other than one who is authorized by the patient
- Confidentiality of HIV positive patients

H) Patient has the right to seek second opinion. All medical and diagnostic reports must be made available to the patient or authorized person to facilitate second opinion.

I) Non-discrimination on the basis of HIV status

- Patients and families should be informed about the above rights in a format and language, that they can understand
- Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.

J) In case of Nursing Homes undertaking clinical research-

- Documented policies and procedures should guide all research activities in compliance with national (ICMR) and international guidelines

SECTION 16.

Rule 15

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

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

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

INDOOR RECORDS

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

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

These registers shall be entered fully, chronologically and legibly.

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

SECTION 16.

Rule 16

FUNCTIONAL PROGRAMME OF NURSING HOME

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

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

1. EMERGENCY FIRST AID :

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

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

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

electric and foot operated), basic instruments required for normal delivery & episiotomy.

3. Co-operation in the National Health Programmes Nursing homes should maintain records of all cases of notifiable diseases and this record must be available to the regulating bodies for checking on a periodic basis.

Minimum equipments required for Nursing Home

- 1) All instruments equipments required for emergency & Basic life support.
- 2) Emergency Tray
- 3) One suction machine & one standby foot suction machine
- 4) Minimum one oxygen cylinder for 8 beds with one standby cylinder
- 5) All basic instruments & equipments of speciality of nursing home.
- 6) Fire fighting equipment.
- 7) Dressing trolley.
- 8) ECG Machine.

Minimum equipments required for Maternity home

- 1) Foetal monitor
- 2) Labour table
- 3) Neonatal Resuscitation kit
- 4) One suction machine with generator connection & one standby foot suction machine
- 5) Minimum one oxygen cylinder for 8 beds with one standby cylinder.
- 6) Minimum one infant warmer.
- 7) All instruments equipments required for emergency & Basic life support (CPR)
- 8) Emergency Tray
- 9) Fire fighting equipment.
- 10) Dressing trolley.
- 11) Instruments & equipments required for Emergency obstetric care. (LSCS, Obstetric hysterotomy, Forceps, Ventouse)
- 12) ECG Machine

Minimum requirements of O.T.

- 1) Operation Table
- 2) Boyles Machine with four stand by cylinders
- 3) Laryngoscope with 5 blades
- 4) Endotracheal Tubes all sizes with connections.
- 5) Pulse oxymeter
- 6) Electric suction machine with generator connection
- 7) Foot suction machine
- 8) Emergency tray
- 9) Electric autoclave with additional stand by.
- 10) Fixed or mobile shadowless lamp.
- 11) Minimum required instruments & equipments for particular speciality.
- 12) Cautry if major surgeries carried out.
- 13) O.T. Care machine

SECTION 16.

Rule 17

REQUIREMENT OF HUMAN RESOURCE

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

Nursing staff :

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

STAFFING NORM

Sr no	Category of staff	No of beds	Number to be provided
1.	Resident medical officer	10 patients or its part	1 round the clock
2	Registered nurse or midwife	5 patients or its part	1 round the clock
3	General duty assistant	3 patients or its part	1 round the clock
4	Sweeper	5 patients or its part	1 round the clock

SECTION 16.

Rule 18

It is recommended that existing registered nursing homes should be exempted from the area specification, if not feasible as ensured by LSA.

PHYSICAL STANDARDS

1) Entrance zone

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

2) Ambulatory zone

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

3) Diagnostic zone

Laboratory

4) Intermediate zone

Wards :-

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

- a) Wards should be relegated at the back to ensure quietness and freedom from unwanted visitors.
- b) Beds would conveniently correspond to the ratio for provision of W.C. facilities.
- c) Separate ward units shall be provided for male and female patients.
- d) separate wards should be provided for medical and surgical patients.

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

Operation Theatre

Should have 1) Clean zone

2) Neutral zone – Changing and scrubbing room with O.T. stretcher

3) Sterile zone – Must have mobile/ shadowless lamp, Boyle's Machine,

Operation Table with head low, updown, Suction machine.

Demarcated by a redline and separated by compartment and door

5) Ambulatory Zone

1. clinic with consultation & examination room

6) Critical Zone

Delivery room.

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

7) Service zone

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

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

CRITERIA FOR DIFFERENT UNITS

Items	Area
Minimum floor space per bed in ward	65 sq. ft in a ward accommodating not less than 4 patients
Minimum distance between centers of two beds	6 ft
Minimum clearance between bed and wall	60 mm
Minimum width of doors in the wall	3 ft
Minimum height of dado in all wards	3.94 m
Minimum area to be provided for the bath & toilet	36 sq. ft
Number of urinals	1 per 16 beds
Number of toilets and baths	1 per 8 beds
Number of Wash basins	1 per 10 beds
Clean zone , Neutral zone.	100, 120 sq feet respectively
Minimum area for operation theater (sterile zone) up to 10 beds and minor OT	140 sq. ft
>10<30	200 sq. ft
>30	300 sq. ft
Minimum area for instrument sterilization	50 sq. ft
Minimum area for scrub up	25 sq. ft
Minimum area for pantry (NH more than 20 beds)	80 sq. ft
Labour room with 2 delievery tables per 5 maternity beds + Toilet	140 sq feet + 20sq feet
Minimum area for nursing station	100 sq. ft (with toilet)
Minimum area for RMO' s room	100 sq. ft (with toilet)
Dental/Eye/ENT clinic with equipments	140 sq. ft
Delivery room	120 sq. ft
Minimum area for USG or TMT	As PNDT Guidelines
Minimum area for laboratory: small	120 sq. ft+ 40 sq. ft
Medium	160 sq. ft + 60 sq. ft
Large	210 sq. ft + 72 sq. ft
Minimum area for Physiotherapy unit with equipments	160 sq. ft
Ward store	100 sq feet
Trolley bay	30 sq feet
Doctor room + Toilet	100 sq ft + 20 sq ft
Consulting room &Examination room with toilet	140 sq feet
Room for infant warmers	100 sq feet for two infant warmers

MINIMUM REQUIREMENTS FOR 8 BEDED ICU

- 1) Floor space 120 sq ft per bed
- 2) central oxygen system or one oxygen cylinder per bed with two standby cylinders
- 1) Two suction machines and one foot suction Machine
- 2) Each bed separated by curtain
- 3) Bedside monitoring of ECG,SPO2,NIBP with central monitor
- 4) Ventillator (minimum pressure generator) with defibrillator
- 5) Attached toilet
- 6) One MBBS Doctor on duty with Physician (Medical ICU)/ Surgeon (Surgical ICU) on call.

SECTION 16.

Rule 19

Building Engineering Environmental Standards

1. Location

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

2. If the nursing home is situated in premices of housing society – Change of user certificate from society (from residential to commertial) is essential.

3. Ceilings – R.C.C./ False ceiling

4. Floor Height

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

5. Floors and Walls

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

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

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

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

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

6. Doors:

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

8. Water Supply, Plumbing And Other Piping Systems

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

Within the operation theatre there should not be any drains.

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

For more than 20 beds (if central oxygen system is available)

	Oxygen	Vaccum	Nitrous oxide
Operation	Two outlets	Three outlets	Two outlets
Delivery room, LDR room,	Two outlets	Three outlets	One outlet
Obstetric recovery room	per room	per room	per room
Labour room	Separate outlet for each bed	One outlet accessible to each bed	One outlet accessible to each bed
Recovery	Separate outlet for each bed	Separate outlet for each bed	One outlet accessible to each bed
Nursing	One outlet accessible to each bed	One outlet accessible to each bed	One outlet accessible to each bed
First aid and emergency treatment	Separate outlet for each bed	Separate outlet for each bed	Separate outlet for each bed

For less than 20 beds

- One suction apparatus for every eight beds.
- One suction apparatus for operating theatre.
- One suction apparatus for delivery room.

Oxygen cylinders

- Operating theatre - Three cylinders
- Wards - Two cylinders/8 beds
- Delivery room - Two cylinders

Electrically operated automatic control lifts or Ramp shall be provided in all categories of hospitals having more than one storey. The lift should be easily accessible from all entrances of the hospital. Lifts should be conveniently situated near ward and operation theatres departments. There should be approval from inspector of Lifts and escalators

for the lifts. There shall be sufficient space near the landing door for easy movement of stretcher/trolley. Lift should be large enough to accommodate a trolley, a wheel chair and 3-4 persons at a time.

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

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

SECTION - 17

Bye-laws

1. The local supervisory authority can make By-laws not inconsistent with this

act or rule Prescribing the records to be kept of the patients received in nursing home and in

case of maternity home, of miscarriages, abortion or still births occurring in the nursing

home and of children born therein and of the children so born who are removed from the

home otherwise than to the custody of care of any parent, guardian or relative.

2. No by-law made by local supervisory authority shall come into force until it

has been confirmed by the state Govt with or without modification

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

4. Whoever contravenes any of the provision of this Act or of any rule shall, if no

other penalty is elsewhere provided in this Act or the rules for such contravention, on

conviction, be punished with fine which may extend to five thousand rupees and in the case

of a continuing offence to a further fine of fifty rupees in respect of each day on which the offence continues after such conviction up to six months following which the registration of the nursing home would be cancelled.

SECTION – 18

Nothing in this act shall apply to

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

Annexure - I

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

- 1) Indian Penal Code sections – 52, 80, 87, 88, 90, 92, 270, 304 A , 320.
- 2) Indian Medical Council Act 1956 with amendment 1964 section 20 A & 33(m)
- 3) Indian Medical Council (professional conduct, etiquette and ethics) Regulations 2002
- 4) Consumer protection act
- 5) MTP Act 1971
- 6) The Transplantation of Human Organs Act 1994
- 7) PNDT Act 1994
- 8) BMW Act 1998
- 9) The Epidemic Diseases Act 1897
- 10) The Drugs and Cosmetics Act 1940
- 11) The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954
- 12) Atomic Energy Act 1962
- 13) Minimum Wages Act
- 14) Different legal provisions governing service conditions of employees in private sector.
- 15) FDA Guidelines regarding functioning of Blood Bank and preparation of Blood components
- 16) Bombay Public Trust act section 41 AA for charitable hospitals
- 17) Mental Health act 1987
- 18) Birth and Death registration act (Amendment 2006) dated 08.02.06

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

Annexure – II

FORM ' B '
(See rules 4 & 6)

Application for Registration / Renewal of registration under section 5 of the Bombay
Nursing Homes Registration Act, 1949.

The replies to be written in
this column

1.	Full name of the applicant	
2.	Full residential address of the applicant	
3.	Technical qualification if any, of the applicant	
4.	Nationality of the applicant	
5.	Situation of the registered or principal office of the Company, Society, Association trust or other body corporate.	
6	Nature of firm - ownership, partnership, trust, society	
7.	Name & other particulars of the nursing home in respect which the registration is applied for	
8	Type of Nursing home 1) Maternity home with O.T. 2) Maternity home without O.T. 3) General Nursing home 4) Others (please specify)	
9.	Place where nursing home is situated with phone no	

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

10.	Brief description of the construction, size & equipment of the nursing home or any premises used in connection therewith as detailed below :-
(i)	Plan of construction approved by local authority(

	Gram panchayat, Municipality, Corporation) -For New
(i)	Floor space of beds provided – Per square foot
(ii)	Arrangements made for medical check – up & immunization of the employees.
(vi)	Generator available (with connection to suction machine)
11.	(a) Number of beds for maternity patients (b) Number of beds for other patients
12.	Names, ages & qualifications of the members of the nursing staff in the nursing home.
13.	Place where the nursing staff is accommodated.
14.	Names, ages & qualification of the resident or visiting physicians or surgeons in the nursing home.
15	Names with qualifications of medical and paramedical staff in case of Lab, X-ray, C.T., USG, MRI, other diagnostic facilities
16.	(a) Whether the nursing home is under the supervision of qualified nurse & if so, his & her name, age & qualifications.
17	Whether any person of alien nationality is employed in the nursing home & if so, his name & other particulars.
18	Names of specialities, Concerned Doctors, DMO displayed.
19	No & date of expiry of the certificate of registration.(in case of renewal)

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

Date

Signature of the Applicant.

Annexure – III

FORM C

Certificate of Registration under Section 5 of the Bombay Nursing Homes
Registration Act, Amendment 2006
(Under Rule 5)

No. :

This is to certify that Shri. / Shrimati
..... has been registered under the
Bombay Nursing Homes Registration Act Amendment 2006 in respect of
..... Situated at
and has been authorized to carry on the said Nursing Home.

Registration No. Maternity Cots

Date of Registration Other Nursing Patients Cots

Place :

Date of issue of Certificate :

This Certificate shall be valid up to 31st March

Executive Health officer / Civil Surgeon /
District Health Officer

ANNEXURE - 4

LIST OF NOTIFIABLE DISEASES

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

Comparison between CEHAT Draft & recommendation from DHS.

Sr. No.	Subject	Page No.	CEHAT Draft	Editing in DHS Draft
1.	District Nursing home registration board	4 & 5	District Nursing home registration board under collector as chairman & LSA as member secretary	<p>1) Appeals against an authority to a board whose member secretary is same authority</p> <p>2) LSA needs to be given autonomy & accountability</p> <p>3) Civil surgeon is LSA only for municipal area, so he can't be member secretary of a board for whole district</p> <p>4) District boards not in original act</p> <p>5) In a district where more than one Municipal corporations are there (Thane, Nashik) who will be chairman of District board</p> <p>6) Appeals should be made to State competent authority.</p>
2.	Fees for Registration	10	Registration fees chart	<p>1) It does not include fees for renewal of registration</p> <p>2) Fees recommended in draft is less, so it increased slightly.</p>
3.	MLC information	13	Information of Grievous hurt to police	Legal provisions already exist under Indian Penal Code sections – 52, 80,

				87, 88, 90, 92, 270, 304 A , 320.
4.	Birth & Death registration	13	Information of births & deaths within 24 hrs	It is within 21 days, but need not be mentioned as separate regulation exists vide Birth and Death registration act (Amendment 2006) dated 08.02.06
Sr. No.	Subject	Page No.	CEHAT Draft	Editing in DHS Draft
5.	Minimum standards of NH	17	Minimum standards regarding nursing homes to be decided by state competent authority.	Minimum standards already included in the draft.
6.	Consent	20 & 21	b,c,d,e,f on page 20 regarding consent	Omitted as separate legal provision for consent exists under Indian Penal Code sections – 52, 80, 87, 88, 90, 92, 270, 304 A , 320.
7.	BMW Act 1998	16	Bio safety guidelines in Annexure 2	Omitted as separate legal provisions exist under BMW Act 1998.
8.	Universal bio safety measures	24,39,40,41,42	Annexure 5 – Universal precautions & WHO guidelines	Omitted as it is applicable according to NACO guidelines & BMW Act 1998.
9.	Form B	Last 1,2,3,4	Form for application for registration of Nursing home	Accepted with slight modifications.
10.	Form C	Last 5	Registration certificate	Accepted with slight modifications.
11.	Minimum requirements of Equipments & furniture.	30 - 38	Exhaustive list of 8 pages	Need not be mentioned.