IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Licensing and Certification – Bureau of Facility Standards

16.03.14 – Hospitals

Who does this rule apply to?
Medical professionals such as anesthesiologists, anesthetists, physicians, nurse practitioners, therapists, therapist assistants, technicians, pharmacists, physiatrists, physician's assistants, podiatrists, psychiatrists, radiologic directors and technologists, radiologist, radiotherapists, technicians, registered nurses, social workers, speech pathologists, audiologists, CEOs, administrators, dieticians, dentists, nurses, licensed independent practitioners, LPNs, medical records practitioner, medical staff members, patients, and families, guardians, and advocates of these patients.

What is the purpose of this rule?
The purpose of the rules is to provide for the development, establishment and enforcement of standards for the care and treatment of individuals in hospitals and for the construction, maintenance and operation of hospitals that, in the light of advancing knowledge, will promote safe and adequate treatment of such individuals in hospitals.

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statute passed by the Idaho Legislature:

Health and Safety -
Hospital Licenses and Inspections:
- Section 39-1307, Idaho Code – Rules, Regulations, and Enforcement

Where can I find information on Administrative Appeals?
Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings."

How do I request public records?
Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, "Use and Disclosure of Department Records."

Who do I contact for more information on this rule?

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Bureau of Facility Standards – Non Long-Term Care
3232 West Elder Street
Boise, ID 83705

P.O. Box 83720
Boise, ID 83720-0009
Bureau Phone: (208) 334-6226, option #4
Division of Licensing and Certification: (208) 364-1959
Fax: (208) 364-1888
Email: fsb@dhw.idaho.gov
Webpages:
https://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NonLongTermCare/tabid/427/Default.aspx and http://facilitystandards.idaho.gov

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000. LEGAL AUTHORITY.
The Idaho legislature has delegated to the Board of Health and Welfare the power to promulgate rules governing hospitals, pursuant to Section 39-1307, Idaho Code. (10-14-88)

001. TITLE AND PURPOSE.

01. Title. These rules are titled Idaho Department of Health and Welfare Rules, IDAPA 16.03.14, "Hospitals." (3-20-20)

02. Purpose. The purpose of the rules is to provide for the development, establishment and enforcement of standards for the care and treatment of individuals in hospitals and for the construction, maintenance and operation of hospitals that, in the light of advancing knowledge, will promote safe and adequate treatment of such individuals in hospitals. (10-14-88)

002. WRITTEN INTERPRETATIONS.
The Department may have written statements that pertain to the interpretation of this chapter, or to the documentation of compliance with these rules. (3-20-20)

003. -- 009. (RESERVED)

010. DEFINITIONS AND ABBREVIATIONS – A THROUGH M.
For the purposes of this chapter, the following terms and definitions apply. (3-20-20)

01. Anesthesiologist. A physician who meets the requirements for certification by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. (10-14-88)

02. Anesthetist. A person who is: (12-31-91)

a. A dentist who has successfully completed a three (3) year residency in anesthesiology approved by the American Medical Association. (10-14-88)

b. A physician whose competence in the practice of anesthesiology is approved by the medical staff, of the hospital in which he works. (10-14-88)

c. A licensed registered nurse who meets the requirements for certification (CRNA) by the Council on Certification of the American Association of Nurse Anesthetists. (10-14-88)

03. Approved Drugs and Biologicals. Only such drugs and biologicals as are: (10-14-88)

a. Included (or approved for inclusion) in the United States Pharmacopoeia, National Formulary, or United States Homoeopathic Pharmacopoeia. (10-14-88)

b. Approved by the pharmacy and therapeutics committee (or equivalent) of the hospital that approves such drugs and biologicals for use in the hospital. (10-14-88)

c. Those drugs approved by the State Title XIX Agency. (10-14-88)

04. Board. The Idaho State Board of Health and Welfare. (12-31-91)

05. Chief Executive Officer or Administrator. The person appointed by the governing body to act in its behalf in the overall management of the hospital. (10-14-88)

06. Clinical Privileges. Permission to render patient care, granted by the hospital governing body on recommendation of the medical staff, within well defined limits based upon the applicant's professional license, experience, competence, and judgment. (10-14-88)

07. Dentist. A person currently licensed by the state of Idaho to practice dentistry. (10-14-88)

08. Department. The Department of Health and Welfare of the state of Idaho. (12-31-91)

09. Dietetic Service Supervisor. A person who: (12-31-91)

a. Is a licensed dietitian; or (7-1-19)

b. Is a graduate of a dietetic technician or dietetic assistant educational program class or correspondence school accredited by the Academy of Nutrition and Dietetics, formerly the American Dietetic Association; or (7-1-19)

c. Is a graduate of a state-approved education program that provides ninety (90) or more hours of classroom instruction in food service management and has at least three (3) months supervisory experience in a health care institution with consultation from a dietitian; or (10-14-88)

d. Has training and experience in food service management in a military program equivalent in content to the requirements in Subsections 010.09.b. or 010.09.c. of this rule; or (7-1-19)

e. Has training and experience in food service management equivalent to requirements in Subsections 010.09.b. or 010.09.c. of this rule; or (7-1-19)

10. **Dietitian**. A person who meets the requirements of Title 54, Chapter 35, Idaho Code, and is licensed by the Board of Medicine as a licensed dietitian (LD). (7-1-19)

11. **Director of Nursing Service**. A licensed registered nurse who is licensed by the state of Idaho, and has been so designated by the facility. (10-14-88)

12. **Director of Psychiatric Nursing Service**. A licensed registered nurse licensed by the state of Idaho who has training and experience in psychiatric nursing and has been so designated by the facility. (10-14-88)

13. **Drug Administration**. An act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with laws and regulations governing such acts. The complete act of administration entails the removal of an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying the drug and dosage with the practitioner's orders, administering dose to the proper patient, and immediately recording the time and amount given. (10-14-88)

14. **Governmental Unit**. The state, any county, municipality, or other subdivision, department, division, board, or agency thereof. (10-14-88)

15, **Grievance**. A grievance is a formal or informal, written or verbal complaint that is made to the hospital by a patient, or the patient's representative, regarding the patient's care, alleged abuse or neglect, or issues related to the hospital's compliance with Idaho state licensure rules. (7-1-19)

16. **Hospital**. A facility that: (10-14-88)

a. Is primarily engaged in providing, by or under the daily supervision of physicians; (10-14-88)

i. Concentrated medical and nursing care on a twenty-four (24) hour basis to inpatients experiencing acute illness; or (10-14-88)

ii. Diagnostic and therapeutic services for medical diagnosis and treatment, psychiatric diagnosis and treatment, and care of injured, disabled, or sick persons; or (10-14-88)

iii. Rehabilitation services for injured, disabled, or sick persons; or (10-14-88)

iv. Obstetrical care. (10-14-88)

b. Provides for care of two (2) or more individuals for twenty-four (24) or more consecutive hours. (10-14-88)

c. Is staffed to provide professional nursing care on a twenty-four (24) hour basis. (10-14-88)

d. Any hospital licensed under the provisions of these rules must be deemed a "facility" as defined at and for the purposes of Section 66-317(7), Idaho Code. (7-1-19)

17. **Hospital Licensing Act**. The law referred to in Sections 39-1301 through 39-1314, Idaho Code, as amended. (10-14-88)

18. **Hospital for the Treatment of Alcohol and Drug Abuse**. A facility for the diagnosis, care, and treatment of patients suffering from chronic alcoholism. (10-14-88)

19. **Infectious Wastes**. Infectious wastes are defined as set out in Subsections 010.19.a. through 010.19.f. of this rule. Infectious wastes must be handled within specific rules as prescribed in Section 550 of these rules. Except as otherwise provided in these rules, infectious wastes must be handled and disposed of in accordance with the most current guidelines and recommendations of the Centers for Disease Control. (7-1-19)

a. Cultures and stocks of infectious agents and associated biologicals including: (1-13-90)

i. Specimens from medical and pathology laboratories. (1-13-90)

ii. Wastes from production of biologicals (by-products from the production of vaccines, reagents in the laboratory, etc.). (1-13-90)

iii. Cultures and stocks from clinical, research and industrial laboratories, such as disposable culture dishes and devices used to transfer, inoculate and mix cultures. (1-13-90)

b. Human blood and blood products (fluid form) and their containers, and liquid body wastes (fluid form) and their containers. (1-13-90)

c. Pathologic waste including tissue, organs, body parts, autopsy and biopsy materials, unless such waste has been treated with formaldehyde or other preservative agents. (1-13-90)

d. "Sharps" including needles, syringes, scalpel blades, pipettes, lancets or glass tubes that could be broken during handling. (1-13-90)

e. Animal carcasses that have been exposed to pathogens, their bedding and other waste from such animals. (1-13-90)

f. Items contaminated with blood or body fluids from patients known to be infected with diseases transmitted by body fluid contact. (1-13-90)

20. **Licensed Independent Practitioner (L.I.P.)**. A person who is: (7-1-19)

a. A licensed physician or physician assistant under Section 54-1803, Idaho Code; or (7-1-19)

b. A licensed advance practice registered nurse under Section 54-1402, Idaho Code. (7-1-19)

21. **Licensed Practical Nurse (L.P.N.)**. A person currently licensed by the Idaho State Board of Nursing to practice as a licensed practical nurse. (10-14-88)

22. **Licensee**. The person or entity to whom a license is issued. (10-14-88)

23. **Licensing Agency**. The Idaho Department of Health and Welfare. (10-14-88)

24. **Maternity Hospital**. A facility, the primary purpose of which is to provide services and facilities for obstetrical care. (10-14-88)

24. **Medical Record Practitioner (Qualified Consultant)**. A person who: (12-31-91)

a. Meets the requirements for certification as a registered record administrator (RRA) or as an accredited record technician (ART) by the American Medical Record Association; or (10-14-88)

b. Is a graduate of a school of medical record science that is accredited jointly by the Council on Medical Education of the American Medical Association and the American Medical Record Association. (10-14-88)

25. **Medical Staff Members**. Those licensed physicians, dentists, podiatrists and other professionals granted the privilege to practice in the hospital by the governing authority of a hospital. (10-14-88)

011. DEFINITIONS AND ABBREVIATIONS – N THROUGH Z.
For the purposes of this chapter, the following terms and definitions apply. (7-1-19)

01. **New Construction or New Hospitals**. Includes the following: (12-31-91)

a. New buildings to be used as hospitals; and (10-14-88)

b. Additions to existing hospitals; and (10-14-88)

c. Conversion of existing buildings or portions thereof for use as a hospital; and (10-14-88)

d. Remodeling, alteration, addition or upgrading of a hospital or hospital building system that affects the structural integrity of the building, that changes functional operation, that affects fire safety or that adds beds, departments or services over those for which the hospital is currently licensed. (10-14-88)

02. **Nuclear Medicine Physician**. A physician who: (12-31-91)

a. Meets the requirements for certification by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine; or (10-14-88)

b. Meets the requirement for certification by the American Board of Radiology, the American Board of Pathology, or the American Board of Internal Medicine, and whose competence in the practice of nuclear medicine is approved by the medical staff. (10-14-88)

03. **Nursing Graduate**. A new graduate practicing on a temporary license must be provided direct supervision by a licensed registered nurse and may not assume charge responsibilities according to the rules of the Idaho State Board of Nursing. (10-14-88)

04. **Nurse Practitioner**. A licensed registered nurse having specialized skill, knowledge and experience authorized, by rules and regulations jointly promulgated by the Idaho State Board of Medicine and the Idaho Board of Nursing and implemented by the Idaho Board of Nursing, to perform designated acts of medical diagnosis, prescription of medical, therapeutic and corrective measures and delivery of medications. (10-14-88)

05. **Nursing Unit**. A separate and distinct service area constructed, equipped, and staffed to function independently of other nursing units and having its own related service facilities. (10-14-88)

06. **Occupational Therapist**. A person who is licensed by the Idaho State Board of Medicine to practice occupational therapy. (10-14-88)

07. **Occupational Therapist Assistant**. A person who: (12-31-91)

a. Is a graduate of an occupational therapy assistant educational program accredited by the American Occupational Therapy Association; or (10-14-88)

b. Meets the requirements for certification (COTA) by the American Occupational Therapy Association under its requirements in effect on the effective date of these rules. (10-14-88)

08. **Operating Room Technician**. A person who: (12-31-91)

a. Has successfully completed a one (1) year education program for operating room technicians accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in cooperation with the Joint Review Committee on Education for the Operating Room Technician, or meets the requirements for certification (CST) by the Association of Surgical Technologists; or (10-14-88)

b. Is licensed as a practical (vocational) nurse in the state of Idaho and meets the training requirements of the Idaho State Board of Nursing. (10-14-88)

09. **Patient**. Any individual admitted to a hospital for diagnosis, treatment, and/or care. (10-14-88)

10. **Person**. Any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof. (10-14-88)

11. **Pharmacist**. A person who is licensed by the state of Idaho and has training or experience in the specialized functions of institutional pharmacy, such as residences in hospital pharmacy, seminars in institutional pharmacy, and other related training programs. (10-14-88)

12. **Physiatrist**. A physician licensed by the Idaho State Board of Medicine and who meets the requirements for certification by the American Board of Physical Medicine and Rehabilitation. (10-14-88)

13. **Physical Therapist**. A person who meets all requirements of Title 54, Chapter 22, Idaho Code, holds an active license, and engages in the practice of physical therapy in Idaho. (7-1-19)

14. **Physical Therapist Assistant**. A person who meets the requirements of Title 54, Chapter 22, Idaho Code, holds an active license, and who performs physical therapy procedures and related tasks that have been selected and delegated only by a supervising physical therapist. (7-1-19)

15. **Physician**. A person currently licensed under the Idaho Medical Practice Act to practice medicine and surgery in the state of Idaho. (10-14-88)

16. **Physician's Assistant**. A person employed by a physician who: (12-31-91)

a. Is a graduate of an approved program; and (10-14-88)

b. Is qualified by general education, training, experience and personal character; and (10-14-88)

c. Has been authorized by the Hospital Board to render patient services under the direction of a supervising physician who is not required to be physically present on the premises when the physician's assistant is rendering patient services, unless so required by the Hospital Board. (10-14-88)

17. **Podiatrist**. A person who is licensed by the state of Idaho and is a doctor of podiatric medicine (D.P.M.) or doctor of podiatry (D.P.). (10-14-88)

18. **Provisional License**. A license issued to a hospital that is in substantial compliance with the regulations but that is temporarily unable to meet all of the requirements. A provisional license can be issued for a specified period of time, not to exceed six (6) months, while corrections are being completed. (10-14-88)

19. **Psychiatric Hospital**. A facility for the diagnosis and treatment of persons with mental illness. (10-14-88)

20. **Psychiatric Nurse**. A licensed registered nurse, licensed by the state of Idaho and qualified by training or experience in psychiatric nursing. (10-14-88)

21. **Psychiatric Unit**. A specialized unit within a general hospital for the diagnosis and treatment of the mentally ill. (10-14-88)

22. **Psychiatrist**. A physician who meets the requirements for certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. (10-14-88)

23. **Radiologic Service Director**. A person who: (12-31-91)

a. Is a radiologist; or (10-14-88)

b. Is a radiotherapist; or (10-14-88)

c. In a geographic area where the services of a radiologist or radiotherapist are not available, is a physician who meets the requirements for certification in a medical specialty in which he has become qualified by experience and training in the use of radiographs, and whose competence in the practice of radiology is approved by the medical staff. (10-14-88)

24. **Radiologic Technologist (Diagnostic)**. A person who meets at least one (1) of the following criteria: (10-14-88)

a. Is a graduate of a two (2) year education program for radiologic technologists accredited by the Council on Medical Education of the American Medical Association in cooperation with the Joint Review Committee on Education in Radiologic Technology; or (10-14-88)

b. Meets the requirements for registration by the American Registry of Radiologic Technologists or by the American Registry of Clinical Radiography Technologists, and has one (1) year of experience as a radiologic technologist within the last three (3) years; or (10-14-88)

c. Has successfully completed an educational program in radiologic technology in a military service, and has one (1) year of experience in radiologic technology within the last three (3) years; or (10-14-88)

d. Has two (2) years of pertinent radiologic equipment experience within the last five (5) years, and has achieved a satisfactory grade on a proficiency examination in radiologic technology approved by the Secretary of Health and Human Services, except that such determination of proficiency will not apply with respect to persons initially licensed by a state or seeking initial qualification as a radiologic technologist after December 21, 1977. (10-14-88)

25. **Radiologist**. A physician who meets the requirements for certification by the American Board of Radiology or the American Osteopathic Board of Radiology. (10-14-88)

26. **Radiotherapist**. A physician who: (12-31-91)

a. Meets the requirements for certification as a radiotherapist by the American Board of Radiology; or (10-14-88)

b. Meets the requirements for certification as a radiologist by the American Board of Radiology or the American Osteopathic Board of Radiology, and whose competence in the practice of radiation therapy is approved by the medical staff of the hospital in which he practices. (10-14-88)

27. **Registered Nurse (R.N.)**. A person licensed by the Idaho State Board of Nursing to practice professional nursing, also known as a licensed registered nurse. (10-14-88)

28. **Rehabilitation Hospital**. A facility operated for the primary purpose of assisting with the rehabilitation of disabled persons through an integrated program of medical, psychological, social, and vocational evaluation and services under competent professional supervision. (10-14-88)

29. **Respiratory Therapist**. A person who meets the requirements for registration by the American Registry of Respiratory Technicians (ARRT). (10-14-88)

30. Respiratory Therapy Technician. A person who meets the requirements for certification as a Certified Respiratory Therapy Technician (CRTT) by the National Board for Respiratory Therapy. (10-14-88)

31. Restraints. A restraint is (1) any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or (2) a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. (7-1-19)

a. A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm. (7-1-19)

b. Side rails: Side rails are considered a restraint when they restrict the patient's freedom to exit the bed. Side rails may not be considered a restraint when they protect the patient. Examples include raising the side rails when a patient is: on a stretcher, recovering from anesthesia, sedated, experiencing involuntary movement, or on certain types of therapeutic beds. (7-1-19)

c. Physically escorting a patient from one area to another against the patient's will is a restraint. (7-1-19)

d. Physically holding a patient to administer a medication against the patient's will is a restraint. (7-1-19)

e. Placing a patient in a chair or recliner that prevents him or her from getting out of the chair safely and easily, is a restraint. (7-1-19)

f. Age or developmentally appropriate protective safety interventions (such as stroller safety belts, swing safety belts, high chair lap belts, and raised crib rails) that a safety-conscious child care provider outside a health care setting would utilize to protect an infant, toddler, or preschool-aged child would not be considered restraint or seclusion for the purposes of this rule. The use of these safety interventions needs to be addressed in the hospital's policies or procedures. (7-1-19)

32. Seclusion. Seclusion is the involuntary confinement of a patient in a room or area, such as an activity center, from which the patient is physically prevented from leaving. Physically prevented from leaving includes threats by staff, if the patient attempts to leave, including the threat of restraint or seclusion. Confinement on a locked unit or ward does not constitute seclusion. (7-1-19)

33. Skilled Nursing Facility. A facility whose design and function must provide area, space and equipment to meet the health needs of two (2) or more individuals who, at a minimum, require inpatient care and services for twenty-four (24) or more consecutive hours for unstable chronic health problems requiring daily professional nursing supervision and licensed nursing care on a twenty-four (24) hour basis, restorative, rehabilitative care, and assistance in meeting daily living needs. Medical supervision is necessary on a regular, but not daily basis. (7-1-19)

34. Social Worker. An individual who is licensed by the state of Idaho to practice social work. (10-14-88)

35. Special Hospital. A facility that provides primarily one (1) type of care. The specialized hospital must meet the applicable regulations for general hospitals. All medical and related health services in these facilities must be prescribed by or must be under the general direction of persons licensed to practice medicine in Idaho. (10-14-88)

36. Speech Pathologist or Audiologist. A person who: (12-31-91)

a. Meets the current requirements for a certificate of clinical competence in the appropriate area

(speech pathology or audiology) granted by the American Speech and Hearing Association; or (10-14-88)

b. Meets the educational requirements for certification, and is in the process of accumulating the supervised clinical experience required for certification. (10-14-88)

37. **Substantial Compliance**. Substantial compliance means a facility is in substantial compliance with these rules when there are no deficiencies that would endanger the health, safety or welfare of residents. (10-14-88)

38. **Supervision**. Authoritative procedural guidance by a qualified person for the accomplishment of a function within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function. Unless otherwise stated in the rules, the supervisor must be on the premises to perform supervisory duties. (10-14-88)

39. **Temporary License**. A license issued for a period not to exceed six (6) months and issued initially upon application when the Department determines that all application information is acceptable. A temporary license allows the Department time to evaluate the Facility's on-going capability to provide services and to meet these rules. (10-14-88)

40. **Tuberculosis Hospital**. A facility for the diagnosis and treatment of patients with tuberculosis or other pulmonary disease. (10-14-88)

41. **Video Monitoring**. Close observation of a person for the purpose of protecting them and/or gathering information. The observation is made from a distance by means of electronic equipment, such as closed-circuit television cameras. (7-1-19)

42. **Video and/or Audio Recording**. Saving video and audio information on an electronic medium that can be viewed and/or listened to at a later time. (7-1-19)

43. **Waiver or Variance**. Waiver or variance means a waiver or variance to these rules and minimum standards in whole or in part that may be granted under the following conditions: (10-14-88)

a. Good cause is shown for such waiver and the health, welfare or safety of patients/residents will not be endangered by granting such a waiver; (10-14-88)

b. Precedent is not set by granting of such waiver. The waiver may be renewed annually if sufficient written justification is presented to the licensing agency. (7-1-19)

012. -- 099. (RESERVED)

100. LICENSURE.

Pursuant to Section 39-1303, Idaho Code, no person or governmental unit, acting separately or jointly with any other person or governmental unit shall establish, conduct or maintain a hospital in this state without a license issued pursuant to Sections 39-1301 through 39-1314, Idaho Code. (10-14-88)

01. **Application for License**. Pursuant to Section 39-1304, Idaho Code, an application for a license shall be made to the licensing agency upon forms provided it and shall contain such information as the licensing agency reasonably requires, that shall include affirmative evidence of ability to comply with such reasonable standards, rules and regulations as are lawfully prescribed herein, and to include evidence of a request for a determination of review ability if a program providing prospective review for hospitals is in effect. (10-14-88)

02. **Issuance and Renewal of License**. Pursuant to Section 39-1305, Idaho Code, upon receipt of an application for license, the licensing agency shall issue a license if the applicant and hospital facilities meet the requirements established in these rules. (10-14-88)

a. A license, unless suspended or revoked, shall be renewable annually upon filing by the licensee and approval by the licensing agency of an annual report upon such uniform dates and containing such information in

such form as the licensing agency prescribes. (10-14-88)

b. Each license will be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the licensing agency. (10-14-88)

03. Posting of License. Licenses must be framed and posted in a conspicuous place on the licensed premises. (10-14-88)

101. -- 104. (RESERVED)

105. DENIAL OR REVOCATION OF LICENSE.
Pursuant to Section 39-1306, Idaho Code, relating to hearings and review, after notice and opportunity for hearing to the applicant or licensee, the licensing agency is authorized to deny, or revoke a license in any case in which it finds that conditions exist that endanger the health or safety of any patient. (10-14-88)

106. -- 109. (RESERVED)

110. COMPLIANCE DEADLINE.
Pursuant to Section 39-1308, Idaho Code, any hospital that is in operation at the time of implementation of any applicable regulations will be given a reasonable time under the particular circumstances, not to exceed one (1) year from the date of implementation, within which to comply with the applicable rules and regulations. (10-14-88)

111. -- 119. (RESERVED)

120. INSPECTIONS AND CONSULTATIONS.

01. Inspections. Pursuant to Section 39-1309, Idaho Code, the licensing agency will make or cause to be made such inspections and investigations as it deems necessary. Any licensee or applicant desiring to alter, add to or remodel its existing facility, or to construct new facilities or convert an existing structure to hospital use, is referred to Subsection 002.26 and Section 600, for construction standards and review procedures that must occur prior to commencing such structural changes. (12-31-91)

02. Consultations. Consultations may be provided at the option of the licensing agency. (10-14-88)

121. -- 129. (RESERVED)

130. CONFIDENTIALITY.
Pursuant to Section 39-1310, Idaho Code, information received by the licensing agency through filed reports, inspections, or as otherwise authorized under this law, will not be disclosed publicly in such a manner as to identify individuals except in a proceeding involving the question of licensure. (10-14-88)

131. -- 139. (RESERVED)

140. PENALTIES.

01. Penalty for Operating Hospital Without License. Any person establishing, conducting, managing, or operating a hospital, as defined, without a license shall be guilty of a misdemeanor punishable by imprisonment in a county jail for a period of time not exceeding six (6) months, or by a fine not exceeding three hundred dollars ($300), or by both, and each day of continuing violations shall constitute a separate offense. (10-14-88)

02. Injunction to Prevent Operation Without License. Notwithstanding the existence or pursuit of any other remedy, the licensing agency may in the manner provided by law maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a hospital as defined, without a license. (10-14-88)

141. -- 149. (RESERVED)

150. LICENSING PROVISIONS.

01. General License Requirements. (10-14-88)

a. Before any person can directly or indirectly operate a hospital, he must make application and receive a valid license for the operation of the hospital. No patient will be admitted until a valid license is issued. (10-14-88)

b. Applicants for license and licensees must conform to the rules and minimum standards for hospitals in Idaho. (10-14-88)

c. Facilities making an initial application for a license shall be issued a temporary license when the licensing agency determines that all application information is acceptable and that the facility is at least in substantial compliance with these rules and standards. The temporary license provides the Department time to determine the facility's on-going capability to provide services and to meet these rules. A temporary license may not be issued for a period that exceeds six (6) months. (10-14-88)

d. If a hospital that is required to be licensed under these rules does not normally provide a particular service or department, the section or sections of these regulations relating to such service or department will not be applicable. (10-14-88)

e. The licensing agency can upon written application submitted by the hospital allow the substitution of procedures, equipment, or facilities for those specified in these rules, when such procedure, equipment, or facility has been demonstrated to be at least equivalent to those prescribed. Such substitution shall be in writing and placed on file with the licensing agency and the hospital. The foregoing provision shall not apply to new construction. (10-14-88)

f. No facility can create the impression it is a hospital, unless it does in fact meet the legal definition of a hospital and is so licensed by the Board. (12-31-91)

g. A provisional license may be issued to a hospital that is in substantial compliance with the rules but is temporarily unable to meet all requirements. (10-14-88)

02. Application for License. (10-14-88)

a. All persons contemplating the operation of a hospital must apply to the licensing agency for a license on a form provided by the licensing agency. The application shall be submitted to the licensing agency at least three (3) months prior to the opening date. In addition to the application form the proposed hospital shall include evidence of a request for determination of reviewability if a program providing prospective review of hospitals is in effect. (10-14-88)

b. When a hospital is leased by the owner to a second party for the operation of the facility, a copy of the lease agreement showing clearly in its context the responsibilities of both parties shall be filed with the application for a license. (10-14-88)

03. Issuance of License. (10-14-88)

a. Every hospital shall be designated by a distinctive name in applying for a license and the name shall not be changed without first notifying the licensing agency in writing. (10-14-88)

b. Each license shall specify the maximum allowable number of permanent beds in a facility whether set up for use or not, exclusive of labor and recovery beds, that number shall not be exceeded. (10-14-88)

04. Expiration and Renewal of License. (10-14-88)

a. Each license for the operation of a hospital will expire one (1) year from the date issued unless otherwise dated, revoked or suspended prior to that date. (10-14-88)

b. Each application for renewal of a license shall be submitted prior to expiration of the license on a form prescribed by the licensing agency. (10-14-88)

c. A report shall be submitted annually on a form prescribed by the licensing agency giving such information as contained within said form. A report for the preceding year shall be on file with the licensing agency prior to renewal of a license. (10-14-88)

05. License Certificate. Each license certificate in the licensee's possession must be destroyed immediately upon suspension or revocation of the license or if the operation of the hospital is discontinued by voluntary action. (10-14-88)

06. Change of Ownership or Operator. (10-14-88)

a. When a change of ownership, lessee or management firm for any hospital is contemplated, the owner shall notify the licensing agency at least thirty (30) days prior to the proposed date of transfer. (10-14-88)

b. A new application for licensure shall be submitted where there is a change of ownership or operator. (10-14-88)

151. -- 199. (RESERVED)

200. GOVERNING BODY AND ADMINISTRATION.
There shall be an organized governing body, or equivalent, that has ultimate authority and responsibility for the operation of the hospital. (10-14-88)

01. Bylaws. The governing body shall adopt bylaws in accordance with Idaho Code, community responsibility, and identify the purposes of the hospital and that specify at least the following: (10-14-88)

a. Membership of Governing Body, that consists of: (12-31-91)

i. Basis of selecting members, term of office, and duties; and (10-14-88)

ii. Designation of officers, terms of office, and duties. (10-14-88)

b. Meetings: (12-31-91)

i. Specify frequency of meetings; (10-14-88)

ii. Meet at regular intervals, and there is an attendance requirement; (10-14-88)

iii. Minutes of all governing body meetings shall be maintained. (10-14-88)

c. Committees: (12-31-91)

i. The governing body officers shall appoint committees as appropriate for the size and scope of activities in the hospitals; (10-14-88)

ii. Minutes of all committee meetings shall be maintained, and reflect all pertinent business. (10-14-88)

d. Medical Staff Appointments and Reappointments: (12-31-91)

i. A formal written procedure shall be established for appointment to the medical staff; (10-14-88)

ii. Medical staff appointments shall include an application for privileges, signature of applicant to abide by hospital bylaws, rules, and regulations, and delineation of privileges as recommended by the medical staff. The same procedure shall apply to nonphysician practitioners who are granted clinical privileges; (10-14-88)

iii. The procedure for appointment and reappointment to the medical staff shall involve the administrator, medical staff, and the governing body. Reappointments shall be made at least biannually; (10-14-88)

iv. The governing body bylaws shall approve medical staff authority to evaluate the professional competence of applicants, appointments and reappointments, curtailment of privileges, and delineation of privileges; (10-14-88)

v. Applicants for appointment, reappointment or applicants denied to the medical staff privileges shall be notified in writing; (10-14-88)

vi. There shall be a formal appeal and hearing mechanism adopted by the governing body for medical staff applicants who are denied privileges, or whose privileges are reduced. (10-14-88)

e. The bylaws shall provide a mechanism for adoption, and approval of the organization bylaws, rules and regulations of the medical staff. (10-14-88)

f. The bylaws shall specify an appropriate and regular means of communication with the medical staff. (10-14-88)

g. The bylaws shall specify departments to be established through the medical staff, if appropriate. (10-14-88)

h. The bylaws shall specify that every patient be under the care of a physician licensed by the Idaho State Board of Medicine. (10-14-88)

i. The bylaws shall specify that a physician be on duty or on call at all times. (10-14-88)

j. The bylaws shall specify to whom responsibility for operations, maintenance, and hospital practices can be delegated and how accountability is established. (10-14-88)

k. The governing body shall appoint a chief executive officer or administrator, and shall designate in writing who will be responsible for the operation of the hospital in the absence of the administrator. (10-14-88)

l. Bylaws shall be dated and signed by the current governing body. (10-14-88)

m. Patients being treated by nonphysician practitioners shall be under the general care of a physician. (10-14-88)

02. Administration. The governing body, through the administrator, shall provide appropriate physical facilities and personnel required to meet the needs of the patients and the community. (10-14-88)

03. Chief Executive Officer or Administrator. The governing body through the chief executive officer shall establish the following policies, procedures or plans: (10-14-88)

a. The hospital shall adopt a written personnel policy concerning qualification, responsibility, and condition of employment for each category of personnel. The policy and/or procedures shall contain the following elements: (10-14-88)

i. Documentation of orientation of all employees to policies, procedures and objectives of the hospital. (10-14-88)

ii. Job descriptions for all categories of personnel. (10-14-88)

iii. Documentation of continuing education (inservice) for all patient care personnel. (10-14-88)

b. There shall be a personnel record for each employee that shall contain at least the following: (10-14-88)

i. Current licensure and/or certification status. (10-14-88)

ii. The results of a Tuberculin Skin Test that shall be determined either by history of a prior positive, or by the application of a skin test prior to or within thirty (30) days of employment. If the skin test is positive, either by history or by current test, a chest X-ray shall be taken, or a report of the result of a chest X-ray taken within three (3) months preceding employment, shall be accepted. The Tuberculin Skin Test status shall be known and recorded and a chest X-ray alone is not a substitute. No subsequent annual chest X-ray or skin test is required for routine surveillance. (10-14-88)

c. There shall be regularly scheduled departmental and interdepartmental meetings, appropriate to the needs of the hospital, and documentation of such meetings shall be available. (10-14-88)

d. The chief executive officer shall serve as liaison between the governing body, medical staff and the nursing staff, and all other departments of the hospital. (10-14-88)

e. Written policies and procedures shall be reviewed as needed. (10-14-88)

04. Discharge Planning. Administration shall provide a procedure to screen each patient for discharge planning needs. If discharge planning is necessary, a qualified person shall be designated responsible for such planning. The hospital shall have a transfer agreement with a Medicare and/or Medicaid skilled nursing home. If there is a common governing board for a hospital and a skilled nursing home, a policy statement concerning transfers will be sufficient. (10-14-88)

05. Institutional Planning. The governing body through the chief executive officer shall provide for institutional planning by means of a committee composed of members of the governing body, administration, and medical staff. The plan shall include at least these elements: (10-14-88)

a. Annual budgeting; and (10-14-88)

b. A protocol for coordinating the hospital services with other health care facilities and community resources. (10-14-88)

06. Disclosure of Ownership. The governing body and administration of hospitals required to be licensed under these rules shall fully disclose to the licensing agency the names and addresses of all persons owning or controlling five percent (5%) interest in the hospital. (10-14-88)

07. Compliance with Laws and Regulations. The governing body through the chief executive officer will be responsible for meeting all applicable laws and regulations pertaining to hospitals, and acting promptly upon reports and reviews of regulatory and inspecting agencies. (10-14-88)

08. Use of Outside Resources. If a hospital does not employ a required professional person to render a specific service, there shall be a written agreement for such service to meet the requirements of these rules. The agreement shall specify the following: (10-14-88)

a. Responsibilities of both parties, with the hospital retaining responsibility for services rendered. (10-14-88)

b. All services to be performed by outside resources including reports, frequency of visits, and services rendered. (10-14-88)

09. Substantial Change in Services. Any hospital proposing to offer a new service or a new department under these rules or proposing to implement a substantial change in an existing service or department

shall provide to the licensing agency evidence of a request for a determination of reviewability if a program providing prospective review of hospitals is in effect. (10-14-88)

10. Quality Assurance. Through administration and medical staff, the governing body shall ensure that there is an effective, hospital-wide quality assurance program to evaluate the provision of care. The hospital must take and document appropriate remedial action to address deficiencies found through the program. The hospital must document the outcome of the remedial action. (10-14-88)

201. -- 219. (RESERVED)

220. PATIENT RIGHTS.
A hospital must protect and promote each patient's rights. Patient rights are provided for and described in Sections 220 through 234 of these rules. (7-1-19)

01. Informed in Advance of Patient Care. A hospital must inform each patient, or when appropriate, the patient's representative or caregiver, of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. (7-1-19)

02. Identify Who Is Responsible for Medical Decisions. The hospital must identify who is responsible for making medical decisions and representing the patient if the patient is unable to make those decisions. (7-1-19)

03. Specify Procedures to Inform Patient of Patient Rights. (7-1-19)

a. The hospital must specify a procedure to inform patients, their representative, or caregiver of their rights before providing care. (7-1-19)

b. In an emergency, rights may be provided after emergent care is provided. (7-1-19)

c. The procedure must include a method to document that patients were informed of their rights or the reasons they were not informed before care was provided. (7-1-19)

04. Informed in Format Understandable to Patient/Patient's Representative. The patient and/or the patient's representative has the right to be informed of the patient's rights in a language or format that the patient and/or legal representative understands. (7-1-19)

05. Make Informed Decisions. The patient or patient's representative has the right to make informed decisions regarding patient's care. (7-1-19)

06. Informed and Involved in Care Plan.The patient has the right to be informed of health status, be involved in care planning and treatment, and to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. (7-1-19)

a. The hospital must obtain written consent for general treatment at the hospital. If the hospital is not able to obtain this consent, the reasons must be documented. (7-1-19)

b. The hospital must obtain an informed written consent from each patient or the patient's representative for the provision of specific medical and/or surgical care, except in medical emergencies. The consent must include an explanation of risks, benefits, and alternatives for high-risk procedures, sedation, and other procedures or services as defined by the governing body. (7-1-19)

07. Formulate Advance Directives. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives. The hospital must document whether the patient has an advance directive. If the patient has an advance directive, the hospital must document what it includes. If the patient does not have an advance directive, the hospital must offer the patient assistance to create one and document the patient's response. (7-1-19)

08. **Privacy**. The patient has the right to meet privately with an attorney, a physician, a licensed independent practitioner, a representative of the state protection and advocacy group, and adult/child protection agency. (7-1-19)

09. **Personal Privacy**. The patient has the right to personal privacy, including the right to privacy during all personal care, including hygiene activities such as bathing, dressing, and toileting. This right includes the right to treatment with dignity during personal care. (7-1-19)

a. A patient's right to privacy may be limited in situations when a treatment team determines a person must be continuously observed to ensure his or her safety. A decision to continuously observe a patient, either in person or by video and audio monitoring, must be based on an individualized assessment of the patient's needs and it must be part of the patient's individualized plan of care. (7-1-19)

b. When patients are video monitored, the hospital must turn the camera off or utilize an electronic privacy option during personal care and activities of daily living where the patient may be exposed, such as bathing, dressing, and toileting. Monitoring during these times must be done by staff members in person. Video and audio monitoring and recording must also be turned off during meetings with the patient and an attorney, a physician, a licensed independent practitioner, a representative of the state protection and advocacy group, and adult/child protection agency. (7-1-19)

c. When the hospital utilizes the continuous observation of patients, and/or video recording of patients, it must develop policies and procedures to direct staff in these activities. (7-1-19)

d. The hospital must obtain the patient's or patient's legal representative's written consent for video or audio recording except in common areas. (7-1-19)

e. Video or audio recordings of a patient for any reason must be included as part of the patient's medical record except in common areas. (7-1-19)

f. Monitors used for observing patients must not be visible or audible to unauthorized persons. (7-1-19)

10. **Video Monitoring of Common Areas**. Closed circuit television may be used to monitor common areas when signs are clearly posted that video monitoring or video recording is occurring. Patient consent is not required for common areas. Video recordings of common areas are not part of the patient's medical record. (7-1-19)

11. **Safe Setting**. The patient has the right to receive care in a safe setting. (7-1-19)

12. **Free From Abuse, Neglect, and Harassment**. The patient has the right to be free from all forms of abuse, neglect, and harassment. If hospital staff become aware of potential abuse or neglect of a patient, the hospital must protect the patient from future harm and report the suspicions to the appropriate legal entity. (7-1-19)

13. **Confidentiality**. The patient has the right to the confidentiality of his or her clinical records. (7-1-19)

14. **Access to Patient's Own Records**. The patient has the right to access information contained in his or her clinical records within three business days. The patient may request clinical record information as a paper copy or in an electronic format. (7-1-19)

a. The hospital may not charge the patient a rate for copies that is higher than that of the local library. (7-1-19)

b. When the patient requests the information electronically, the hospital must provide it on a currently popular media storage device. The information must be provided in a coherent format. (7-1-19)

15. **State Agency Contact Information**. The hospital must provide patients with contact information

for the Idaho state survey agency, including the agency's physical and mailing addresses and telephone number. (7-1-19)

221. -- 224. (RESERVED)

225. PATIENT GRIEVANCES.
The hospital must establish a clearly explained process for the prompt resolution of patient grievances. (7-1-19)

01. Grievance by Patient or Patient's Representative. A patient's grievance is a formal or informal, written or verbal complaint that is made to the hospital by a patient, or the patient's representative, regarding the patient's care, alleged abuse or neglect, or issues related to the hospital's compliance with Idaho state licensure rules. When a complaint is resolved at the time of the complaint by staff present, it is not considered a grievance and does not require investigation. (7-1-19)

02. Grievance Process. The grievance process must include: (7-1-19)

a. The hospital must inform each patient how to submit a grievance. Grievances may be submitted to any professional staff member. (7-1-19)

b. Grievances must be investigated. The grievance process must specify time frames for review of the grievance and the provision of a response. (7-1-19)

c. The hospital must document the steps taken to investigate the grievance and the results of the grievance process. (7-1-19)

03. Written Notice of Decision. The hospital must provide the patient with written notice of its decision that contains: (7-1-19)

a. The name of the hospital contact person; (7-1-19)

b. The steps taken to investigate the grievance; and (7-1-19)

c. The results of the grievance process. (7-1-19)

226. -- 228. (RESERVED)

229. LAW ENFORCEMENT RESTRAINTS.
The use of law enforcement restraint devices are not considered safe, appropriate health care restraint interventions for use by hospital staff to restrain patients. (7-1-19)

01. Law Enforcement Use of Restraint Devices. The use of handcuffs, manacles, shackles, other chain-type restraint devices, or other restrictive devices applied by non-hospital employed or contracted law enforcement officials for custody, detention, and public safety reasons are not governed by these rules. (7-1-19)

02. Law Enforcement Maintains Custody and Direct Supervision. When a law enforcement officer applies handcuffs, manacles, shackles, other chain-type restraint devices to a patient, the law enforcement officer must maintain custody and direct supervision of the prisoner who is the hospital's patient. (7-1-19)

a. The law enforcement officer is responsible for the use, application, and monitoring of these restrictive restraint devices in accordance with state law. (7-1-19)

b. The hospital is responsible for an appropriate patient assessment and the provision of safe, appropriate care to its patient who is in the custody of a law enforcement officer. (7-1-19)

230. RESTRAINT AND SECLUSION.
The hospital must establish a clearly explained process for restraint and/or seclusion. The hospital must follow its restraint and seclusion policies. (7-1-19)

01. Patient's Right to be Free From Restraint and Seclusion. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. (7-1-19)

02. Use of Restraint or Seclusion. Restraint and/or seclusion may only be imposed to ensure the physical safety of the patient, a staff member, or others. Restraint and/or seclusion must be discontinued at the earliest possible time, when the patient no longer presents an immediate risk of harm to self or others. (7-1-19)

03. Policy and Procedures. Restraint and seclusion policies and procedures must include: (7-1-19)

a. Definitions for restraint and seclusion as defined in these rules. (7-1-19)

b. Specification of: (7-1-19)

i. Which personnel may assess patients to determine the need for restraint and/or seclusion; (7-1-19)

ii. Which personnel may perform formal face-to-face evaluations for episodes of restraint and/or seclusion; and (7-1-19)

iii. Which personnel may evaluate patients for the need to continue restraint and/or seclusion. (7-1-19)

c. How patients will be assessed for the need for restraint and/or seclusion, including the types of restraint to be used and time frames for reassessment. (7-1-19)

d. How patients will be monitored while in restraints and/or seclusion to ensure their well-being. (7-1-19)

e. A requirement that restraint and/or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, staff members, or others from harm. (7-1-19)

f. A requirement that the type or technique of restraint used must be the least restrictive intervention that will be effective to protect the patient, staff members, or others from harm. (7-1-19)

g. How services will be provided to patients while in restraint and/or seclusion, including time frames for general assessments, taking vital signs, offering fluids and nourishment, toileting/elimination, systematic release of restrained limbs to provide range of motion and exercise of those limbs, and other care as needed. (7-1-19)

h. A requirement that specifies when restraint or seclusion is applied, the patient's plan of care is changed to direct staff on how to care for the patient while in restraint or seclusion and how to prevent further episodes. (7-1-19)

i. The training requirements for staff who participate in the use of restraints and/or seclusion, including training requirements for persons who may order restraints and for persons who perform face-to-face examinations. Policies must address initial and ongoing training requirements. (7-1-19)

j. A requirement that restraint or seclusion must be discontinued when the patient no longer presents an immediate risk of harm to themselves or others. (7-1-19)

k. Documentation requirements for staff caring for patients in restraint and/or seclusion, including the documentation of assessments and behaviors following episodes of restraint or seclusion. (7-1-19)

04. Investigation of Injuries. A procedure for the hospital to investigate injuries that occur during the application or use of restraint or seclusion. The investigation procedure must include recommendations for the prevention of future injuries from restraint or seclusion. (7-1-19)

231. RESTRAINT AND SECLUSION ORDERS.

The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner, who has been granted privileges by the governing body to order restraint and seclusion. (7-1-19)

01. Orders. Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN). (7-1-19)

02. Attending Physician.The attending physician must be consulted as soon as practical if the attending physician did not order the restraint or seclusion. (7-1-19)

03. Time Limits on Orders. Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed according to the following limits up to a total of twenty-four (24) hours: (7-1-19)

a. Four (4) hours for adults eighteen (18) years of age or older; (7-1-19)

b. Two (2) hours for children and adolescents nine (9) to seventeen (17) years of age; or (7-1-19)

c. One (1) hour for children under nine (9) years of age. (7-1-19)

d. The original restraint or seclusion order may only be renewed within the required time limits for up to a total of twenty-four (24) hours. After the original order expires, a physician or other licensed independent practitioner must see and assess the patient before issuing a new order. (7-1-19)

e. Seclusion may only be ordered for the management of violent or self-destructive behavior. (7-1-19)

f. Each order for restraint used to ensure the physical safety of a non-violent or non-self-destructive patient may be renewed as allowed by hospital policies. (7-1-19)

g. Restraint or seclusion must be discontinued at the earliest possible time when the patient no longer presents an immediate risk of harm to self or others. The risk of harm must be assessed by a physician or licensed independent practitioner, or a registered nurse prior to releasing the patient. (7-1-19)

232. RESTRAINT AND SECLUSION IMPLEMENTATION AND MONITORING.
The use of restraint or seclusion must be implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy. (7-1-19)

01. Written System. The hospital must adopt a written system for the use of restraints and seclusion, including techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion. (7-1-19)

02. Observation of Patients Who Are Not Violent or Self-Destructive. Patients who are restrained but who are not violent or self-destructive, must be observed at intervals not greater than fifteen (15) minutes. (7-1-19)

03. Management of Violent or Self-Destructive Behavior. Patients who are restrained or secluded for violent or self-destructive behaviors must be continuously observed by trained staff assigned to observe the patient. Staff must observe the patient either directly or using both video and audio equipment. Staff observing the patient must be physically close enough to protect the patient in an emergency. (7-1-19)

04. Face-to-Face by Physician or Other Licensed Independent Practitioner. Patients who are restrained or secluded for the management of violent or self-destructive behavior, must be seen face-to-face within one (1) hour after the initiation of the intervention by a physician or other licensed independent practitioner or by a registered nurse who has been trained to conduct face-to-face examinations. The face-to-face examination must evaluate: (7-1-19)

a. The patient's immediate situation; (7-1-19)

b. The patient's reaction to the intervention; (7-1-19)

c. The patient's medical and behavioral condition; and (7-1-19)

d. The need to continue or terminate the restraint or seclusion. (7-1-19)

e. When the face-to-face evaluation is conducted by a trained registered nurse, the trained registered nurse must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient, as soon as possible after the completion of the one (1) hour face-to-face evaluation. (7-1-19)

233. RESTRAINT AND SECLUSION DOCUMENTATION.
The clinical record for each patient that is restrained or secluded must contain comprehensive documentation of the episode. (7-1-19)

01. Patient's Behavior. A description of the patient's behavior that led to the use of restraint or seclusion. (7-1-19)

02. Interventions Used Prior to Restraint or Seclusion. Alternatives or other less restrictive interventions attempted prior to the use of restraint or seclusion. (7-1-19)

03. Type of Intervention. The type of interventions used, including the date and time the interventions were initiated. (7-1-19)

04. Assessments. Initial and ongoing assessments of the need for restraint or seclusion by medical and nursing staff. (7-1-19)

05. Patient's Response. The patient's response to the use of restraint or seclusion, including ongoing behaviors. (7-1-19)

06. Monitoring Activities. Monitoring activities by staff. (7-1-19)

07. Restraint and Seclusion Log. Each hospital must maintain a log of restraint and/or seclusion use that must include: (7-1-19)

a. The name of the patient; (7-1-19)

b. The type of restraints and/or seclusion used; (7-1-19)

c. The date and time restraints and/or seclusion were applied and discontinued; and (7-1-19)

d. Any injury or adverse consequence to the patient incurred during the restraint and/or seclusion. (7-1-19)

234. RESTRAINT AND SECLUSION TRAINING.
All staff involved with the ordering, application, and monitoring of restraints and seclusion must be trained. (7-1-19)

01. Training Requirements. Training must include an overview of the hospital's system for the use of restraints and seclusion, including techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion. Training must also include: (7-1-19)

a. De-escalation techniques; (7-1-19)

b. Use of least restrictive interventions; (7-1-19)

c. The safe application of restraints; (7-1-19)

d. Monitoring patients in restraint or seclusion; and (7-1-19)

e. Providing care for a patient in restraint or seclusion. (7-1-19)

02. Training Related to Job Responsibilities. All hospital staff members who participate in restraint or seclusion must be trained in relation to their job responsibilities. (7-1-19)

03. Hospital's Policy Training. Physicians and licensed independent practitioners, who order restraints and seclusion and monitor those patients, must be trained in the hospital's policies for ordering restraints and seclusion and assessing patients who are restrained or secluded. (7-1-19)

04. Ongoing Training. Staff must receive ongoing restraint and/or seclusion training in accordance with hospital policies. (7-1-19)

235. -- 249. (RESERVED)

250. MEDICAL STAFF.
The hospital must have an active medical staff organized under bylaws approved by the governing body and responsible to the governing body for the quality of all medical care provided the patients, and for the professional practices and ethical conduct of the members. (7-1-19)

01. Medical Staff Qualifications and Privileges. All medical staff members must be qualified legally and professionally for the privileges that they are granted. (7-1-19)

a. Privileges must be granted only on the basis of individual training, competence, and experience. (7-1-19)

b. The medical staff, with governing body approval, must develop and implement a written procedure for determining qualifications for medical staff appointment, and for determining privileges. (7-1-19)

c. The governing body must approve medical staff privileges within the limits of the hospital's capabilities for providing qualified support staff and equipment in specialized areas. (7-1-19)

02. Authority to Admit Patients. A hospital may grant to physicians, physician assistants, and advanced practice nurses the privilege to admit patients, provided that admitting privileges be granted only if the privileges are: (7-1-19)

a. Recommended by the medical staff at the hospital; (7-1-19)

b. Approved by the governing body of the hospital; and (7-1-19)

c. Within the scope of practice conferred by the license of the physician, physician assistant, or advanced practice nurse. (7-1-19)

d. A hospital must specify in its bylaws the process by which its governing body and medical staff oversee those practitioners granted admitting privileges. Such oversight must include credentialing and competency review. (7-1-19)

03. Medical Staff Appointments and Reappointments. Medical staff appointments and reappointments must be made by the governing body upon the recommendation of the active medical staff, or a committee of the active staff. (7-1-19)

a. Appointments to the medical staff must include a written delineation of all privileges including surgical procedures, and governing body approval must be documented. (7-1-19)

b. Reappointments to the medical staff must be made at least every two (2) years with appropriate

documentation indicating governing body approval. (7-1-19)

c. Reappointment procedures must include a means of increasing or decreasing privileges after consideration of the member's physical and mental capabilities. (7-1-19)

d. The medical staff and administration with approval of the governing body must develop a written procedure for temporary or emergency medical staff privileges. (7-1-19)

04. Required Hospital Functions. Each hospital must have a mechanism in place to perform the following functions: (7-1-19)

a. Coordinate all activities of the medical staff; (7-1-19)

b. Develop a hospital formulary and procedures for the choice and control of all drugs used in the hospital; (7-1-19)

c. Establish procedures to prevent and control infections in the hospital; (7-1-19)

d. Develop and monitor standards of medical records contents; (7-1-19)

e. Maintain communications between medical staff and the governing body of the hospital; and (10-14-88)

f. Review clinical work of the medical staff. (10-14-88)

05. Documentary Evidence of Medical Staff Activities. The medical staff or any committees of the staff must meet as often as necessary, but at least twice annually, to assure implementation of the required functions in Subsection 250.04 of this rule. Minutes of all meetings of the medical staff or any committees of the staff must be maintained. (7-1-19)

06. Medical Staff Bylaws, Rules, and Regulations. These must specify at least the following: (7-1-19)

a. A description of the medical staff organization that includes: (10-14-88)

i. Officers and their duties; (7-1-19)

ii. Staff committees and their responsibilities; (7-1-19)

iii. Frequency of staff and committee meetings; and (10-14-88)

iv. Agenda for all meetings and the type of records to be kept. (10-14-88)

b. A statement of the necessary qualifications for appointment to the staff, and the duties and privileges of each category of medical staff. (10-14-88)

c. A procedure for appointment, granting and withdrawal of privileges. (10-14-88)

d. A mechanism for hearings and appeals of decisions regarding medical staff membership and privileges. (10-14-88)

e. A statement regarding attendance at staff meetings. (10-14-88)

f. A statement of qualifications and a procedure for delineation of clinical privileges for all categories of nonphysician practitioners. (10-14-88)

g. A requirement for keeping accurate and complete medical records. (10-14-88)

h. A requirement that all tissue surgically removed will be delivered to a pathologist for a report on such specimens, unless the medical staff, in consultation with the pathologist, adopts uniform exceptions to sending tissue specimens to the laboratory for analysis. (10-14-88)

i. A statement requiring a medical history and physical examination be performed no more than seven (7) days before or within forty-eight (48) hours after admission. The findings from this history and physical examination, including a provisional diagnosis, must be included in the medical record prior to surgery, except in emergencies. (5-3-03)

j. A requirement that consultation is necessary with unusual cases, except in emergencies. Unusual cases must be defined by the hospital medical staff. (7-1-19)

07. Review of Policies and Procedures. The medical staff must review and approve all policies and procedures directly related to medical care. (7-1-19)

08. Dentists and Podiatrists. If dentists and podiatrists are appointed to the medical staff, the bylaws must specifically refer to services performed by such professionals, and must specify at least the following: (7-1-19)

a. Patients admitted for dental or podiatry service must be under the general care of a physician member of the active staff. (7-1-19)

b. All medical staff requirements and procedure for privileges must be followed for dentists and podiatrists. (7-1-19)

09. Dating of Bylaws. Bylaws must be dated and signed by the current officers of the medical staff or the committee of the whole. (7-1-19)

10. Medical Orders. Written, verbal and telephone orders from persons authorized to give medical orders under Idaho law must be accepted by those health care practitioners empowered to do so under Idaho law and written hospital policies and procedures. Verbal and telephone orders must contain the name of the person giving the order, the first initial and last name and professional designation of the health care practitioners receiving the order. The order(s) must be promptly signed or otherwise authenticated by the prescribing practitioner in a timely manner in accordance with the hospital's policy. (7-1-19)

251. -- 309. (RESERVED)

310. NURSING SERVICE.
There shall be an organized nursing department with a plan that delineates authority, responsibility and duties of each category of nursing personnel, and a functional structure for cooperative planning and cooperation. An organizational chart shall be in the nursing service office and in all policy manuals. Job descriptions shall be available and in use that delineate responsibilities, functions or duties, and qualifications for each category of nursing positions. (10-14-88)

01. Director of Nursing Services. The nursing service shall be under the overall direction of a qualified licensed registered nurse with education and experience commensurate with size and complexity of the hospital whose duties are as follows: (10-14-88)

a. To organize, coordinate, and evaluate nursing service functions and staff; and (10-14-88)

b. To be responsible for development and implementation of policies and procedures as they relate to care of patients; and (10-14-88)

c. To select, promote, and terminate nursing staff; and (10-14-88)

d. To establish a procedure to insure staff licenses are valid and current. (10-14-88)

02. Records. Nurses shall maintain records that document patient status, progress and care given using

descriptive measurable data. This documentation shall include but not be limited to: (10-14-88)

a. Admission note; and (10-14-88)

b. Vital signs; and (10-14-88)

c. Medication record; and (10-14-88)

d. Rationale for and results of PRN drug administration; and (10-14-88)

e. Patient teaching; and (10-14-88)

f. Adverse drug or blood reaction; and (10-14-88)

g. Discharge note. (10-14-88)

03. Patient Care Plans. Individual patient care plans shall be developed, implemented and kept current for each inpatient. Each patient care plan shall include but is not limited to: (10-14-88)

a. Nursing care treatments required by the patient; and (10-14-88)

b. Medical treatment ordered for the patient; and (10-14-88)

c. A plan devised to include both short-term and long-term goals; and (10-14-88)

d. Patient and family teaching plan both for hospital stay and discharge; and (10-14-88)

e. A description of socio-psychological needs of the patient and a plan to meet those needs. (10-14-88)

04. Nursing Department Meetings. The nursing service department or appropriate committee shall meet monthly to review and evaluate the activities and programs of the nursing service and related departments. All meetings shall be documented to include: (10-14-88)

a. Subject matter; and (10-14-88)

b. Who and how presented; and (10-14-88)

c. A record of attendance. (10-14-88)

05. New Employee Orientation. An orientation shall be given to all new employees of the nursing service. (10-14-88)

06. Inservice/Continuing Education. An ongoing educational program shall be developed, implemented and evaluated for nursing service. (10-14-88)

07. Policies and Procedures. Written policies supported by written procedures shall be available for all nursing staff that includes all areas for delivery of nursing services and shall be consistent with generally accepted nursing practice. The following shall be included with all other policies and procedures for nursing services: (10-14-88)

a. There shall be a written procedure for reporting and processing incidents/accidents to patients; and (10-14-88)

b. There shall be a written procedure for reporting and processing medication errors. (10-14-88)

08. Staffing. The following rules apply to the nursing staff: (12-31-91)

a. There shall be adequate nursing personnel to plan, administer, and evaluate individual bedside nursing care; and (10-14-88)

b. A licensed registered nurse shall be on duty on the premises twenty-four (24) hours a day. (10-14-88)

09. Monthly Staffing Patterns. Monthly staffing patterns indicating daily staff, staff titles, and patient census shall be kept. (10-14-88)

10. Staff Assignments. Licensed registered nurses shall make assignments for nursing care.(10-14-88)

a. In the absence of the Director of Nursing Services, an RN shall be designated to assume the director's duties. (10-14-88)

b. There shall be a licensed registered nurse on duty at all times. (10-14-88)

c. There shall be twenty-four (24) hour licensed registered nurse coverage in critical care areas in accordance with Subsection 420.02.d. Exception: small hospitals may have an available licensed registered nurse on call to the critical care unit, when there are no patients in the critical care unit. (12-31-91)

d. No person will be assigned nursing duties (aides and orderlies included) who has been on duty in the facility during the preceding twelve (12) hours, except in an emergency. (10-14-88)

e. There shall be sufficient numbers of nursing personnel in all categories to ensure quality of patient care. (10-14-88)

f. Personnel who have a communicable disease, infectious wound or other transmittable conditions and who provide care or services to patients shall be required to implement protective infection control techniques approved by administration; or be required not to work until the infectious stage is corrected; or be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent; or seek other remedy to avoid spreading the employees infection. (10-14-88)

g. A licensed registered nurse shall make assignments of nursing care to nursing assistants. (10-14-88)

h. Private duty nurses shall be currently licensed in Idaho and shall comply with all hospital rules and regulations, and be under the general direction of the appropriate DNS. (10-14-88)

i. Private duty nurses shall not be assigned to critical care areas unless properly oriented and fully trained to the policies and procedures of the hospital. (10-14-88)

311. -- 319. (RESERVED)

320. DIETARY SERVICE.
Dietetic services shall be organized and function in a manner to meet the nutritional needs of all patients admitted to the hospital. (12-31-91)

01. Dietary Supervision. The dietary service in each hospital shall be under the supervision of a person who by education or specialized training and experience is knowledgeable in food service management. (10-14-88)

a. This person shall be responsible for management of the food service, and represent the department in interdepartmental meetings. (10-14-88)

b. The nutritional aspects of patient care shall be supervised by a qualified dietitian. (10-14-88)

c. The dietitian shall correlate and integrate the dietary aspects of patient care with the patient, patient's chart and the patient's care plan. (10-14-88)

d. When the dietitian serves as a consultant only, she shall train and instruct the food service supervisor and/or nurses to take diet histories, instruct patients, and transmit dietary information to the charts. (10-14-88)

02. Dietary Personnel. There shall be a sufficient number of supervisors and personnel employed, and their hours shall be scheduled to meet the dietary needs of the patients. (10-14-88)

03. Inservice Training. Inservice training shall be provided for all dietary employees as appropriate to their level of responsibility. (10-14-88)

04. General Menu. The general menu shall meet the nutrition needs of patients in accordance with the current recommended dietary allowances of the Food and Nutrition Board, National Research Council, and shall be planned at least one (1) week in advance, approved by the dietitian, and posted in the kitchen. (10-14-88)

05. Records of Menus. Records of menus "as served" shall be kept on file for at least thirty (30) days. (10-14-88)

06. Modified Diets. All diets, including general diets, shall be ordered by the attending physician. (10-14-88)

a. The nursing service shall transmit the diet order to the dietary department on a written form that includes at least the patient's name, age, physician and room number. Additional information pertinent to the dietary department shall be included. (10-14-88)

b. A diet manual for all modified diets, approved jointly by the dietitian and the medical staff, shall be available to all staff. (10-14-88)

c. Modified diets shall be planned in writing, conform with the principles of the diet manual, approved by the dietitian, and served as planned. (10-14-88)

07. Food Preparation and Service. (10-14-88)

a. The dietary department shall have adequate space, equipment and utensils for the preparation, storage and serving of food and drink to the patient. (10-14-88)

b. Foods shall be stored, prepared and served following procedures that shall ensure the retention of their nutritive value. (10-14-88)

08. Dietary Policies and Procedures. (10-14-88)

a. Written policies and procedures shall be developed for all areas of the dietary Department. They shall be reviewed at least once a year, revised if necessary, and dated at time of review. (10-14-88)

b. Policies and procedures that involve another department shall be developed in cooperation with that department's personnel. Copies shall be available in each department involved. These policies and procedures shall include, but are not limited to: (10-14-88)

i. Serving of trays; and (10-14-88)

ii. Serving of nourishments; and (10-14-88)

iii. Procedures for hold or late trays; and (10-14-88)

iv. Exchange of information when patient is not eating or is not accepting a diet. (10-14-88)

09. Dietary Sanitation. Sanitary standards for hospitals shall be those found in Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Idaho Food Code." (12-31-91)

10. Meetings. Departmental staff meetings shall be held at regular intervals. (10-14-88)

321. -- 329. (RESERVED)

330. PHARMACY SERVICE.
The hospital shall provide an organized pharmaceutical service that is administered in accordance with accepted professional principles and appropriate federal, state, and local laws. (10-14-88)

01. Organization and Supervision. Pharmacy services shall be under the overall direction of a pharmacist who is licensed in Idaho and is responsible for developing, coordinating, and supervising all pharmaceutical services in the hospital. (10-14-88)

a. The director of the pharmaceutical service, whether a full, part-time or a consultant member of the staff, shall be responsible to the chief executive officer or his designee. (10-14-88)

b. The pharmacist shall be responsible for the supervision of the hospital drug storage area in which drugs are stored and from which drugs are distributed. (10-14-88)

c. If trained pharmacy assistants, pharmacy students, or pharmacy interns are employed, they shall work under the direct supervision of a pharmacist. (10-14-88)

d. If the director of the pharmaceutical service is part-time, sufficient time shall be provided by the pharmacist to fulfill the responsibilities of the director of pharmaceutical services. (10-14-88)

e. The director of the pharmaceutical service shall be responsible for maintaining records of the transactions of the pharmacy as required by law and as necessary to maintain adequate control and accountability of all drugs. This includes a system of control and records for the requisitioning and dispensing of drugs and supplies to nursing units and to other department/services of the hospital, as well as records of all prescription drugs dispensed to the patient. (10-14-88)

f. The pharmacist shall periodically check drugs and drug records in all locations in the hospital where drugs are stored, including but not limited to nursing stations, emergency rooms, outpatient departments, operating suites. (10-14-88)

02. Staffing. The pharmaceutical service shall be staffed by a sufficient number of qualified personnel in keeping with the size and scope of services offered by the hospital. (10-14-88)

a. The services of a pharmacist shall be sufficient to meet the needs of the patients and to ensure that the established medication distribution system is functioning according to hospital policy. (10-14-88)

b. A pharmacist shall be available on premises or on call at all times. (10-14-88)

03. Scope of Services. The scope of pharmaceutical service shall be consistent with the needs of the patients and include a program for the control and accountability of drug products throughout the hospital. A pharmacy and therapeutics committee or its equivalent composed of members of the medical staff, the director of pharmaceutical services, the director of nursing services, hospital administration and other health disciplines as necessary, shall develop written policies and procedures for drug selection, preparation, dispensing, distribution, administration, control, and safe and effective use. Refer to Subsections 250.03 and 250.04. (12-31-91)

04. Policies and Procedures. Written policies and procedures shall be developed by the pharmacy and therapeutics committee or its equivalent to govern the pharmaceutical services provided by the hospital. (10-14-88)

a. Policies and procedures shall be reviewed revised and amended as necessary, and dated to indicate

the time of last review. (10-14-88)

b. Written policies and procedures that are essential for patient safety, and for the control and accountability of drugs, shall be in accordance with acceptable professional practices and applicable federal, state and local laws. (10-14-88)

c. Policies and procedures shall include, but are not limited to the following: (10-14-88)

i. There shall be a drug recall procedure that can be readily implemented; and (10-14-88)

ii. All medications not specifically prescribed as to time or number of doses shall be controlled by automatic stop orders or other methods; and (10-14-88)

iii. Drugs shall be dispensed and administered only upon written or verbal order of a member of the medical staff authorized to prescribe. Verbal orders for drugs shall be given only to those health care practitioners empowered to accept orders under Idaho law and written hospital policies and procedures. Verbal or telephone orders shall be signed or otherwise authenticated in a timely manner by the prescriber in accordance with the hospital's policy. The person accepting the verbal or telephone orders shall meet the procedures set forth in Subsection 250.09; and (3-15-02)

iv. If patients bring their own drugs into the hospital, these drugs shall not be administered unless they are identified by the pharmacist and a physician's order is written to administer these specific drugs. If the drug(s) that the patient brought to the hospital is (are) not to be used while he is hospitalized, it (they) shall be packaged, sealed, stored, and returned to the patient at the time of discharge; and (10-14-88)

v. Self-administration of medications by patients shall not be permitted unless specifically ordered by the physician; and (10-14-88)

vi. Investigational drugs shall be used only under the supervision of the principal investigator and after approval for use by the pharmacy and therapeutics committee; and (10-14-88)

vii. Acts of drug compounding, packaging, labeling, and dispensing, shall be restricted to the pharmacist or to his designee under supervision; and (10-14-88)

viii. The labeling of drugs and biologicals shall be based on currently accepted professional principles, applicable federal, state, and local laws, and include the appropriate accessory and cautionary instructions, as well as the expiration date when applicable. Only the pharmacist or authorized pharmacy personnel under the supervision of the pharmacist shall make labeling changes; and (10-14-88)

ix. Discontinued drugs, outdated drugs, or containers with worn, illegible, or missing labels shall be returned to the pharmacy for proper disposition; and (10-14-88)

x. Only approved drugs and biologicals shall be used. (See definition.) A list or formulary of approved drugs shall be maintained in the hospital. (10-14-88)

05. Space, Equipment, and Facilities. Space, equipment and supplies provided for the professional and administrative functions of the pharmaceutical service shall be appropriate to ensure patient safety through proper storage, compounding, and dispensing of drugs. (10-14-88)

a. The organized pharmaceutical service of the hospital shall have the necessary equipment and physical facilities for compounding and dispensing drugs, and where indicated, radiopharmaceuticals and parenteral preparations. (10-14-88)

b. There shall be special storage areas throughout the hospital for photosensitive and thermolabile products, and for controlled substances requiring special security. (10-14-88)

c. Up-to-date pharmaceutical reference materials shall be provided to furnish the medical and nursing

staffs with current information concerning drugs. (10-14-88)

06. Safe Handling of Drugs. In addition to the rules listed below, written policies and procedures that govern the safe dispensing and administration of drugs shall be developed by the pharmacy and therapeutics committee with the cooperation and the approval of the medical staff. (10-14-88)

a. The pharmacist shall review the prescriber's original order or a direct copy thereof; and (10-14-88)

b. The pharmacist shall develop a procedure for the safe mixture of parenteral products; and (10-14-88)

c. All medications shall be administered by trained personnel in accordance with accepted professional practices and any laws and regulations governing such acts; and (10-14-88)

d. Each dose of medication administered shall be properly recorded as soon as administered in the patient's medication record that is a separate and distinct part of the patient's medical record; and (10-14-88)

e. Drug reactions and medication errors shall be reported to the attending physician and pharmacist in accordance with hospital policy. (10-14-88)

07. Inservice/Continuing Education. The pharmacist shall provide inservice/continuing education for medical and nursing staff at least once quarterly. (10-14-88)

08. Security. The pharmacist is responsible for the drug storage security elements of the designated areas. Access to the pharmacy shall be gained only by him and by individuals designated by him. All prescribed medications shall be under lock and schedule II drugs shall be double-locked. (10-14-88)

09. Unit Dose Drug Distribution. Unit dose procedures, if employed, shall be practiced in accordance with accepted standards of labeling, quality control, and accountability. (10-14-88)

331. -- 339. (RESERVED)

340. RADIOLOGY SERVICE.
The hospital shall provide diagnostic radiological service, equipment, and facilities according to the size of the hospital and the scope of services rendered. (10-14-88)

01. Radiological Requests. Radiological services shall be performed only on the request of a person legally authorized to diagnose, treat and prescribe. (10-14-88)

02. Radiation Control and Safety. All hospitals shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.27, "Idaho Radiation Control Rules." (12-31-91)

03. Personnel. There shall be sufficient qualified personnel to meet the needs of services being offered. Minimum requirements are as follows: (10-14-88)

a. A physician eligible or certified by the American Board of Radiology shall have overall direction for the service. In small hospitals this requirement can be accomplished by a consulting physician who meets the definition found in Subsection 002.51 and is a member of the medical staff. (12-31-91)

b. There shall be sufficient radiologic technologists to meet the needs of the patients and services offered, and not less than one (1) available or on call at all times. If a hospital is unable to employ sufficient radiologic technologists to meet its needs, that hospital may use other hospital personnel who have documented, on-the-job training in radiologic technology and who are certified as being able to perform safely the duties assigned within the radiology services by the persons with overall direction of the radiology service under Subsection 340.03.a. Such certification shall be documented and updated annually. (12-31-91)

c. The physician director of the department or service, or the medical staff shall determine if

radiologic technologists are qualified by education and experience. Such determination shall be documented. (10-14-88)

d. An ongoing educational program shall be developed, implemented and evaluated for personnel in radiology service. (10-14-88)

e. An orientation shall be given to all new employees of the radiology department. (10-14-88)

04. Records and Reports. All radiology reports (readings) shall be signed and filed with the inpatient's medical record. (10-14-88)

a. Requests for services shall be in writing and contain a statement of the reason for the request; and (10-14-88)

b. Reports of examinations shall be written and signed by the appropriate physician; and (10-14-88)

c. Reports and films (or reproductions) shall be preserved pursuant to Section 39-1394, Idaho Code. (10-14-88)

05. Policies and Procedures. There shall be written policies concerning the use of radiology services together with supporting procedures to include at least the following: (10-14-88)

a. Safety precautions against electrical, mechanical, and fire hazards; and (10-14-88)

b. Infection control procedure for patients, personnel, and procedures for decontamination of equipment; and (10-14-88)

c. Written authority and procedure for all nonphysicians who administer diagnostic agents parenterally; and (10-14-88)

d. There shall be written procedures for proper collimation, shielding and monitoring to minimize exposure to ionizing radiation to both patients and personnel. (10-14-88)

341. -- 349. (RESERVED)

350. LABORATORY SERVICE.
The hospital shall maintain a clinical laboratory with the necessary space, personnel and equipment to meet the needs of the services offered. Contractual services shall also meet the requirements of Subsection 200.08. (12-31-91)

01. Laboratory Services. Basic laboratory service necessary for routine tests shall be maintained in the hospital. Clinical laboratory tests shall be performed, or arranged for, and shall include the following: (10-14-88)

a. Chemistry; and (10-14-88)

b. Microbiology; and (10-14-88)

c. Hematology; and (10-14-88)

d. Serology; and (10-14-88)

e. Clinical microscopy; and (10-14-88)

f. Immunohematology; and (10-14-88)

g. Urinalysis. (10-14-88)

02. Availability. Clinical laboratory services needed to meet medical needs shall be available at all

times. Where services are provided outside the hospital, the conditions, procedures, and availability of work done must be written and available. (10-14-88)

03. Clinical Laboratories. All hospital laboratories and other clinical laboratories shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.06, "Quality Assurance for Idaho Clinical Laboratories." (12-31-91)

04. Personnel. The clinical laboratory shall be under the overall direction of a physician. If that physician is not a pathologist on a full-time or part-time basis, then a Board Certified Pathologist shall be available for consultation to assure performance by the staff. (10-14-88)

a. There shall be sufficient technologists to meet the needs of the patients and medical staff. (10-14-88)

b. The laboratory medical director shall be responsible for the qualifications and performance of the laboratory staff. (10-14-88)

05. Education Programs. An ongoing educational program shall be developed, implemented and evaluated for laboratory personnel. Documentation of all orientation and education programs for each employee shall be maintained at the facility. (10-14-88)

06. Routine Examinations. Any routine examinations that are required on all admissions shall be determined by the medical staff and there shall be a written policy regarding such tests. (10-14-88)

07. Orders and Reports. Orders for tests shall be made only by those practitioners legally authorized to diagnose, treat and prescribe. The signed reports of all tests shall be made a part of the patient's medical record. (10-14-88)

08. Tissues and Reports. A specimen of all tissue surgically removed will be sent to a pathologist for a report on such specimens, unless the medical staff, in consultation with the pathologist, adopts uniform exceptions to sending tissue specimens to the laboratory for analysis. All tissue reports shall be signed by the examining pathologist, contain findings and a diagnosis, and shall be on file. (10-14-88)

09. Blood and Blood Products. Facilities for procurement, proper storage, and transfusion of blood and products shall be readily available. The blood program shall include at least the following: (10-14-88)

a. A means of acquiring blood for emergencies; and (10-14-88)

b. Written agreement on blood supply by outside resource; and (10-14-88)

c. A written procedure for prompt typing and crossmatching, and transfusion reaction investigation; and (10-14-88)

d. Blood storage shall be in a refrigerator with a recording thermometer and audible and visual alarms for temperature variance. There shall also be a mercury thermometer inside, and temperatures recorded daily; and (10-14-88)

e. Records shall be kept of receipt and disposition of all blood; and (10-14-88)

f. Samples of each unit of blood shall be kept seven (7) days in the event of a reaction; and (10-14-88)

g. The medical staff or an appropriate committee shall review all transfusions, all reactions, and is responsible for establishing policies and procedures for the blood service. (10-14-88)

10. Policies and Procedures. These shall be written and approved by the medical director, the medical staff (or appropriate committee) and the administration. Procedures shall cover at least the following: (10-14-88)

a. A complete description of each test; and (10-14-88)

b. Ordering of tests; and (10-14-88)

c. Procedures for collection, storage, and preservation of all specimens; and (10-14-88)

d. Procedures for patient and test identification, storage and preservation of specimens; and (10-14-88)

e. There shall be written safety procedures for all potentially hazardous tests, specimens, cultures, or materials, including the disposal of such hazardous items, materials or equipment. (10-14-88)

351. -- 359. (RESERVED)

360. MEDICAL RECORDS SERVICE.
The hospital shall maintain medical records that are documented accurately and timely, and that are readily accessible and retrievable. (12-31-91)

01. Facilities. The hospital shall provide a medical record room, equipment, and facilities for the retention of medical records. Provision shall be made for the safe storage of medical records. (10-14-88)

02. Policies and Procedures. There shall be written policies and procedures for the operation of the medical records service. (10-14-88)

03. Maintenance of Records. A medical record shall be maintained for every person who is evaluated or treated as an inpatient, outpatient, emergency patient or a home care patient. (10-14-88)

04. Access to Records. Only authorized personnel shall have access to the record. (10-14-88)

05. Release of Medical Information. No release of medical information shall be made without written consent of the patient or by official court order except to legally authorized entities such as third party payors, peer review organizations, licensing agency, etc. (10-14-88)

06. Removal of Medical Records. Medical records shall only be removed from the hospital in accordance with written hospital procedures. (10-14-88)

07. Retention. Records shall be retained to conform with Section 39-1394, Idaho Code. (10-14-88)

08. Personnel. The medical records service shall be under the overall direction of a Registered Health Information Administrator or a Registered Health Information Technician. If the person in charge of records is not so trained, the facility shall retain an R.H. I.A. or R.H.I.T. on a regular consulting basis. (10-14-88)

09. Identification and Filing. A system of identifying and filing to ensure prompt retrieval of patient's records shall be maintained as follows: (10-14-88)

a. Any system shall bear at least the name, address, birthdate, medical record number, dates of admission and discharge; and (10-14-88)

b. Each record shall be maintained so that both in and outpatient records for treatment are readily retrievable. (10-14-88)

10. Centralizing and Completion of Records and Reports. All (clinical) information pertinent to the patient's stay shall be centralized in the record as follows: (10-14-88)

a. All reports shall be filed with the record. Copies of reports are acceptable; and (10-14-88)

b. All reports and records shall be completed and filed within thirty (30) days following discharge. (10-14-88)

11. **Indexing of Records**. Records shall be indexed as follows: (10-14-88)

a. According to disease, operation, and physician; and (10-14-88)

b. Any recognized system can be used. As additional indices become appropriate (due to medical advance), their use shall be adopted; and (10-14-88)

c. The card index or other record for disease or operation shall list all essential data; and (10-14-88)

d. Records of diagnoses and operations shall be expressed in terminology that describes the morbid condition by site, etiology, or method of procedure; and (10-14-88)

e. Indexing shall be current within six (6) months following discharge of the patient. (10-14-88)

12. **Record Content**. The medical records shall contain sufficient information to justify the diagnosis, warrant the treatment and end results. The medical record shall also be legible, shall be written with ink or typed, and shall contain the following information: (10-14-88)

a. Admission date; and (10-14-88)

b. Identification data and consent forms; and (10-14-88)

c. History, including chief complaint, present illness, inventory of systems, past history, family history, social history and record of results of physical examination and provisional diagnosis that was completed no more than seven (7) days before or within forty-eight (48) hours after admission; and (5-3-03)

d. Diagnostic, therapeutic and standing orders; and (10-14-88)

e. Records of observations, that shall include the following: (10-14-88)

i. Consultation written and signed by consultant that includes his findings; and (10-14-88)

ii. Progress notes written by the attending physician; and (10-14-88)

iii. Progress notes written by the nursing personnel; and (10-14-88)

iv. Progress notes written by allied health personnel. (10-14-88)

f. Reports of special examinations including but not limited to: (10-14-88)

i. Clinical and pathological laboratory findings; and (10-14-88)

ii. X-ray interpretations; and (10-14-88)

iii. E.K.G. interpretations. (10-14-88)

g. Conclusions that include the following: (10-14-88)

i. Final diagnosis; and (10-14-88)

ii. Condition on discharge; and (10-14-88)

iii. Clinical resume and discharge summary; and (10-14-88)

iv. Autopsy findings when applicable. (10-14-88)

h. Informed consent forms. (10-14-88)

i. Anatomical donation request record (for those patients who are at or near the time of death) containing: (3-1-90)

i. Name and affiliation of requestor; and (3-1-90)

ii. Name and relationship of requestee; and (3-1-90)

iii. Response to request; and (3-1-90)

iv. Reason why donation not requested, when applicable. (3-1-90)

13. **Signature on Records**. Signatures on medical records shall be noted as follows: (10-14-88)

a. Every physician shall sign and date the entries that that physician makes or directs to be made. (10-14-88)

b. A single signature on the face sheet record does not authenticate the entire record. (10-14-88)

c. Any person writing in a medical record shall sign his name to enable positive identification by name and title. (10-14-88)

d. If initials are used, an identifying signature shall appear on each page. (10-14-88)

e. Rubber stamp signatures can be used only by the person whose signature the stamp represents. A signed statement to this effect shall be placed on file with the hospital administrator. (10-14-88)

14. **Administrative Records**. The following hospital records shall be maintained: (10-14-88)

a. Daily census register; and (10-14-88)

b. Record of admissions and discharges; and (10-14-88)

c. Register of live births and still births; and (10-14-88)

d. Death register; and (10-14-88)

e. Register of surgical procedures; and (10-14-88)

f. Register of outpatients; and (10-14-88)

g. Emergency room admissions; and (10-14-88)

h. Narcotic and barbiturate record; and (10-14-88)

i. Annual report. Each year the hospital shall file with the licensing agency an Application for License and Annual Report form furnished by the agency; and (10-14-88)

j. Vital statistics. Hospitals licensed under these rules shall comply with the provisions of Idaho Department of Health and Welfare Rules, IDAPA 16.02.08, "Vital Statistics Rules." (12-31-91)

15. **Availability of Records**. The entire medical record of any person who is a patient, or who has been a patient in any hospital in Idaho, shall be available to the state licensing agency or authorized representatives of the agency, during the survey process or a complaint investigation. (10-14-88)

16. Standing Orders. There shall be an annual review and approval of standing orders, and a current signed and dated copy of approved orders shall be available. This review shall be done by the medical staff or appropriate staff committee and there shall be evidence of the review, signed and dated by the designated authority. (10-14-88)

361. -- 369. (RESERVED)

370. EMERGENCY SERVICE.
All hospitals who provide emergency medical care in a specific area of the facility shall have an organized plan for emergency care based upon current community needs and the capability of the hospital. (10-14-88)

01. Policies and Procedures. The emergency room of every hospital shall have written policies and procedures. These shall be in conformance with state and local laws. The procedures shall be approved by the hospital administration, medical staff, and nursing service. The policies shall be approved by the governing body. The policies and procedures shall include but are not limited to, the following: (10-14-88)

a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons, persons under the influence of drugs and/or alcohol, persons contaminated by radioactive materials, and patients dead on arrival; and (10-14-88)

b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88)

c. Procedures that can/cannot be performed in the emergency room; and (10-14-88)

d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88)

e. Policies regarding instructions to be given patients requiring follow-up services; and (10-14-88)

f. Policies and supporting procedures for storage of equipment, medication, and supplies; and (10-14-88)

g. Policy and supporting procedures for care of emergency equipment; and (10-14-88)

h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88)

i. Policy and supporting procedures involving toxicology; and (10-14-88)

j. Policy and supporting procedures devised for notification of patient's physician and transmission of reports; and (10-14-88)

k. Policy involving instructions relative to disclosure of patient information; and (10-14-88)

l. A policy for integration of the emergency room into a disaster plan. (10-14-88)

02. Staffing. There shall be adequate medical and nursing personnel to care for patients arriving at the emergency room. Minimum personnel and qualifications of such personnel shall be as follows: (10-14-88)

a. A physician in the hospital or on call twenty-four (24) hours a day and available to see emergency patients as needed. (10-14-88)

b. A qualified licensed registered nurse shall be on duty in the facility and available to the emergency room at all times. (10-14-88)

03. Staff Roster. A written roster shall be available with the names of all physicians on call and where they can be located if there is no physician on duty. (10-14-88)

04. **Records**. Medical records shall be kept on every patient who presents himself for treatment in the emergency room of the hospital. (10-14-88)

a. The record shall contain at least the following: (10-14-88)

i. Patient identification; and (10-14-88)

ii. Time of arrival; and (10-14-88)

iii. Description of illness or injury; and (10-14-88)

iv. Clinical, laboratory and x-ray findings as appropriate; and (10-14-88)

v. Diagnosis, physician orders, medication, and treatment given; and (10-14-88)

vi. Condition of patient on discharge or transfer; and (10-14-88)

vii. Final disposition and time of day; and (10-14-88)

viii. Instructions for follow-up care; and (10-14-88)

ix. Signature of attending physician and nurse for all treatments and medications provided. (10-14-88)

b. Emergency room records shall be filed with inpatient records when appropriate. (10-14-88)

05. **Retention, Filing, and Indexing Records**. The retention, indexing and filing of emergency room records shall be the responsibilities of the medical records service. (10-14-88)

06. **Emergency Room Register**. There shall be an emergency room register containing name of patient, age, physician, and diagnosis. (10-14-88)

07. **Equipment and Supplies**. (10-14-88)

a. Parenterals, drugs, instruments, equipment, and supplies shall be readily available to the emergency room for use. (10-14-88)

b. Emergency drugs shall be available based upon a formulary designed by medical staff and pharmacy staff. (10-14-88)

08. **Minor Elective Surgical Procedures**. A record shall be maintained for all patients seen in the emergency room for minor elective surgical procedures. The record shall contain the following: (10-14-88)

a. Short medical history and record of physical; and (10-14-88)

b. Reports of diagnostic tests; and (10-14-88)

c. Tissue report; and (10-14-88)

d. Description of procedure performed; and (10-14-88)

e. Discharge instructions for patient. (10-14-88)

371. -- 373. **(RESERVED)**

374. **FREESTANDING EMERGENCY DEPARTMENT (FSED) - DEFINITION.**
A freestanding emergency department (FSED) means a facility that provides emergency services twenty-four (24)

hours per day, seven (7) days per week on an outpatient basis, is physically separate from a hospital, and meets the staffing and service requirements of Section 376 of these rules. A FSED is located within thirty-five (35) miles of the hospital that owns or controls it. An FSED is owned by a hospital with a dedicated emergency department that also meets the staffing and service requirements found in Section 376 of these rules. (5-8-09)

375. FREESTANDING EMERGENCY DEPARTMENT (FSED): STANDARDS.

01. Capability of Receiving Ground Ambulance Patients. An FSED must be capable of receiving patients transported via ground ambulance within the protocols established by a licensed Emergency Medical Services (EMS) Agency Medical Director. Provisions must be made to communicate any reduction or increase in the capability of the FSED to receive specific levels of patients to the local EMS director. (5-8-09)

02. Transfer to Inpatient Hospital. An FSED must transfer each patient requiring inpatient hospital services as soon as a bed is available. (5-8-09)

03. Extension of the Main Hospital. An FSED as an extension of the main hospital must comply with all applicable rules of IDAPA 16.03.14, "Hospitals," and Section 39-1307, Idaho Code (5-8-09)

04. Availability of Resources and Staffing for Main Hospital and FSED. Resources and staff available at the main hospital are likewise available to individuals seeking care at the FSED within the capability of the hospital. (5-8-09)

05. Prohibited Transfers. Transferring a patient to a different provider type for surgery, with the intent of returning the patient to the FSED or main hospital for recovery, is prohibited. (5-8-09)

06. Written Transfer Agreements. The hospital that owns and operates the FSED must have written transfer agreements with one (1) or more hospitals that provide the basis for effective working arrangements in which inpatient hospital care or other hospital departments are promptly available to patients when needed. (5-8-09)

07. FSED Accreditation. Each hospital granted deemed status by the Centers for Medicare/Medicaid Services as a result of accreditation must ensure the FSED is included under the same accreditation. (5-8-09)

376. FREESTANDING EMERGENCY DEPARTMENT (FSED): STAFFING AND SERVICES.
The FSED must be integrated into the main hospital. This integration must be defined in the hospital's policies and procedures, and practices. Additional requirements are as follows: (5-8-09)

01. Staffing. An FSED must be staffed twenty-four (24) hours per day, seven (7) days per week with: (5-8-09)

a. A board certified physician, or board eligible emergency department physician, approved by the governing board as described under Section 200, "Governing Body and Administration," and the medical staff as described under Section 250, "Medical Staff," of these rules; (5-8-09)

b. A qualified licensed registered nurse certified in Advanced Cardiac Life Support and Pediatric Advanced Life Support; and (5-8-09)

c. Additional medical, nursing, and other personnel necessary to meet the needs of patients. (5-8-09)

02. An FSED Must Provide or Arrange for: (5-8-09)

a. At least one (1) ambulance licensed to the Critical Care Transport level by the EMS Bureau in accordance with: Title 56, Chapter 10, Idaho Code; IDAPA 16.02.02, "Idaho Emergency Medical Services Physician Commission"; and IDAPA 16.01.03, "Emergency Medical Services (EMS) - Agency Licensing Requirements." If the ambulance service is not provided directly by the FSED or main hospital, a contract must be in place including a provision that requires a maximum response time of thirty (30) minutes to the FSED. (5-8-09)

b. A communications system that is fully integrated with the main hospital and that is capable of two

(2) way radio communications with local EMS agencies in accordance with IDAPA 16.01.03, "Emergency Medical Services (EMS) - Agency Licensing Requirements." (5-8-09)

03. Nursing Service. Nursing service at the FSED is a nursing unit as described under Subsection 002.31 of these rules. (5-8-09)

04. Dietary Service. The FSED must provide dietary services consistent with the needs of each patient. (5-8-09)

05. Laboratory Service. Basic laboratory service necessary for routine tests, as described under Subsection 350.01 of these rules, must be maintained at the FSED; and (5-8-09)

a. The FSED must be able to perform emergency (stat) laboratory tests on-site necessary to meet the needs of patients served. (5-8-09)

b. Laboratory services must be available twenty-four (24) hours per day, seven (7) days per week; and (5-8-09)

c. Facilities for the procurement, proper storage, and transfusion of blood and blood products must be readily available at the FSED. (5-8-09)

06. Radiology Service. The FSED must maintain and provide radiology services sufficient to perform and interpret the radiological examinations necessary for the diagnosis and treatment of patients twenty-four (24) hours per day, seven (7) days per week. (5-8-09)

07. Pharmacy Service. Pharmacy services must be available at the FSED as follows: (5-8-09)

a. The FSED must provide a pharmacy or drug and medicine service for the care and treatment of patients, consistent with the size and scope of the FSED; and (5-8-09)

b. A pharmacist must be available on the premises, or on call, at all times. (5-8-09)

377. NOTIFICATION REQUIREMENTS TO LICENSED EMERGENCY MEDICAL SERVICES (EMS) AGENCIES.

01. Required Notifications to Licensed EMS Agencies. (5-8-09)

a. On an annual basis, the FSED must send written notice containing the information described in Section 377.01.c of this rule, to all area EMS services and EMS services' medical directors, licensed by the Department's EMS Bureau, that transport to the facility, (5-8-09)

b. Within three (3) business days of any change in capability, the FSED must send written notice containing the information described in Section 377.01.c of this rule, to all area EMS services and EMS services' medical directors, licensed by the Department's EMS Bureau, that may transport to the facility. (5-8-09)

c. The written notice must include the following information: (5-8-09)

i. A list of capabilities that are not available at the FSED but are available at the main hospital emergency department; (5-8-09)

ii. A description of the preferred and alternate means by which an ambulance service must make a notification to the FSED that it intends to transport to the FSED. (5-8-09)

d. The EMS Bureau will identify and provide, upon request from the FSED, the names and mailing addresses of all EMS services and medical directors that must receive notification. (5-8-09)

02. Emergency Medical Services Physical Requirements. (5-8-09)

a. Ambulance bays must be located close to the emergency suite and the designated treatment rooms holding patients requiring transfer to a hospital for treatment after stabilization. (5-8-09)

b. If the FSED exists greater than thirty (30) road miles from the main hospital it must include a helicopter landing area inspected and approved for EMS helicopter landing by the Federal Aviation Administration (FAA). (5-8-09)

c. Where appropriate, features such as garages, landing pads, approaches, lighting, and fencing required to meet state and local codes, rules, and statutes that govern the placement, safety features, and elements required to accommodate helicopter(s) and ambulance(s), must be provided on the campus of the freestanding emergency department. (5-8-09)

378. FREESTANDING EMERGENCY DEPARTMENT (FSED): PLANT, EQUIPMENT AND PHYSICAL ENVIRONMENT.

01. Building Construction Standards. General requirements for construction of an FSED are as follows: (5-8-09)

a. All new construction of an FSED must comply with any and all state and local building, fire, electrical, plumbing, zoning, heating, or other applicable codes adopted by the jurisdiction in which the FSED is located and that are in effect when construction is begun. Where a conflict in code requirements occurs, both requirements must be met, or at the discretion of the licensing agency, the most restrictive will apply. (5-8-09)

b. The FSED must be structurally sound and must be maintained and equipped to assure the safety of patients, employees, and the public. (5-8-09)

c. On the premise of an FSED where natural or man-made hazards are present, suitable fences, guards, and railings must be provided to protect patients, employees, and the public. (5-8-09)

d. Minimum construction standards must be in accordance with the following standards incorporated by reference: (5-8-09)

i. The 2006 Edition of National Fire Protection Association (NFPA) 101, the Life Safety Code, Chapter 18, New Health Care Occupancies, and the applicable provisions of chapters 1 through 11, as published by the NFPA. The NFPA documents referenced in these regulations are available from the National Fire Protection Association, 11 Tracy Drive, Avon, MA 02322-9908; 1-800-344-3555; and online at http://www.nfpa.org; and (5-8-09)

ii. The 2006 Edition of the American Institute of Architects (AIA) Guidelines for Design and Construction of Health Care Facilities applicable to a Freestanding Emergency Department and General Hospital. The AIA documents referenced in these regulations are available from the American Institute of Architects, 1735 New York Avenue N.W., Washington, D.C. 20006; 1-800-242-3837; and online at http://www.aia.org. (5-8-09)

e. The FSED must provide a Type 1 Essential Electrical System (generator and transfer switch) in accordance with NFPA 99, 2005 Edition. (5-8-09)

f. The FSED must provide a Level 1 Medical Gas and Vacuum System (piped gas system) in accordance with NFPA 99, 2005 Edition. (5-8-09)

02. Plans, Specifications, and Inspections. Plans, specifications, and inspections of any new facility construction or any addition, conversion, or remodeling of an existing structure are governed by the following: (5-8-09)

a. Plans for new construction, additions, conversions, and remodels must be prepared by or executed under the supervision of an architect or engineer licensed in the state of Idaho. This requirement may be waived by the Department in connection with minor alterations provided the alterations comply with all construction

requirements. (5-8-09)

b. Prior to commencing work pertaining to construction of a new building, any addition or structural changes to existing facilities, or conversion of existing buildings to be used as an FSED, plans and specifications must be submitted to, and approved by, the Department. (5-8-09)

c. Preliminary plans must be submitted and must include at least the following: (5-8-09)

i. A functional program description as defined in 2006 Edition of AIA Guidelines for Design and Construction of Health Care Facilities; (5-8-09)

ii. The assignment of all spaces, size of areas and rooms, and indicate in dashed outline the fixed equipment; (5-8-09)

iii. Drawings of each floor including, but not limited to, the basement, approach or site plan, roads, parking areas, and sidewalks; (5-8-09)

iv. The total floor area and number of beds; (5-8-09)

v. Outline specifications describing the general construction, including interior finishes, acoustical materials, and HVAC; (5-8-09)

vi. The plans must be drawn to scale of sufficient size to clearly present the proposed design, but not less than a scale of one-eighth (1/8) inch to one (1) foot; (5-8-09)

vii. Before commencement of construction, working drawings must be developed in close cooperation and with approval of the Department and other appropriate agencies; (5-8-09)

viii. The drawings and specifications must be well prepared and of accurate dimensions and must include all necessary explanatory notes, schedules, and legends. They must be stamped with the architect's or engineer's seal; and (5-8-09)

ix. The drawings must be complete and adequate for contract purposes. (5-8-09)

d. Prior to occupancy, the construction must be inspected and approved by the Department. The Department must be notified at least four (4) weeks prior to completion in order to schedule a timely final inspection. (5-8-09)

e. Buildings used as a FSED must meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. (5-8-09)

03. Electrical Safety. (5-8-09)

a. A preventative maintenance program must ensure an electrically safe environment within the FSED. Written policies and procedures must be established and implemented to ensure compliance with NFPA 99 Health Care Facilities, 2005 Edition. (5-8-09)

b. Specific restrictions on the use of extension cords and adapters are: extension cords must be used in emergency situations only, be of the grounded type, and have wire gauge compatible to the piece of equipment being used; and (5-8-09)

c. Prohibition of the use of personal electrical equipment by patients and employees. Specific items may be allowed if the hospital adopts formal policies for defining and inspecting them. (5-8-09)

04. Smoking. Because smoking has been acknowledged to be a fire hazard, a continuous effort must be made to reduce its presence in all health care facilities. Written policy governing smoking must be conspicuously posted and made known to all freestanding emergency department personnel, patients, and the public. The policy

must include provisions for compliance with Title 39, Chapter 55, Idaho Code "Clean Indoor Air" and Section 18.7 of NFPA 101, 2006 Edition. (5-8-09)

05. Emergency Plans for Protection and Evacuation of Patients. (5-8-09)

a. The FSED must develop a prearranged written plan for employee response for protection of patients and for orderly evacuation and relocation of occupants in case of an emergency in accordance with Section 18.7 of the Life Safety Code, 2006 Edition. (5-8-09)

b. Fire drills must be planned by key personnel and conducted on an unannounced basis. Fire drills must be held as required by Section 18.7 of the Life Safety Code, 2006 Edition. (5-8-09)

06. Report of Fire. A separate report on each fire incident occurring within the FSED must be submitted to the Department within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report" is provided by the Department to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. (5-8-09)

09. Maintenance of Equipment. The FSED must establish routine test, check, and maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems. Frequency of testing, checks, and maintenance must be in accordance with applicable National Fire Protection Association Standards referenced in Chapter 2 of the 2006 "Life Safety Code" or as adopted by the Idaho State Fire Marshal. (5-8-09)

10. Disaster Plans. (5-8-09)

a. The FSED must have written plans for the care of casualties from both external and internal disasters. (5-8-09)

b. The plans must be developed with the assistance of the local emergency planning committee and all appropriate community resources. (5-8-09)

c. The plan must be reviewed and revised at least annually. (5-8-09)

d. The plan must be a part of the overall community emergency response plan. (5-8-09)

e. As part of the disaster and mass casualty program, a plan for the emergency supply of water must be available. This plan must include at least written contracts with any outside firms, a listing of procedures to be followed, the amounts of water needed by different departments, the means of dispensing water within the facility, and procedures for sanitizing in the case of contamination. Plans utilizing existing piping are recommended. (5-8-09)

11. External Disaster Plan. (5-8-09)

a. The hospital and FSED must conduct a hazard vulnerability analysis and develop a plan for external disasters for the geographic area served and within the capability of each physical location. (5-8-09)

b. The plan must consider the performance of structural and critical non-structural building systems and the likelihood of loss of externally supplied power, gas, water, sanitary sewer, and communications under local or regional disaster situations. (5-8-09)

c. The plan must contain the following elements: (5-8-09)

i. Storage or a functional contingency plan to obtain; food, sterile supplies, pharmacy supplies, linen, and water for sanitation, sufficient for four (4) days; (5-8-09)

ii. A procedure for notifying and assigning personnel; (5-8-09)

iii. Unified medical command; (5-8-09)

iv. Space and procedure for decontamination and triage; (5-8-09)

v. Procedure for casualty transfer to an appropriate facility; (5-8-09)

vi. Agreement with other agencies for communications. (5-8-09)

d. The External Disaster Plan for the FSED may be an annex or appendix to the Hospital Plan, copies of which must be maintained onsite at the FSED. (5-8-09)

12. Internal Disaster Plans. (5-8-09)

a. The hospital and FSED must conduct a hazard vulnerability analysis and develop a plan for internal disasters for the building and personnel assigned to function in each physical location. The plan must consider the performance of the facility in dealing with an internal emergency such as the loss of building systems, supplied power, gas, vacuum, domestic water, blocked sanitary sewer, and loss of building communications. The plan must contain the following elements: (5-8-09)

i. Those listed in Subsections 378.11. a. through 378.11.d., of these rules; (5-8-09)

ii. Back up communications; (5-8-09)

iii. Building security and lockdown; (5-8-09)

iv. Internal traffic and crowd control; (5-8-09)

v. Loss of, or isolation of, other related departments; and (5-8-09)

vi. Evacuation or relocation security. (5-8-09)

b. Drills. The plans must be exercised annually at the FSED. (5-8-09)

c. The Internal Disaster Plan for the FSED may be an annex or appendix to the Hospital Plan, copies of which must be maintained on site at the freestanding emergency department. (5-8-09)

13. Preventative Maintenance. The FSED must be equipped and maintained to protect the health and safety of the patient, personnel, and visitors. The FSED must have a written preventive maintenance program to include at least the following elements: (5-8-09)

a. Designation of person responsible for maintaining the facility; (5-8-09)

b. Written preventive maintenance procedures and appropriate inspection intervals in accordance with NFPA 99 and additional mandatory references listed in NFPA 101, 2006 Edition must be made for at least the following: (5-8-09)

i. Heating systems; (5-8-09)

ii. Air conditioning and mechanical systems; (5-8-09)

iii. Electrical systems; (5-8-09)

iv. Vacuum systems and gas systems; (5-8-09)

v. All air filters in heating, air conditioning and ventilating systems; and (5-8-09)

vi. Equipment related directly and indirectly to patient care, and any other equipment deemed essential under the emergency plan. (5-8-09)

c. Maintenance and testing of Essential Electrical System, Vacuum, and Gas Systems must be in

accordance with National Fire Protection Association 99; Health Care Facilities, 2005 Edition. (5-8-09)

14. **Safety**. The FSED and hospital must have a safety committee and must be responsible for at least the following: (5-8-09)

a. There must be comprehensive written safety procedures for all areas of the FSED that must include the safe use of equipment and handling of patients; (5-8-09)

b. Safety orientation of new employees; and (5-8-09)

c. Establishment of an incident or accident system for all patients, personnel, and visitors, that includes: (5-8-09)

i. Reporting procedure; (5-8-09)

ii. Investigation of incidents or accident; (5-8-09)

iii. Documentation of investigation and disposition; and (5-8-09)

iv. Evaluation of incidents or accidents and implementation of mitigation efforts. (5-8-09)

379. (RESERVED)

380. SURGICAL SERVICE.
A hospital that provides surgical service shall have equipment, facilities and personnel according to the needs of the type of patients served. (10-14-88)

01. **Location of Surgical Department**. The surgical department shall be segregated from the remainder of the hospital so as to prevent traffic through the area to any other part of the hospital. (10-14-88)

02. **Physical Facilities**. The facilities of each surgical department shall have the following: (12-31-91)

a. Scrub sinks with goose neck spout and knee, elbow or foot action water control; and (10-14-88)

b. Operating rooms, that shall have floors, walls and ceilings with easily cleanable surfaces; and (10-14-88)

c. A housekeeping closet shall be provided for the sole use of the surgical department; and (10-14-88)

d. A utility room for the cleaning of contaminated equipment and supplies; and (10-14-88)

e. Separate space for the storage of sterile and non-sterile supplies. (10-14-88)

03. **Policies and Procedures**. Written policies and procedures concerning surgical service shall be approved by the medical staff, appropriate nursing staff and the administration. They shall include, but not be limited to, the following: (10-14-88)

a. Specific delineation of surgical privileges shall be made for each physician or practitioner performing surgery. Privileges for each physician shall be available to the operating room supervisor; and (10-14-88)

b. A policy and procedure for all persons admitted for surgery, and shall include the following: (10-14-88)

i. Verification of patient identity; and (10-14-88)

ii. Site and side of body to be operated upon; and (10-14-88)

c. Written procedures for infection control including aseptic techniques for patients and personnel during preoperative, operative and postoperative periods in the surgery suite; and (10-14-88)

d. When appropriate, a procedure for accountability of all instruments, sponges, needles used in surgery; and (10-14-88)

e. A procedure for the safe handling and transportation of patients. (10-14-88)

04. **Records**. Prior to surgery patient records shall contain the following: (10-14-88)

a. A properly executed informed consent; and (10-14-88)

b. Medical history and record of physical examination performed and recorded no more than seven (7) days before or within forty-eight (48) hours after admission; and (5-3-03)

c. Appropriate screening tests, based on patient needs, completed and recorded prior to surgery. (10-14-88)

d. Record requirements may be modified in emergency surgery cases to the extent necessary under the circumstances. (10-14-88)

05. **Records Following Surgery**. Patient records following surgery shall contain the following: (10-14-88)

a. Operative report of techniques and findings shall be recorded directly after surgery; and (10-14-88)

b. All tissues and foreign bodies shall be sent to a pathologist in accordance with Subsection 350.08; and (12-31-91)

c. Sponge and needle count, if appropriate. (10-14-88)

06. **Operating Room Registry**. Operating room registry shall contain the following: (10-14-88)

a. Name, age, sex, and hospital admitting number of patient; and (10-14-88)

b. Date and time of surgery; and (10-14-88)

c. Preoperative and postoperative diagnosis; and (10-14-88)

d. Names of surgeons, assistants, anesthetists, scrub and circulating assistants; and (10-14-88)

e. Surgical procedure performed; and (10-14-88)

f. Complications, if any, during surgery. (10-14-88)

07. **Surgical Staff**. The surgical staff of a hospital shall consist of the following personnel: (10-14-88)

a. A licensed registered nurse with experience in operating room techniques who acts as supervisor; and (10-14-88)

b. Sufficient numbers of personnel to assure there is a licensed registered nurse serving as circulating nurse for each separate operating room where surgery is being performed; and (10-14-88)

c. A surgical team of one (1) or more physicians and licensed registered nurses on call at all times; and (10-14-88)

d. A physician of the active medical staff shall provide overall direction for the surgical service. (10-14-88)

08. Staff Training and Education. There shall be evidence of continuing education and training for the staff. (10-14-88)

09. Surgical Service Supplies and Equipment. (10-14-88)

a. Parenterals, drugs, instruments, equipment and supplies necessary for the scope of services provided shall be readily available to the surgical suite; and (10-14-88)

b. Emergency IV fluids and medications as approved by the pharmacy and therapeutics committee shall be available; and (10-14-88)

c. There shall be a written procedure for the use, care, and maintenance of all supplies, instruments and equipment, and responsibility for such maintenances. (10-14-88)

381. -- 389. (RESERVED)

390. ANESTHESIA SERVICES.
These services shall be available when the hospital provides surgery or obstetrical services with C-section capacity and shall be integrated with other services of the hospital and shall include at least the following: (10-14-88)

01. Policies and Procedures. Policies and procedures shall be approved by the medical staff and the administration of the hospital. These written policies and procedures shall include at least the following: (10-14-88)

a. Designation of persons permitted to give anesthesia, types of anesthetics, preanesthesia, and post anesthesia responsibilities; and (10-14-88)

b. Preanesthesia physical evaluation of a patient by an anesthetist, with the recording of pertinent information prior to surgery together with the history and physical and preoperative diagnosis of a physician; and (10-14-88)

c. Review of patient condition immediately prior to induction; and (10-14-88)

d. Safety of the patient during anesthetic period; and (10-14-88)

e. Record of events during induction, maintenance, and emergence from anesthesia including: (10-14-88)

i. Amount and duration of agents; and (10-14-88)

ii. Drugs and IV fluids; and (10-14-88)

iii. Blood and blood products. (10-14-88)

f. Record of post-anesthetic visits and any complications shall be made within three (3) to forty-eight (48) hours following recovery; and (10-14-88)

g. There shall be a written infection control procedure including aseptic techniques, and disinfection or sterilizing methods. (10-14-88)

02. Anesthesia Service Staff. Anesthesia service shall be under the overall direction of a physician. The medical staff or appropriate committee shall approve all persons granted anesthesia privileges. (10-14-88)

a. All general anesthetics shall be given by a physician or certified nurse anesthetist; and (10-14-88)

b. Responsibility shall be assigned for the development of procedures concerning patient safety, including a record of equipment inspection and maintenance. The procedures shall be approved by the physician

director of the anesthesia service. (10-14-88)

03. **Anesthesia Equipment and Supplies**. There shall be at least the following immediately available: (10-14-88)

a. Cardiac monitor; and (10-14-88)

b. Defibrillator; and (10-14-88)

c. Positive pressure breathing apparatus; and (10-14-88)

d. Crash cart or equivalent with appropriate cardiopulmonary resuscitation equipment. (10-14-88)

391. RESPIRATORY CARE SERVICES.
These services shall be under the supervision of a physician, organized and integrated with other services of the hospital. (10-14-88)

01. **Policies and Procedures**. Respiratory care policies and procedures shall include the following: (10-14-88)

a. Responsibility of the service to the medical staff; and (10-14-88)

b. Clear protocol as to who can perform specific procedures; and (10-14-88)

c. A written procedure for each type of therapeutic or diagnostic procedure; and (10-14-88)

d. A written procedure for the care of all equipment; and (10-14-88)

e. Written procedures for the cleaning, disinfection, or sterilizing of all equipment that is not disposable; and (12-31-91)

f. Written procedures for infection control; and (12-31-91)

g. A procedure for the control of all water used for respiratory therapy where applicable. (10-14-88)

02. **Records**. All treatments involving respiratory care shall be recorded in the patient record by the person rendering the service, and shall include the following: (10-14-88)

a. Type of therapy; and (10-14-88)

b. Date and time of treatments; and (10-14-88)

c. Practitioners order recapitulation; and (10-14-88)

d. Any adverse reactions to treatments; and (10-14-88)

e. Records of periodic physician evaluations. (10-14-88)

03. **Staff**. All treatments shall be given by a respiratory therapist, a respiratory therapy technician or a licensed nurse. If a hospital is unable to employ sufficient respiratory therapists, respiratory therapy technicians or licensed nurse personnel to meet its needs, that hospital may use other hospital personnel who have documented on-the-job training in respiratory therapy and who are certified as being able to perform safely the duties assigned within the respiratory care service by the person with overall direction of the respiratory care service under Section 391. Such certification shall be documented and updated annually. (12-31-91)

392. -- 399. (RESERVED)

400. MATERNITY AND NEWBORN SERVICE.
If a hospital offers maternity and newborn service, care shall be provided during pregnancy, labor, delivery, postpartum and neonatal periods with appropriate staff, space and equipment. (10-14-88)

01. Area Requirements. If the hospital offers maternity and newborn service, it shall be located in such a manner as to minimize traffic to and from other patient care areas. (10-14-88)

02. Delivery/Birthing Room Facilities. The delivery/birthing room shall be located in such a manner as to prevent traffic to and from other areas, and meet the following: (10-14-88)

a. At least one (1) delivery room shall be provided; and (10-14-88)

b. Scrub-up facilities shall be provided for the delivery room. Each sink shall have a soap dispenser, elbow, knee, or foot action water control, and gooseneck spout. Disposable brushes or brushes capable of withstanding sterilization shall be provided; and (10-14-88)

c. A separate space shall be provided for the cleanup of non-sterile and contaminated material; and (10-14-88)

d. Walls, ceilings and floors shall be of a waterproof, washable surface; and (10-14-88)

e. Space shall be available for the storage of sterile and non-sterile supplies; and (10-14-88)

f. A janitor's closet shall be provided within or adjacent to the delivery suite and be used only for the delivery suite; and (10-14-88)

g. There shall be provided a source of oxygen with a mechanism for controlling the concentration of oxygen and with a suitable device for administering oxygen to both infants and adults; and (10-14-88)

h. There shall be provided a safe and suitable type of suction device for both infants and adults; and (10-14-88)

i. A properly heated bassinet shall be provided; and (10-14-88)

j. Functional obstetrical equipment and supplies shall be provided to assure safe and aseptic treatment of mothers and infants; and (10-14-88)

k. There shall be immediately available all cardiopulmonary resuscitation equipment for both adults and infants; and (10-14-88)

l. The delivery and birthing rooms shall not be used for purposes other than obstetrical care, except in a disaster or life threatening emergency. (10-14-88)

03. Alternate Birthing Services. If the facility so desires, it may establish birthing services as an alternate to traditional delivery services that meet currently accepted professional practices and the following is provided: (10-14-88)

a. Patients requesting use of alternate birthing services shall meet pre-established criteria as developed and approved by the medical staff and be identified as low risk maternity patients prior to admission. (10-14-88)

b. Birthing facilities shall be as follows: (10-14-88)

i. The alternate birthing service shall be so located as to have ready accessibility to emergency services, including surgical and/or traditional delivery facilities; and (10-14-88)

ii. The birthing area shall be of sufficient size to adequately provide for staff, equipment, supplies,

support personnel and emergency procedures during labor, delivery and the immediate postpartum period; and (10-14-88)

iii. There shall be immediately available oxygen, suction, linen, instruments, supplies, medications and equipment to meet the needs of both mother and infant. (10-14-88)

04. Rooming-In. Rooming-in care of newborn infants is permissible provided the following requirements are met: (10-14-88)

a. The room shall have a lavatory equipped with hot and cold running water, soap, soap dispenser, approved disposable towel, and waste receptacle; and (10-14-88)

b. Mother and infant shall have individual equipment and supplies; and (10-14-88)

c. Individual self-closing containers shall be provided for the infant's soiled linen. (10-14-88)

05. Nursery Facilities. The newborn nursery in each hospital shall meet the following requirements: (10-14-88)

a. An existing nursery shall provide a minimum of twelve (12) square feet per bassinet. A nursery established by new construction or a new hospital (see Subsection 002.26) shall provide a minimum of twenty-four (24) square feet per bassinet or as required under Section 600, whichever is more restrictive; and (12-31-91)

b. Bassinets shall be spaced at least twenty-four (24) inches apart; and (10-14-88)

c. Each bassinet shall be mounted on a single stand and be removable to facilitate cleaning; and (10-14-88)

d. Each bassinet shall be fully equipped to give individualized routine care to babies. A common bathing table or dressing table shall not be used; and (10-14-88)

e. Handwashing facilities shall be provided and equipped with soap, soap dispenser, disposable towel, and waste receptacle; and (10-14-88)

f. Each nursery shall have at least one (1) mechanical unit approved by Underwriters' Laboratories, Inc., capable of providing a temperature, humidity, and oxygen controlled environment; and (10-14-88)

g. Space and facilities for the care of premature infants shall be provided; and (10-14-88)

h. Scales and examining tables shall be provided and be protected to prevent cross infection; and (10-14-88)

i. Sufficient separation between well infants and infants that are suspected of harboring some infectious disease to avoid transmission of the disease causing organisms. (10-14-88)

06. Patient Accommodations. Maternity patient accommodations shall meet the following requirements: (10-14-88)

a. Postpartum nursing facilities shall meet the requirements of nursing units outlined in these rules; and (10-14-88)

b. Isolation capability shall be available at all times for an obstetrical or newborn patient showing any evidence of infection that requires isolation; and (10-14-88)

c. At least one (1) labor/birthing room shall be provided in the facility for examinations and preparation of patients for delivery unless alternative services are utilized as described in Subsection 400.03. (12-31-91)

07. Practices and Procedures. Practices and Procedures for the nursery and delivery room shall be as follows: (10-14-88)

a. All health care personnel in the delivery/birthing room or alternative birthing area during a delivery shall observe appropriate sterile or aseptic techniques as the case requires, including established dress requirements; and (10-14-88)

b. All persons entering the newborn nursery shall dress in such a manner to protect the newborn from cross contamination; and (10-14-88)

c. A safe means of identifying both the infant and mother shall be employed before the infant is removed from the delivery room or alternate birthing area. This shall be of a type that cannot be removed during routine care of the infant; and (10-14-88)

d. Infants found to have an infectious condition (skin lesions, inflammation of the eye, diarrhea, or other evidence of infection or born of a mother with an identified infectious condition) shall be transferred promptly to an isolation area outside the general nursery. Those infants whose eyes have not received prophylactic treatment, due to the religious opposition of parents or for any other reason, shall be cared for during their stay in the hospital in accordance with Subsection 400.05.i. (12-31-91)

08. Obstetrical Records. All obstetrical records shall include, in addition to the requirements for medical records, the following: (10-14-88)

a. Report of antenatal blood serology, and RH factor determination; and (10-14-88)

b. Past obstetrical history of patient's previous pregnancies, prior to onset of labor whenever possible; and (10-14-88)

c. Obstetrical assessment report describing conditions of mother and fetus on admission; and (10-14-88)

d. If fetal monitoring is used, all fetal monitoring records; and (10-14-88)

e. Complete description of progress of labor including reasons for induction and operative procedures, if any, signed by the attending physician; and (10-14-88)

f. Records of anesthesia, analgesia, and medications given in the course of labor and delivery; and (10-14-88)

g. Signed report of obstetrical consultant when such service has been obtained; and (10-14-88)

h. Names of assistants present during delivery; and (10-14-88)

i. Progress notes including descriptions of involution of uterus, type of lochia, condition of breasts and nipples; and (10-14-88)

j. Report of condition of infant following delivery. (10-14-88)

09. Newborn Records. Records of newborn infants shall include, in addition to the requirements for medical records set forth in Section 2-1360, the following information: (10-14-88)

a. Date and hour of birth, birth weight and length, period of gestation, sex; and (10-14-88)

b. Parents' names and address; and (10-14-88)

c. Type of identification placed on infant in delivery room; and (10-14-88)

d. Description of complications of pregnancy or delivery including premature rupture of membranes, condition at birth including color, quality of cry, method and duration of resuscitation; and (10-14-88)

e. Record of instillation into each eye at delivery of prophylactic remedy; and (10-14-88)

f. Report of initial physical examination, including any abnormalities, signed by the attending physician; and (10-14-88)

g. Record of metabolic screening blood tests; and (10-14-88)

h. Progress notes including: temperature, weight and feeding charts; number, consistency, and color of stools; condition of eyes and umbilical cord; condition and color of skin; motor behavior; and condition upon discharge. (10-14-88)

10. Policies and Procedures. Written policies and procedures involving maternity and newborn service shall be reviewed and revised at least once yearly. They shall be approved by the medical staff, nursing department, and hospital administration. Policies shall govern personnel, patients, and visitors to be admitted to the obstetrical area. Policies and procedures shall include at least the following: (10-14-88)

a. A policy for infection control supported by specific procedures, including all appropriate aseptic techniques, housekeeping procedures and isolation procedures. These policies and procedures shall be approved by the infection control committee; and (10-14-88)

b. Policies and supporting procedures for transporting or admitting infants born outside the hospital and/or born outside the obstetrical unit. These procedures shall be approved by the infection control committee; and (10-14-88)

c. Written policies and supporting procedures shall govern nursing care of the patient during labor, delivery, and postpartum; and (10-14-88)

d. Written policies and supporting procedures shall govern nursing care of the newborn infant; and (10-14-88)

e. Written policies and supporting procedures to govern "rooming-in" services; and (10-14-88)

f. A procedure for identification of the infant upon delivery and discharge; and (10-14-88)

g. An admission policy indicating types of high risk mothers or infants admitted; and (10-14-88)

h. A policy and procedure for consultation with and/or transfer to a newborn intensive care unit for high risk infants; and (10-14-88)

i. A policy and supporting procedure for the care and maintenance of all movable and fixed equipment, including electrical and mechanical equipment; and (10-14-88)

j. Additional policies and procedures for the alternate birthing service that shall include at least the following: (10-14-88)

i. Definition of the low-risk maternity patient; and (10-14-88)

ii. Written screening process for evaluating maternity patients; and (10-14-88)

iii. Written criteria that, if met, would necessitate the transfer of a laboring mother to traditional labor and delivery setting. (10-14-88)

11. Staffing. The maternity and newborn service shall be staffed as follows: (10-14-88)

a. The service shall be under the supervision of a licensed registered nurse on a twenty-four (24) hour basis; and (10-14-88)

b. A licensed registered nurse shall be in attendance during labor and delivery. (10-14-88)

12. **Capability**. The hospital shall have the capability for operative delivery including cesarean section. (10-14-88)

13. **Waiver of Capability**. A hospital offering maternity and newborn services without C-section capability upon the effective date of these rules may apply in writing to the licensing agency for waiver of the requirement of Subsection 400.12. Waiver will not be granted without a showing by the hospital that: (12-31-91)

a. There is an existing hospital policy that requires its medical staff in advance of admission to inform their patients of the percentage of C-section deliveries in the United States, the likelihood that a C-section will be required in the instant case, the risks of delivery in a hospital without C-section capability and the location of the nearest hospital with C-section capability; and (10-14-88)

b. The hospital has adopted for use a form of informed consent to be signed by the patient in advance of admission. Such form shall make on its face a detailed showing that the items in Subsection 400.13.a. have been presented to the patient; and (12-31-91)

c. There is an existing hospital policy for emergency transport with a physician in attendance to a C-section capable hospital in the event of an unforeseen emergency; and (10-14-88)

d. The hospital has in place a medical record system to document the informed consent of each patient admitted to the maternity and newborn service. (10-14-88)

401. -- 409. (RESERVED)

410. CENTRAL SERVICE.
The hospital shall provide an area for the cleaning, disinfection, packaging, sterilization, storing and distribution of medical/surgical patient care supplies. (10-14-88)

01. **Service Areas**. The service shall be separated into the following areas: (10-14-88)

a. Receiving and cleaning of contaminated supplies; and (10-14-88)

b. Assembly area (packaging); and (10-14-88)

c. Sterilization area; and (10-14-88)

d. Sterile and nonsterile storage area. (10-14-88)

02. **Equipment and Supplies**. Autoclaves, sterilizers, and other equipment shall be available to meet the needs of the hospital. (10-14-88)

03. **Policies and Procedures**. Policies and procedures established for processing and reprocessing of all instruments and supplies shall be approved by the infection control committee and must include the following: (10-14-88)

a. Method of cleaning all equipment; and (10-14-88)

b. A listing of contents of package and material to be used for all items autoclaved or sterilized; and (10-14-88)

c. Procedure for operation of autoclaves and sterilizers; and (10-14-88)

d. Policy regarding shelf life of all types of packages; and (10-14-88)

e. Policy regarding expiration dates of packages; and (10-14-88)

f. Procedure for conducting daily check of thermometers, and recordings; and (10-14-88)

g. Determination of temperature, time, pressures, and humidity for autoclaves and sterilizers; and (10-14-88)

h. Procedure for recall and disposal or reprocessing; and (10-14-88)

i. Policy regarding maximum size and weight of packs; and (10-14-88)

j. Procedure for biological (spore) check of gas sterilizers, each load; and (10-14-88)

k. Procedure for biological (spore) check of autoclave at least monthly; and (10-14-88)

l. Policy establishing aeration periods for various kinds of materials that are gas sterilized; and (10-14-88)

m. Procedure for cleaning and disinfection of all items that are not sterilized; and (10-14-88)

n. Procedure for cleaning and sanitizing equipment and surfaces (housekeeping); and (10-14-88)

o. Policy establishing that all water issued for respiratory therapy shall be sterile; and (10-14-88)

p. Written infection control procedure; and (10-14-88)

q. Procedure for the control of water used for respiratory therapy if that service is not responsible. (10-14-88)

04. Inservice/Continuing Education. Documentation of all orientation and educational programs for each employee shall be present at the facility. (10-14-88)

411. -- 419. (RESERVED)

420. CRITICAL CARE UNITS.
If appropriate for the hospital, these units may be established for patients requiring extraordinary care. (10-14-88)

01. Policies and Procedures. If the hospital has critical care units then written policies and procedures shall be developed and implemented by the medical staff, appropriate nursing staff, and administration. The physician or committee responsible for the overall medical direction of the unit, shall also participate in the development of the written policies and procedures and approve them. Policies and procedures shall include at least the following: (10-14-88)

a. A policy statement regarding the responsibility of the units to the medical staff including the working relationship between the unit director and the patient's physician; and (10-14-88)

b. Admission criteria, priorities, discharge and transfer policies and procedures; and (10-14-88)

c. Staffing requirements including training and experience; and (10-14-88)

d. Emergency procedures; and (10-14-88)

e. Infection control procedure including isolation procedures; and (10-14-88)

f. Policies and procedures including standing orders for medical emergencies when a physician is not present. These shall include the procedure for the use of drugs and equipment, and specify who can do the procedure. (10-14-88)

02. **Critical Care Staff**. The staff of a hospital critical care unit shall be composed of the following: (10-14-88)

a. A physician shall have overall medical direction and responsibility for the unit. The physician, with concurrence from the medical staff and administration, shall provide direction for: (10-14-88)

i. Implementation of policies and procedures involving critical care service; and (10-14-88)

ii. Determination of qualifications of all other personnel serving the unit; and (10-14-88)

iii. Development of a system to assure physician coverage; and (10-14-88)

iv. Criteria for admission and discharge; and (10-14-88)

v. Assuring continuing education for medical and nursing staff. (10-14-88)

b. There shall be sufficient licensed registered nurses with training and experience in critical care on duty on a twenty-four (24) hour basis for nursing care and nursing management. (10-14-88)

c. Licensed registered nurses who work in the unit must have training or experience in that type of nursing care. (10-14-88)

d. If there is only one (1) patient in the critical care unit there shall be one (1) licensed registered nurse who shall be available to observe the patient. If there are two (2) or more patients in the unit, a licensed registered nurse shall be present in the unit at all times. (12-31-91)

03. **Equipment and Supplies**. There shall be sufficient equipment and supplies to meet the needs of the patients treated; and (10-14-88)

a. There shall be a call signal at each bed to a continuously staffed station; and (10-14-88)

b. There shall be an alarm system or other method of calling assistance for special teams. (10-14-88)

04. **Area Requirements**. Critical care unit requirements are as follows: (10-14-88)

a. There shall not be more than twelve (12) patient beds in each unit. (10-14-88)

b. Each bed area shall be one hundred thirty-two (132) square feet. (10-14-88)

c. There shall be a minimum of eight (8) feet between beds with at least four (4) feet at the foot and sides of the bed. (10-14-88)

05. **Maintenance Program**. There shall be a regularly scheduled preventive maintenance program with emphasis on electrical safety, and there shall be written evidence of such a program (refer to Subsection 510.03, Electrical Safety). (12-31-91)

421. -- 429. **(RESERVED)**

430. NUCLEAR MEDICINE SERVICES.
If appropriate for the hospital the use of internal radionuclides for diagnosis and treatment of patients may be established. (10-14-88)

01. **Nuclear Medicine Staffing**. If the hospital has nuclear medical service, medical care shall be under

the overall direction of a qualified nuclear medicine physician. The physician shall provide direction for: (10-14-88)

a. Determination of qualifications of all other personnel in the service; and (10-14-88)

b. Organizational structure and personnel needed; and (10-14-88)

c. Establishing a procedure for assuring physician coverage; and (10-14-88)

d. Continuing education for all staff. (10-14-88)

02. Policies and Procedures. Written policies and procedures, approved by the physician director in consultation with other appropriate professionals and administration, shall be developed and implemented. Policies and procedures shall include but shall not be limited to: (10-14-88)

a. Policies and procedures for the preparation, use, storage, disposition, and labeling of all radioactive materials; and (10-14-88)

b. Quality control procedures to ensure proper identity, strength, and purity of all radiopharmaceutical agents; and (10-14-88)

c. Procedures for the testing, use, calibration, and preventive maintenance of all equipment; and (10-14-88)

d. A policy stating the responsibility of the nuclear medicine staff to the medical staff. (10-14-88)

03. Facilities. Nuclear medicine services shall be provided in an area that is appropriately equipped for the scope of services, and is safe for both patients and personnel. (10-14-88)

04. Radiation Control. The nuclear medicine service shall comply with Sections 39-3001 through 39-3019, Idaho Code. (10-14-88)

05. Records. Signed and dated requests, reports, and records of diagnostic and therapeutic procedures shall be incorporated into the patient's medical record, and copies shall be kept on file in the nuclear medicine department. Records shall contain at least the following: (10-14-88)

a. Patient identification; and (10-14-88)

b. Reason for diagnostic or treatment request; and (10-14-88)

c. A record of all radiopharmaceuticals that shall include: (10-14-88)

i. Date; and (10-14-88)

ii. Identity; and (10-14-88)

iii. Supplies and lot number; and (10-14-88)

iv. Amounts administered. (10-14-88)

d. All records of equipment or monitor testing, repair, and calibration. (10-14-88)

06. Nuclear Medicine Reviews. The medical staff or a committee of the staff shall review nuclear medicine services as needed, but not less than annually. (10-14-88)

431. -- 439. (RESERVED)

440. REHABILITATION SERVICES FOR HOSPITALS.
If this service is offered the ill or injured patient shall be rehabilitated to the highest level of self-sufficiency possible. (10-14-88)

01. Rehabilitation Service. If the hospital offers rehabilitation services, they shall be provided in accordance with orders of practitioners who are authorized by the medical staff to order the services and shall be given by qualified therapists and shall include at least the following services for inpatients and outpatients: (10-14-88)

a. Physical therapy; and (10-14-88)

b. Occupational therapy; and (10-14-88)

c. Speech pathology and audiology. (10-14-88)

02. Rehabilitation Service Staff. Rehabilitation service shall be under the overall medical direction of a physician with qualified therapists and qualified nursing staff. (10-14-88)

03. Facilities. The hospital shall provide adequate space, supplies, and equipment to provide for patient care and safety. (10-14-88)

04. Organization. Each service or program offered shall have a written organizational plan. (10-14-88)

05. Policies and Procedures. Policies and procedures shall be developed by the physician director, nursing service, administration, and other personnel representing each service offered. (10-14-88)

06. Services and Records. There shall be a written plan of treatment and record for each inpatient or outpatient that includes at least the following information relating to rehabilitation potential: (10-14-88)

a. Type, amount, frequency, and duration of treatments and response; and (10-14-88)

b. Contraindications; and (10-14-88)

c. Discharge planning; and (10-14-88)

d. Patient progress by all personnel involved in care. (10-14-88)

07. Other Requirements. In addition to special rehabilitation requirements, the hospital shall conform to all other applicable sections of these hospital rules. (10-14-88)

441. -- 449. (RESERVED)

450. SOCIAL SERVICES.
If the hospital offers this service, the patient and his family shall be assisted to understand and cope with social problems that affect health. (10-14-88)

01. Provision of Social Services. If the hospital provides these services, it can be provided by the following methods: (10-14-88)

a. An organized service within the hospital under the overall direction of a social worker; or (10-14-88)

b. A social worker employed part time; or (10-14-88)

c. Consultation from a social worker from an outside resource. (10-14-88)

02. Organization and Staffing. An organizational plan of services shall be developed by those providing the service, medical staff, and administration. (10-14-88)

03. Policies and Procedures. Policies and procedures shall be developed to include the following: (10-14-88)

a. Services offered; and (10-14-88)

b. Identification of relationship with other hospital and community services; and (10-14-88)

c. Definition of other support personnel for patient care; and (10-14-88)

d. Procedure for discharge planning; and (10-14-88)

e. Procedure for referral and consultation. (10-14-88)

04. Records. Pertinent social data shall be incorporated into the patient's medical record. (10-14-88)

451. -- 459. (RESERVED)

460. OUTPATIENT SERVICE.
If the hospital has such service it shall meet the nonemergency health needs of patients who remain in the hospital less than twenty-four (24) hours. (10-14-88)

01. Staffing. When a hospital maintains a formally organized clinic service distinct from the emergency service, the outpatient service shall be under the overall medical direction of a physician whose authority and responsibilities are defined in writing and approved by the governing body. There shall be adequate personnel to meet the needs of the patients, and a licensed registered nurse shall be on duty at all times. All practitioners shall be members of the active medical staff. (10-14-88)

02. Outpatient Surgery. If outpatient surgery is performed, the requirements found in Section 380 shall be met. (12-31-91)

03. Policies and Procedures. There shall be written policies and procedures for at least the following: (10-14-88)

a. Services offered, including types of surgeries performed; and (10-14-88)

b. Procedure for evaluation, treatment and referral of patients; and (10-14-88)

c. Responsibility and accountability to other hospital services or departments, and to the medical staff and administration. (10-14-88)

04. Medical Record. A medical record shall be maintained for every patient utilizing out patient services. The record shall contain all applicable requirements of Section 360. (12-31-91)

461. -- 469. (RESERVED)

470. PSYCHIATRIC SERVICE.
If the hospital offers psychiatric service it must be organized, staffed and equipped to provide inpatient and outpatient treatment to the mentally ill. (7-1-19)

01. Staffing. If the hospital offers psychiatric service, it must be directed and evaluated by a psychiatrist and staffed by adequate numbers of qualified personnel to meet patient needs. (7-1-19)

a. A licensed registered nurse qualified by training or experience in psychiatric nursing must supervise the nursing care rendered in the psychiatric service. (7-1-19)

b. Psychiatric service staff must collaborate with medical, nursing, and other professional personnel in patient care planning, and provide consultation to staff of other services regarding the psychiatric problems of patients. (7-1-19)

02. Patient Treatment Plan. Patient's records must reflect that an individualized plan of treatment is developed for each patient that is specific and appropriate to individual problems and takes into consideration strengths as well as disabilities. The plan must designate the persons responsible for each component of care and must be reviewed, evaluated, and updated at regularly scheduled intervals by all professional personnel involved in the patient's care. (7-1-19)

03. Policies and Procedures. Policies and procedures governing the service must be developed by appropriate representatives of each discipline and in collaboration with other appropriate services. (7-1-19)

04. Examination to Assess Mental Status. All examinations to assess the patient's mental status must be recorded, signed and dated as soon as possible after admission and must include a description of the patient's physical and emotional state and intellectual functions. There must be an initial patient history and report of the patient's mental status within twenty-four (24) hours after admission that may be based on the results of prior examinations by the reporting physician. (7-1-19)

05. Records. Adequate and comprehensive records must be retained for assessment, evaluation and treatment purposes. Admitting and subsequent psychiatric diagnoses must be recorded in currently accepted terminology; and (7-1-19)

a. The patient's psychiatric history and social evaluation must provide information regarding the patient's background, the onset and development of the illness, including factors and precipitating circumstances that led to the patient's admission, and data useful for patient care and discharge planning; and (7-1-19)

b. A properly executed consent form must be obtained and incorporated into the record in any case of treatment approach that carries significant risks, and shows that the patient, his family, or other legally responsible person is informed of available alternative approaches; (7-1-19)

c. Documentation must show that the patient, his family, or other legally responsible person is informed of the treatment to be given; and (7-1-19)

d. Documentation must show that planning for continued care and treatment in the community are coordinated with the patient's family and others in his social environment. (7-1-19)

06. Special Medical Record Requirements for Psychiatric Hospitals or Services. In addition to meeting all the requirements contained in Section 360 of these rules, patient medical records maintained by a psychiatric hospital or service unit must clearly reflect the types and intensity of treatment provided to patients in the hospital. The records must contain the following: (7-1-19)

a. Information essential for identifying the patient's problems, for developing treatment objectives, and other information necessary for psychiatric evaluation and diagnosis; (7-1-19)

b. A record of the treatment received by the patient, including records of all treatment related to short-term and long-term goals, including discharge planning; (7-1-19)

c. The medical record must provide information regarding the management of the patient's condition and of changes in treatment and patient status. Progress notes must reflect that care provided in accordance with the treatment plan is recorded at least weekly for the first two (2) months after admission and at least monthly thereafter; and (7-1-19)

d. Every safeguard must be employed to preserve confidentiality of the patient-therapist relationship and to prevent revelation of information that would be harmful or embarrassing to the patient, his family, or others. (7-1-19)

07. Discharge Planning. Consideration for continued care and services in the community after discharge, placement alternatives, and utilization of community resources must be initiated on admission and carried out to ensure that each patient has a documented plan for continuing care that meets his individual needs. Provision must be made for exchange of appropriate information with outside resources. (7-1-19)

08. Physician Services. A board certified or board eligible psychiatrist must provide the overall direction of the service including monitoring and evaluating the quality and appropriateness of psychiatric services rendered. Physicians must be available at all times to provide medical and surgical diagnosis and treatment services. (7-1-19)

09. Nursing Service. The nursing service must be under the overall direction of a psychiatric nurse qualified by training or experience in psychiatric nursing, who monitors and evaluates nursing care provided. (7-1-19)

a. A licensed registered nurse must be on duty twenty-four (24) hours a day, seven (7) days a week to provide direct patient care, and to assign and supervise nursing care activities performed by other nursing personnel. (7-1-19)

b. There must be adequate numbers of qualified licensed registered nurses, licensed practical (vocational) nurses, psychiatric technicians, and other supportive nursing personnel to carry out the nursing aspects of the individual treatment plan for each patient and capable of maintaining progress notes on all patients. (7-1-19)

10. Psychological Services. The director of the psychological services must be a clinical psychologist who continually monitors and evaluates the quality and appropriateness of psychological services rendered (in accordance with standards of practice, service objectives, and established policies and procedures). (7-1-19)

11. Social Services. The director of social services must be a social worker who monitors and evaluates the quality and appropriateness of social services (in accordance with service objectives, standards of practice, and established policies and procedures). (7-1-19)

12. Therapeutic Activities. The hospital must provide a therapeutic activities program appropriate to meet the needs and interests of patients that is directed toward rehabilitation to and maintenance of optimal levels of physical and psychosocial functioning, and toward attaining a life style appropriate for each patient. (7-1-19)

a. If occupational therapy services are offered, they must be under the supervision of an occupational therapist. (7-1-19)

b. Adequate numbers of qualified therapists, supportive personnel, and consultants must be available to provide comprehensive therapeutic activities in conjunction with each patient's treatment plan. (7-1-19)

c. Therapeutic recreational activities must be under the supervision of a designated member of the staff who has demonstrated competence in therapeutic recreational activities programs. (7-1-19)

d. The supportive staff of the occupational therapy and therapeutic recreational activities services must be provided formal orientation and inservice training to enable them to carry out assigned functions. (7-1-19)

e. If volunteers are utilized in the therapeutic activities program, they must be provided appropriate orientation, training, and supervision by qualified professional staff. (7-1-19)

13. Physical Therapy Service. If physical therapy services are offered, the director of the service must be a physical therapist who monitors the quality and appropriateness of services rendered. (7-1-19)

14. Psychiatric Unit Space. After the effective date of these rules, any psychiatric unit not free standing must be separated and able to be secured form the general hospital with which it is associated. Each psychiatric service unit, free standing or not, must include the following: (7-1-19)

a. Consultation room or rooms; (7-1-19)

b. Facilities for examination and a treatment room for medical procedures; (7-1-19)

c. At least one (1) observation room for acutely disturbed patients, with facilities for visual observation; (7-1-19)

d. Facilities for dining; and (10-14-88)

e. Indoor and outdoor facilities for therapeutic activities. (10-14-88)

15. Construction of Psychiatric Hospitals. New construction, alterations, or modifications must not be made until plans and specifications have been approved by the licensing agency. (7-1-19)

471. -- 499. (RESERVED)

500. PHYSICAL ENVIRONMENT AND SANITATION.
The provisions contained in Sections 510 through 550 specify physical environment and sanitation standards for hospitals. (12-31-91)

501. -- 509. (RESERVED)

510. FIRE AND LIFE SAFETY STANDARDS.
Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. (10-14-88)

01. General Requirements. General requirements for the fire and life safety standards for a hospital are that: (10-14-88)

a. The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. (10-14-88)

b. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. (10-14-88)

02. Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code," 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies that is incorporated by reference. (10-14-88)

a. Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department. (10-14-88)

b. Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code" for new construction. (10-14-88)

c. In the event of a conflict between the applicable edition of the Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern. (10-14-88)

03. Electrical Safety. A continued effort shall be made to provide an electrically safe environment within the hospital. Written policies and procedures shall be established for, but not limited to, the following: (10-14-88)

a. Methods and frequency of testing, verification of performance, and use specifications for all hospital electrical patient care equipment. All new equipment shall be tested prior to use and in no case shall the

retesting interval exceed one (1) year; and (10-14-88)

b. Periodic evaluation of the electrical distribution system and all nonpatient care equipment. Inspection and testing of nonclinical equipment shall be performed at regular intervals to be determined by the chief maintenance engineer; and (10-14-88)

c. Specific restrictions on the use of extension cords and adapters. Extension cords shall be used in emergency situations only, be of the grounded type and have wire gauge compatible to the piece of equipment being used; and (10-14-88)

d. Prohibition of the use of personal electrical equipment by patients and employees. Specific items may be allowed if the hospital adopts formal policies for defining and inspecting them. (10-14-88)

04. Smoking. Because smoking has been acknowledged to be a fire hazard, a continuous effort shall be made to reduce its presence in the hospital. Written regulations governing smoking shall be conspicuously posted and made known to all hospital personnel, patients, and the public. These regulations shall include provisions for compliance with the "Idaho Clean Indoor Air Act" and at least the following provisions: (10-14-88)

a. Smoking shall be prohibited in any area of the hospital where flammable liquids, gases or oxygen is in use or stored. These areas shall be posted with appropriate signage; and (10-14-88)

b. Patients shall not be permitted to smoke in bed unless a responsible person is in attendance; and (10-14-88)

c. Unsupervised smoking by patients classified as not mentally or physically responsible shall be prohibited. This shall also include patients so affected by medications; and (10-14-88)

d. Smoking shall be prohibited in areas where combustible materials and supplies are stored; and (10-14-88)

e. Designated areas shall be provided for employee and visitor smoking. This requirement need not be complied with in any hospital that has established, by policy, that smoking is prohibited within the hospital. (10-14-88)

05. Emergency Plans for Protection and Evacuation of Patients. The hospital shall develop a prearranged written plan for employee response for protection of patients and for orderly evacuation of residents in case of an emergency. (10-14-88)

a. A diagram of the building noting the locations of exits, extinguishers, and fire alarm pull stations along with written emergency instructions shall be available within each department of the hospital. (10-14-88)

b. Emergency plans shall be thoroughly tested and used as necessary to assure rapid and efficient function. (10-14-88)

c. Fire drills shall be planned by key personnel and conducted on an unannounced basis. Fire drills shall be held as required by the "Life Safety Code." (10-14-88)

06. Report of Fire. A separate report on each fire incident occurring within the hospital shall be submitted to the Department within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," shall be issued by the Department to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. (10-14-88)

07. Maintenance of Equipment. The hospital shall establish routine test, check, and maintenance procedures for alarm systems, extinguishment systems, and all essential electrical systems. Frequency of testing, checks, and maintenance shall be in accordance with applicable National Fire Protection Association Standards referenced in Appendix B of the 1985 "Life Safety Code" or as adopted by the Idaho State Fire Marshal. (10-14-88)

511. -- 519. (RESERVED)

520. DISASTER PLANS.
The hospital shall have written plans for the care of casualties from both external and internal disasters. The plans shall be developed with the assistance of all appropriate community resources. The plan shall be reviewed and/or revised at least annually. (10-14-88)

01. External Disaster Plan. The hospital shall develop a plan for external disasters for the area served and within the capability of the facility. The plan shall contain the following elements: (10-14-88)

a. Availability of basic utilities, including food, water, and essential medical supplies; and (10-14-88)

b. A procedure for notifying and assigning personnel; and (10-14-88)

c. Unified medical command; and (10-14-88)

d. Space and procedure for triage; and (10-14-88)

e. Procedure for casualty transfer to appropriate facility; and (10-14-88)

f. Agreement with other agencies for communications; and (10-14-88)

02. Drills. The plan shall be rehearsed annually. (10-14-88)

521. -- 529. (RESERVED)

530. MAINTENANCE AND SAFETY.
The hospital shall be equipped and maintained to protect the health and safety of the patient, personnel, and visitors. (10-14-88)

01. Maintenance. The hospital shall have a written preventive maintenance program to include at least the following elements: (10-14-88)

a. Designation of person responsible for maintaining the hospital; and (10-14-88)

b. Written preventive maintenance procedure and appropriate inspection interval shall be made for at least the following: (10-14-88)

i. Heating systems; and (10-14-88)

ii. Air conditioning/mechanical systems; and (10-14-88)

iii. Electrical systems; and (10-14-88)

iv. Vacuum systems and gas systems; and (10-14-88)

v. All air filters in heating, air conditioning and ventilating systems; and (10-14-88)

vi. Equipment related directly and indirectly to patient care, and any other equipment. (10-14-88)

02. Safety. The hospital shall have a safety committee and shall be responsible for at least the following: (10-14-88)

a. There shall be comprehensive written safety procedures for all areas of the hospital that shall include the safe use of equipment and handling of patients; and (10-14-88)

b. Safety orientation of new employees; and (10-14-88)

c. Establishment of an incident/accident system for all patients, personnel and visitors, to include: (10-14-88)

i. Reporting procedure; and (10-14-88)

ii. Investigation of incidents; and (10-14-88)

iii. Documentation of investigation and disposition. (10-14-88)

531. GENERAL PATIENT ACCOMMODATIONS.
Hospitals licensed prior to the effective date of these rules shall provide for the comfort and safety of all patients as follows: (10-14-88)

01. General Requirements. The hospital shall comply with the following minimums: (10-14-88)

a. Minimum floor area exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, and/or vestibules shall be one hundred (100) square feet in single-bed rooms and eighty (80) square feet per bed in multi-bed rooms. (10-14-88)

b. A minimum distance of three (3) feet shall be provided between beds in multi-bed rooms. (10-14-88)

c. Adequate storage space shall be provided for clothing, toilet articles, and other personal belongings of each patient. (10-14-88)

d. Cubicle curtains or drapes shall be provided in multi-bed rooms for patient privacy. (10-14-88)

e. A staff calling system shall be provided at each patient bed and in each patient toilet, bath, and/or tub room. All calls shall register at the staff station and must activate a visual signal in the corridor at the patient room door. (10-14-88)

f. Tubs (or showers), toilets, and lavatories shall be provided at the rate of one (1) each for every ten (10) licensed beds. (10-14-88)

532. -- 539. (RESERVED)

540. INFECTION CONTROL.
The hospital shall develop a plan for the prevention and control of infection with special emphasis on hospital acquired infection. (10-14-88)

01. Infection Control Committee. The hospital shall establish an infection control committee composed of representatives of the medical staff, administration, nursing service, pharmacy services and laboratory. Other appropriate department heads shall be members as needed. (10-14-88)

02. Infection Control Program. The program shall include at least the following elements: (10-14-88)

a. Definition of nosocomial infection, as opposed to community acquired infections; and (10-14-88)

b. A procedure for hospital surveillance of and for nosocomial infections; and (10-14-88)

c. A procedure for reporting and evaluating nosocomial infections. The procedure must enable the hospital to establish the following on at least a quarterly basis: (10-14-88)

i. Level or rate of nosocomial infections; and (10-14-88)

ii. Site of infection; and (10-14-88)

iii. Microorganism involved. (10-14-88)

03. Infection Control and Prevention Procedures. There shall be a written infection control procedure that shall include aseptic techniques, cleaning, sanitizing, and disinfection of all instruments, equipment and surfaces, for all departments and services of the hospital where patient care is rendered. (10-14-88)

04. Infection Control Committee Responsibilities. The infection control committee shall be responsible for at least the following: (10-14-88)

a. Designate one (1) person to act as the surveillance officer; and (10-14-88)

b. Evaluating antibiotic susceptibility/resistance trends; and (10-14-88)

c. Review of all infection control procedures for all departments, including housekeeping and laundry procedures, at least annually; and (10-14-88)

d. Development of procedures for defining and controlling hazardous and infectious wastes; and (10-14-88)

e. Continuing education for all appropriate personnel. (10-14-88)

541. -- 549. (RESERVED)

550. ENVIRONMENTAL SANITATION.
The hospital shall be responsible for the prevention of disease and the maintenance of sanitary conditions. (10-14-88)

01. Water Supply. The water supply of a hospital shall meet the following requirements: (10-14-88)

a. An approved public or municipal water supply shall be used whenever available; and (10-14-88)

b. In areas where an approved public or municipal water supply is not available, a private water supply shall be provided, and it shall meet the standards approved by the Department; and (10-14-88)

c. Public or private water supplies shall meet the Idaho Department of Environmental Quality Rules, IDAPA 58.01.08, "Idaho Rules for Public Drinking Water Systems"; and (12-31-91)

d. If water is from a private supply, water samples shall be submitted to an approved laboratory for bacteriological examination at least quarterly. Copies of the laboratory reports shall be kept on file in the facility; and (10-14-88)

e. There shall be a sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility at all times. (10-14-88)

02. Sewage Disposal. All sewage and liquid wastes shall be discharged into a municipal sewerage system where such a system is available. Where a municipal sewerage system is not available, sewage and liquid wastes shall be collected, treated, and disposed of in a manner approved by the Department. (10-14-88)

03. Garbage and Refuse Disposal. All garbage from the hospital shall be disposed of as follows: (10-14-88)

a. All garbage and refuse shall be collected, stored, and disposed of in a manner that shall not permit the transmission of communicable disease, create a nuisance or fire hazard, or provide a breeding place for insects or rodents; and (10-14-88)

b. When municipal garbage collection and disposal services are not available, garbage shall be disposed of by garbage grinders, incineration, burial sanitary fill, or other methods approved by the Department. (10-14-88)

04. Garbage Containers. Hospital garbage containers shall meet the following requirements: (10-14-88)

a. All containers used for storage of garbage and refuse shall be constructed of durable nonabsorbent material and shall not leak or absorb liquids. Containers shall be provided with tight-fitting lids unless stored in vermin-proof rooms or enclosures; and (10-14-88)

b. Garbage containers outside the facility shall be stored at least twelve (12) inches above the ground, if not stored in a dumpster. (10-14-88)

c. Garbage containers shall be maintained in a sanitary manner. (10-14-88)

05. Insect and Rodent Control. Every hospital shall have a pest control program in effect at all times. (10-14-88)

a. This program shall effectively prevent insects, rodents and other pests from entrance to, or infestation of, the facility. (10-14-88)

b. Chemicals (pesticides) used in the control program shall be selected, used, and stored, in the following manner: (10-14-88)

i. The chemical shall be selected on the basis of the pest involved and used only in the manner described by the manufacturer, who shall be registered with the Idaho Department of Agriculture; and (10-14-88)

ii. All toxic chemicals shall be properly labeled and stored under lock and key; and (10-14-88)

iii. No toxic chemicals shall be stored in patient areas, with drugs, or in any area where food is stored, prepared, or served; and (10-14-88)

iv. The storage and use of pesticides shall be in accordance with local, state, or federal directives. (10-14-88)

06. Storage, Transportation, Treatment and Disposal of Infectious Waste. (1-13-90)

a. For purposes of this section, the following definitions shall apply: (1-13-90)

i. Storage shall mean the containment of infectious waste in such a manner as not to constitute treatment of such waste. (1-13-90)

ii. Transport shall mean the movement of infectious waste from the point of generation to any intermediate point and finally to the point of treatment and such waste must be transported by haulers knowledgeable in handling of infectious waste. (1-13-90)

iii. Treatment shall mean any method, technique or process used to change the character or composition of any infectious waste so as to render such waste noninfectious. Effective treatment may include, but is not limited to, one (1) of the following methods: (1-13-90)

(1) Incineration in an incineration facility approved and permitted in accordance with the current requirements of the Idaho Air Quality Bureau. Incinerators shall be capable of providing proper temperatures and residence time to ensure destruction of all pathogenic organisms. (1-13-90)

(2) Sterilization by heating in a steam sterilizer utilizing saturated steam within a pressure vessel (known as a steam sterilizer, autoclave or retort) at time lengths and temperatures sufficient to kill infectious agents

within the waste. Operating procedures shall include, but are not limited to, standards for temperature settings, residence times, recording or operational procedures and results, and periodic testing by treatment indicators. (1-13-90)

(3) Discharge of liquid or semi-solid waste into a sanitary sewer that provides secondary treatment of waste. (1-13-90)

(4) One (1) of several less commonly used methods such as chemical disinfection, thermal inactivation, gas/vapor sterilization or irradiation. Efficacy of the method shall be demonstrated by the development of a biological testing program, e.g., spore strips. Monitoring shall be conducted on a periodic basis using appropriate indicators. (1-13-90)

iv. Disposal shall mean the final placement of treated waste in a properly permitted landfill. (1-13-90)

b. Storage and transport of infectious waste. The following shall apply: (1-13-90)

i. Containment of infectious waste shall be in a manner and location that affords protection from animals, rain and wind; does not provide a breeding place or a food source for insects and rodents; and minimizes exposure to the waste by the public. Enclosures used for containment of infectious waste shall be secured so as to deny access by unauthorized persons and shall be marked with prominent warning signs. (1-13-90)

ii. Infectious waste, except for sharps, shall be contained in disposable containers/bags that are impervious to moisture and have a strength sufficient to preclude ripping, tearing or busting under normal conditions of use. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system shall have a tight-fitting cover and be kept clean and in good repair. (1-13-90)

iii. Sharps shall be disposed of in impervious, rigid, puncture-resistant containers immediately after use. Needles shall not be bent, clipped or broken by hand. (1-13-90)

iv. All bags used for containment of infectious waste shall be clearly identified by label or color, or both. Rigid containers of discarded sharps shall be labeled in the same way or placed in the disposable bags used for other infectious waste. (1-13-90)

v. Reusable containers for infectious waste shall be thoroughly washed and decontaminated each time they are emptied by an approved method for decontamination as described in Subsection 550.06.b.v.(1), unless the surfaces of the containers have been protected from contamination by disposable liners, bags or other devices removed with the waste except for that waste outlined in Subsection 550.06.b.ii. (12-31-91)

(1) Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with exposure to hot water of at least one hundred eighty (180) degrees Fahrenheit for a minimum of fifteen (15) seconds; or exposure to a chemical sanitizer by rinsing with or immersion in one (1) of the following for a minimum of three (3) minutes: hypochlorite solution (five hundred (500) ppm available chlorine), phenolic solution (five hundred (500) ppm active agent), iodophor solution (one hundred (100) ppm available iodine), or quaternary ammonium solution (four hundred (400) ppm active agent). (12-31-91)

(2) Reusable pails, drums, dumpsters or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures as described in Subsection 550.06. (12-31-91)

vi. Trash chutes shall not be used to transfer infectious waste between locations where the waste is contained. (1-13-90)

vii. Storage of infectious waste shall not exceed seven (7) days unless stored at a temperature below thirty-two (32) degrees Fahrenheit, but no longer than ninety (90) days. (12-31-91)

c. Treatment and disposal of infectious waste. Except as otherwise provided in these rules, infectious

waste shall be treated prior to disposal using a process defined in Subsection 550.06. (12-31-91)

d. Alternate Methods. Where on-site treatment of infectious waste is demonstrated to be economically or technically unfeasible, by petition to the licensing agency, alternate methods of on-site or off-site treatment or disposal may be used with the approval of the licensing agency. (1-13-90)

07. Plumbing. The hospital plumbing system shall be free from cross-connections and interconnections between a safe water supply and one that is subject to contamination. (10-14-88)

08. Heating and Ventilation. The heating and ventilation system in a hospital shall meet the following: (10-14-88)

a. The systems shall be so designed and maintained as to provide sufficient capacity for the demands of the hospital; and (10-14-88)

b. Patient's rooms shall be so ventilated by natural or mechanical means to assure a fresh air supply. (10-14-88)

09. Housekeeping. Each hospital shall establish an organized housekeeping service with sufficient personnel to maintain and provide a pleasant, safe, and sanitary environment. (10-14-88)

a. The service shall be under the supervision of a person competent in environmental sanitation and management; and (10-14-88)

b. There shall be specific written procedures for appropriate cleaning of all service areas in the hospital, giving special emphasis to procedures applying to infection control; and (10-14-88)

c. All mop heads shall be removable and changed daily; and (10-14-88)

d. Suitable equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition; and (10-14-88)

e. Selection of germicides shall be under the supervision of the infection committee; and (10-14-88)

f. Solutions, cleaning compounds, and hazardous substances shall be labeled properly and stored in safe places; and (10-14-88)

g. Dry dusting and sweeping are prohibited; and (10-14-88)

h. Surgeries, nurseries, delivery rooms, dietary, and laundry shall have separate housekeeping equipment; and (10-14-88)

i. There shall be evidence of orientation training for all new employees and continuing education for all employees. (10-14-88)

10. Laundry. Where laundry facilities are provided within the hospital, the following shall apply: (10-14-88)

a. There shall be space provided for the processing of laundry. Isolation linens shall be processed separately. All linens and garments used for newborn infants shall be processed separately from other hospital laundry; and (10-14-88)

b. Space separate from the laundry processing area shall be provided for the storing and mending of clean linen; and (10-14-88)

c. Handwashing facilities with hot and cold running water, soap, soap dispenser, disposable towels, and waste receptacles shall be provided for laundry personnel; and (10-14-88)

d. Carts, bags, hampers, or other devices for the transporting and handling of soiled laundry shall not be used to distribute clean linen; and (10-14-88)

e. All soiled laundry or clean linens shall be covered during transportation throughout the hospital; and (10-14-88)

f. Isolation linen shall be bagged and identified separately; and (10-14-88)

g. Provisions shall be made for mechanical ventilation in the laundry area. Special care shall be taken to prevent the recirculation of air from these areas through the heating and/or air conditioning system of the hospital; and (10-14-88)

h. Soiled linen carts shall be constructed of impervious material and cleaned after each use; and (10-14-88)

i. There shall be evidence of continuing education related to infection control. (10-14-88)

551. -- 599. (RESERVED)

600. NEW CONSTRUCTION AND NEW HOSPITAL STANDARDS.
The standards set forth in this section together with the standards set out in the Section 510 (entitled Fire and Life Safety Standards), shall apply to all new construction or new hospitals begun after the effective date of these rules (see Subsection 002.26). These standards are intended to specify the minimum essential facilities that shall be included in a hospital. (12-31-91)

01. Additions, Conversions, Remodelings, Etc. Additions to existing hospitals, conversions of existing buildings or portions thereof for use as a hospital, and portions of a hospital undergoing remodeling, alteration, addition or upgrading of a hospital or hospital building system that affects the structural integrity of the building, that changes functional operation, that affects fire safety or that adds beds, departments or services over those for which the hospital is currently licensed (herein simply "remodeling or remodels") shall be required to meet these standards. (10-14-88)

02. General Requirements of Constructions. General requirements for construction of a hospital are that: (10-14-88)

a. All new construction or new hospitals (see Subsection 002.26) shall comply with any and all state and local building, fire, electrical, plumbing, zoning, heating, or other applicable codes adopted by the jurisdiction in which the hospital is located and that are in effect when construction is begun. Where a conflict in code requirements occurs, the most restrictive shall govern. (12-31-91)

b. Minimum construction standards shall be in accordance with the DHHS Publication No. (HRS-M-HF)84-1, "Construction and Equipment of Hospitals and Medical Facilities" as are applicable to a hospital and is incorporated herein by reference, available in the licensing agency of the Department. (10-14-88)

03. Plans, Specifications, and Inspections. Plans, specifications, and inspections of any new facility construction or any addition, conversion, or remodeling of an existing structure shall be governed by the following: (10-14-88)

a. Plans for new construction, additions, conversions, and/or remodels shall be prepared by or executed under the supervision of an architect or engineer licensed in the state of Idaho. This requirement can be waived by the Department in connection with minor alterations provided the alterations comply with all construction requirements. (10-14-88)

b. Prior to commencing work pertaining to construction of a new building, any addition or structural changes to existing facilities, or conversion of existing buildings to be used as a hospital, plans and specifications shall be submitted to, and approved by, the Department. (10-14-88)

c. Preliminary plans shall be submitted and shall include at least the following: (10-14-88)

i. The assignment of all spaces, size of areas and rooms, and indicate in out line the fixed equipment; and (10-14-88)

ii. Drawings of each floor including, but not limited to, the basement, approach or site plan, roads, parking areas, and sidewalks; and (10-14-88)

iii. The total floor area and number of beds; and (10-14-88)

iv. Outline specifications describing the general construction, including interior finishes, acoustical materials, and HVAC; and (10-14-88)

v. The plans shall be drawn to scale of sufficient size to clearly present the proposed design, but not less than a scale of one-eighth (1/8) inch to one (1) foot. (10-14-88)

d. Before commencement of construction, working drawings shall be developed in close cooperation and with approval of the Department and other appropriate agencies, and: (10-14-88)

i. The drawings and specifications shall be well prepared and of accurate dimensions and shall include all necessary explanatory notes, schedules, and legends. They shall be stamped with the architect's or engineer's seal; and (10-14-88)

ii. The drawings shall be complete and adequate for contract purposes. (10-14-88)

e. Prior to occupancy, the construction shall be inspected and approved by the Department. The Department shall be notified at least two (2) weeks prior to completion in order to schedule a final inspection. (10-14-88)

601. -- 999. (RESERVED)

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