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For more information concerning the history of these regulations, please see the ***Table of Regulations***.

If you find any errors or omissions in this consolidation, please contact:

Legislative Counsel Office
Tel: (902) 368-4291
Email: legislation@gov.pe.ca

CHAPTER H-10

HOSPITALS ACT

HOSPITAL MANAGEMENT REGULATIONS

Made by the Lieutenant Governor in Council under the *Hospitals Act* R.S.P.E.I. 1988, Cap. H-10

INTERPRETATION

1. In this regulation — Definitions

(a) revoked by EC653/93; — abortion

(b) "active medical staff" means members of the medical staff who are appointed by the board to attend patients in the hospital; — active medical staff

(b.1) revoked by EC735/05; — Agency

(c) "attending dentist" means a member of the dental staff who attends a patient in hospital; — attending dentist

(d) "attending physician" means a medical practitioner who attends a patient in hospital; — attending physician

(e) "birth" means the complete expulsion or extraction from its mother of a foetus which did at any time after being completely expelled or extracted from the mother breathe or show any other sign of life, whether or not the umbilical cord was cut or the placenta attached; — birth

(e.1) revoked by EC735/05; — board

(e.2) "Chief of Staff" means the chief of the medical staff; — Chief of Staff

(f) "chronically ill person" means a person who, in the opinion of a medical practitioner, has reached the apparent limit of his recovery or has a chronic illness or other condition of a long-term nature and requires continued medical and skilled nursing care in a chronic unit or a hospital for chronically ill patients, but does not require care in a mental hospital or a tuberculosis sanatorium; — chronically ill person

(g) revoked by EC653/93; — commission

(h) "consultant medical staff" means members of the medical staff who are appointed by the board to act as consultants; — consultant medical staff

(i) revoked by EC735/05; — convalescent person

custodial care

(j) revoked by EC735/05;

custodial person

(k) revoked by EC735/05;

dental staff

(l) "dental staff" means the dentist or dentists to whom the board has granted the privilege of attending patients in the hospital in cooperation with a member of the medical staff;

dentist

(m) "dentist" means a person holding a certificate of license under the *Dental Profession Act* R.S.P.E.I. 1988, Cap. D-6;

inspector

(n) revoked by EC735/05;

medical practitioner

(o) "medical practitioner" means a legally qualified medical practitioner;

medical staff

(p) "medical staff" means the medical practitioners to whom the board has granted the privilege of diagnosing, prescribing for and treating patients in the hospital;

neonatal death

(q) "neonatal death" means the death of a child before the end of the twenty-eighth day after birth;

photograph

(r) "photograph" means a reproduction made by any process that makes an exact copy of the original and includes any photographic plate, microphotographic film, photostatic negative, autopositive and any photographic print made therefrom;

president

(s) "president" means the president of the medical staff;

secretary

(t) "secretary" means the secretary of the medical staff;

still birth

(u) "still birth" means the complete expulsion or extraction from its mother after the twentieth week of pregnancy of a foetus that did not, at any time after being completely expelled or extracted from the mother, breathe or show any other sign of life;

surgeon

(v) "surgeon" means a member of the medical staff who performs a surgical operation on a patient;

vice-president

(w) "vice-president" means the vice-president of the medical staff;

registered nurse

(x) "registered nurse" means a person licensed to practice registered nursing;

allied health professionals

(y) "allied health professionals" means a registered nurse, public health nurse, speech therapist, audiologist, physical therapist occupational therapist, radio therapist, dietician, medical social worker, psychologist, chaplain, and participants in a hospital's educational programs. This term likewise applies to participants of the institutions' various educational programs. (EC574/76; 94/79; 214/92; 653/93; 735/05)

MANAGEMENT

Governance

2. (1) A provincial hospital shall be governed by the department and a community hospital shall be governed by the community hospital board.

Management

(2) A hospital shall be managed by the administrator. (EC653/93; 735/05)

Functions

3. Revoked by EC735/05. (EC653/93; 735/05)

Administrator, functions

4. Revoked by EC653/93.

Regional manager, functions

5. Revoked by EC735/05. (EC653/93; 735/05)

Bylaws

6. Revoked by EC735/05. (EC574/76; 653/93; 735/05)

Fiscal year

7. Revoked by EC653/93.

Annual meeting

8. Revoked by EC653/93.

Other meetings

9. Revoked by EC653/93.

Powers of inspector

10. Revoked by EC735/05. (EC574/76; 735/05)

Surveyor may examine books and records

11. An administrator of a hospital shall permit a surveyor authorized by the Canadian Council on Health Services Accreditation

(a) to examine and audit all hospital books, accounts and records; and

(b) to inspect or receive information from any book or record relating to patients,

at any time, for the purpose of carrying out an accreditation survey. (EC574/76; 735/05)

Returns to Agency

12. Revoked by EC735/05. (EC574/76; 735/05)

Application for approval of hospital

13. A person who seeks the approval of the Lieutenant Governor in Council for a hospital under section 4 of the Act shall send an application to the Minister and shall include with the application

(a) a copy of the architect's plan in triplicate, showing

(i) the proposed number and arrangement of beds and services, and

(ii) a block plan of the property and elevations of the buildings, and

(b) such other information as the Minister may require. (EC653/93; 735/05)

Alterations

14. When a hospital is to be altered by enlarging or remodelling, a description of the alteration with a copy of an architect's plan in triplicate showing

(a) the alteration; and
(b) the proposed number and arrangement of beds and services to be affected by the alteration,

shall be sent to the Minister and approved by the Lieutenant Governor in Council before work is commenced. (EC574/76; 735/05)

Isolation wards

15. (1) A hospital shall provide accommodation for the isolation of patients.

Idem

(2) The administrator shall cause to be isolated a patient who is or is suspected to be infected with a communicable disease named or declared under the *Public Health Act* R.S.P.E.I. 1988, Cap. P-30 or the regulations thereunder. (EC574/76; 653/93)

Nursing staff

16. (1) Subject to subsection (2), a hospital shall have on duty at all times sufficient nursing staff to give such nursing care to every patient in the hospital as is required for the patient's care and treatment.

Staff/patient ratio

(2) A hospital shall have on duty
(a) during the period from midnight until eight o'clock in the forenoon, at least one registered nurse for each fifty patients or fraction thereof; and
(b) during the period from eight o'clock in the forenoon until midnight, at least one registered nurse for each thirty-five patients or fraction thereof. (EC574/76)

Patient register

17. A hospital shall keep a register of patients, which shall never be destroyed, containing:
(a) a register number;
(b) the name of the patient;
(c) the sex of the patient;
(d) the age of the patient;
(e) the date of admission;
(f) the name of admitting physician;
(g) the kind of operation or delivery if any;
(h) the sex of the child delivered, if any; and
(i) the date of discharge or death,

for each patient admitted to the hospital. (EC574/76)

Admission

18. (1) When a patient is admitted to a hospital, the patient shall be issued a register number.

Idem

(2) For the purpose of subsection (1), a baby born alive in a hospital shall be deemed to be admitted at the time of birth. (EC574/76)

Register number

19. Revoked by EC735/05. (EC574/76; 735/05)

20. (1) A patient shall retain the same register number until his discharge from the hospital. *Idem*

(2) All records relating to the patient shall bear his register number. *Idem* (EC574/76)

MEDICAL SERVICES

21. A board shall fix a time and place for the first meeting of the medical staff, which shall be held within one month after the first patient is admitted to the hospital. (E574/76; 653/93) Medical staff, first meeting

22. (1) Subject to subsection (2), the medical staff shall hold monthly meetings of which one shall be the annual meeting. Other meetings

(2) Where the medical advisory committee submits a request in writing to the board, the board may authorize the medical staff *Idem*

(a) to omit the monthly meeting for the month of July;

(b) to omit the monthly meetings for the months of July or August; or

(c) subject to subsections (3), (4) and (5), to omit the monthly meetings.

(3) Where the medical staff of a general hospital is authorized to omit monthly meetings, *Idem*

(a) the medical staff shall hold at least four meetings in each fiscal year, of which one shall be the annual meeting;

(b) the medical advisory committee shall meet monthly to consider medical staff affairs, including reports of all committees of the medical staff;

(c) the medical advisory committee shall report its proceedings to the medical staff and to the board at least four times in each fiscal year; and

(d) the medical staff in each department of the hospital shall hold at least ten monthly departmental meetings in each fiscal year.

(4) Where the medical staff of a hospital for convalescent persons or a hospital for chronically ill persons is authorized to omit monthly meetings, *Idem*

(a) the medical staff shall hold at least two meetings in each fiscal year, of which one shall be the annual meeting;

(b) the medical advisory committee shall meet at least once in every three months to consider medical staff affairs, including reports of all committees of the medical staff; and

(c) the medical advisory committee shall report its proceeding to the board at least twice in each fiscal year. (EC574/76)

Election of officers

23. (1) At the first meeting held under section 21 and at each annual meeting the medical staff shall

(a) elect a president, vice-president and secretary from among themselves; and

(b) fix a time and place for

(i) the next annual meeting, and

(ii) the meetings of the medical staff to be held for the following year.

Tenure of office

(2) The president, vice-president and secretary shall hold office until the next annual meeting. (EC574/76)

Obstetrical care

24. (1) The medical advisory committee shall appoint annually a member of the medical staff as physician in charge of the obstetrical nursery.

Idem

(2) The administrator shall send to the Minister the name of the physician in charge of the obstetrical nursery, within one week after his appointment.

Idem

(3) The physician in charge of the nursery shall report to the Minister and to the administrator, within twenty-four hours after their appearance, any signs and symptoms that indicate that a baby in the nursery has a communicable disease or infection. (EC574/76; 735/04)

Minutes

25. The secretary shall take the minutes at all meetings of the medical staff. (EC74/76)

Deputies

26. If a member of the active medical staff is unable to perform his duties in the hospital, he shall notify the president or secretary of the medical staff who shall notify the administrator and arrange for another member of the active medical staff to perform the duties. (EC574/76)

Idem

27. When a member of the medical staff who is attending a patient is unable to perform his duties in the hospital, he shall arrange for another member to perform his duties and notify the administrator.

Idem

28. If the administrator believes that a member of the medical staff is unable to perform his duties in the hospital, the administrator shall notify the president or secretary of the medical staff, and thereupon the president or secretary, as the case may be, shall arrange for another member of the medical staff to perform the duties. (EC574/76)

Dangerous patients

29. Where a medical practitioner sends any person to a hospital for admission and the medical practitioner knows or suspects that that person is or may become for any reason dangerous to himself or to other patients, the medical practitioner shall notify the administrator of the danger. (EC574/76)

Admission of patients

30. (1) No person shall be admitted to a hospital except

(a) on the order of a medical practitioner who is a member of the medical staff of that hospital; and

(b) when the medical practitioner is of the opinion that it is medically necessary for the person to be admitted to the hospital as an in-patient.

Idem

(2) No person shall be admitted to a hospital for treatment by a dentist except

(a) when the dentist is of the opinion that it is necessary for the person to be admitted to the hospital as an in-patient; and

(b) on the joint order of the dentist and of a medical practitioner who are members of the staff of that hospital. (EC574/76)

Discharge

31. (1) A patient shall not be discharged from a hospital except on a discharge order written and signed by a member of the medical staff.

Idem

(2) When a patient is no longer in need of treatment in a hospital, the attending physician shall write and sign an order that the patient be discharged.

Idem

(3) A patient shall be deemed to be discharged when the attending physician, or another member of the medical staff to whom the attending physician has delegated the duty, writes and signs the discharge order under subsection (2) and communicates it to the patient.

Idem

(4) When the patient is discharged, he shall leave the hospital the same day but, with the approval of the administrator, the patient may, at his option, remain in the hospital for a further period not exceeding twenty-four hours.

Idem

(5) When a patient under the age of sixteen years is discharged the person liable for his maintenance shall remove him from the hospital on the day he is discharged but, at the request of the person so liable, the patient may, with the approval of the administrator, remain in the hospital for a further period not exceeding twenty-four hours. (EC574/76)

Next of kin to be notified

32. (1) When a person is admitted to a hospital, he shall give the name and address of a relative or friend to be notified under subsection (3).

Idem

(2) The attending physician shall notify the administrator when he believes that a relative or friend should be present at the hospital with the patient.

Idem

(3) The administrator shall so notify the relative or friend. (EC574/76)

Laboratory facilities

33. A hospital shall be equipped with such laboratory facilities and staff as are appropriate to its activities. (EC574/76; 290/80; 653/93)

Removal of tissue

34. (1) A surgeon shall not dispose of any tissues removed from a patient during an operation or curettage except as specified in subsection (3).

Pathology report

(2) Subject to subsection (3), the administrator shall ensure that all other tissues removed, together with adequate clinical data, are sent to a pathologist for examination and report.

Exception

(3) Where the tissue removed is an arm, finger, foot, hands, hemorrhoid, leg, prepuce, tonsil, toe or tooth, the tissue shall not be sent to a laboratory unless the surgeon desires an examination and report.

Report included in medical record

(4) A report, if any, of a pathologist shall be included in the medical record of the patient that is prescribed by section 37. (EC574/76)

Orders for treatment

35. (1) All orders for treatment shall be

(a) in writing and signed by the attending physician or attending dentist on a paper attached to the medical record of the patient or in a book designated for physicians' orders; and

(b) dated and signed by the attending physician or attending dentist or by a medical practitioner authorized by the attending physician or a dentist authorized by the attending dentist,

but an attending physician or a medical practitioner authorized by him, or an attending dentist or a dentist authorized by the attending dentist, may dictate by telephone orders for treatment to a person designated by the administrator to take such orders.

Idem

(2) The person to whom an order for treatment has been dictated shall transcribe and sign it and endorse thereon the name of the medical practitioner or dentist who dictated the order and the date and time of receiving the order.

Idem

(3) When a medical practitioner or dentist has dictated an order by telephone, he shall sign the order on his first visit to the hospital thereafter. (EC574/76)

Action subsequent to admission

36. (1) Within seventy-two hours after the admission of a patient, the medical practitioner shall

(a) write a medical history of the patient;

(b) make a physical examination of the patient and record his findings; and

(c) make and record a provisional diagnosis of the patient's condition.

Idem

(2) Within thirty-six hours after the admission of a patient for treatment by a dentist the attending dentist shall

(a) write a dental history relative to the cause of admission;

(b) make a dental and oral examination of the patient and record his findings:

(c) make and record a provisional diagnosis of the patient's dental condition; and

(d) write a proposed course of dental treatment for the patient.

Idem

(3) Where a patient is admitted for dental surgery, the provisions of subsections (1) and (2) shall be carried out before the dental operation is begun. (EC574/76; 735/05)

Medical record

37. The medical record compiled for each patient shall include

(a) identification;

(b) history of present illness;

(c) history of previous illnesses;

(d) family history;

(e) provisional diagnosis;

(f) orders for treatment;

(g) progress notes;

(h) reports, on

(i) condition on discharge,

(ii) consultations,

(iii) follow-up care,

(iv) laboratory examinations,

(v) medical, surgical and obstetrical treatment,

(vi) operations and anaesthesia,

(vii) physical examinations,

(viii) radiological examinations, and

(ix) *post mortem* examinations, if any;

(i) final diagnosis; and

(j) death certificate, if required. (EC574/76; 735/05)

Delivery to administrator

38. (1) A person who makes any part of a record prescribed by sections 36 and 37 shall deliver the part to the administrator.

Records to be completed

(2) The administrator is responsible for the safekeeping of all records relating to a patient.

Records to be completed

(3) After discharge or the death of a patient the doctor's summary of the medical record must be written or dictated within forty-eight hours and all records awaiting information and held in the record department shall be completed by the attending physician or his or her designate in accordance with the written provincial policy of the department.

Suspension

(4) The administrator may suspend the privileges of any member of the medical staff, or the dental staff whose records are not completed in accordance with this section until such time as all that member of the medical staff, or the dental staff's records have been completed. This action may be delayed in exceptional circumstances such as the member of the medical staff, or the dental staff's absence on vacation or because of illness. (EC574/76; 653/93; 735/05)

Certificate of death

39. When a patient dies, the attending physician shall complete the medical certificate of death that is required by subsection 16(3) of the *Vital Statistics Act* R.S.P.E.I. 1988, Cap. V-4.1 and deliver a copy to the administrator for the medical record of the patient. (EC574/76; 735/05)

Report of post mortem

40. When a medical practitioner performs a *post mortem* examination on the body of a patient, he shall make and sign a report of the examination and deliver it to the administrator immediately after the *post mortem*. (EC574/76)

Photographic records

41. (1) Where medical records are photographed in order to keep a permanent record thereof, such photographing shall be carried out in accordance with a practice established by the board after considering a recommendation from the medical advisory committee, for the photographing of medical records of in-patients and out-patients.

Retention

(2) Medical records that have been photographed pursuant to subsection (1) shall be retained for two years from the date of discharge or death of the patient and may be destroyed thereafter by the administrator.

Idem

(3) Photographs made pursuant to subsection (1) shall be retained for fifty years from the date when they were made and may be destroyed thereafter by the administrator. (EC574/76)

Destruction of records

42. When medical records or photographs thereof are destroyed, the administrator shall forthwith make a statutory declaration under oath stating the date and manner of the destruction, the fact that the destruction was carried out in accordance with a practice established by the board pursuant to section 41 and the names of the patients whose records or photographs of records were destroyed, and the administrator is responsible for the safekeeping of such declaration. (EC574/76)

Retention of non-photographic records

43. Medical records that have not been photographed in accordance with a practice established by the board pursuant to section 41 shall be retained by the hospital

(a) for twenty years following the date of the discharge of the patient or the date of the last visit of the out-patient, as shown on the medical records; or

(b) for five years following the death of the patient or out-patient,

and may be destroyed thereafter by the administrator. (EC574/76)

Minors

44. Notwithstanding sections 41 and 43, the period for retention of the medical records of a patient under eighteen years of age shall not commence until the eighteenth anniversary of his birth. (EC574/76)

Retention of other records

45. (1) Nurses' notes, charts showing temperature, blood pressure and respiration, sheets showing vital signs or fluid balance and other notes not made by a physician need not be photographed or retained as part of the medical record unless

(a) a court action has been commenced and the administrator has been served with notice that such notes, charts and sheets may be required;

(b) such notes, charts and sheets contain information which indicates that the patient has suffered some misadventure in the hospital; or

(c) the medical record that should have been made by a physician or physicians is incomplete or inadequate in the opinion of the administrator or of the records committee of the hospital.

Idem

(2) Notes, charts and sheets required to be retained under subsection (1) shall be considered part of the medical record.

Idem

(3) Notes, charts and sheets not required to be retained under subsection (1) are not part of the medical record but shall be retained for five years from the date of discharge or death of the patient and may be destroyed thereafter by the administrator. (EC574/76)

X-rays

46. (1) X-ray films are part of the medical record unless a report of the radiological examination is written by a physician and retained as part of the patient's medical record.

Idem

(2) An X-ray film that is not part of the medical record shall be retained after the date of discharge or death of the patient, or after the date of the last visit of the out-patient as shown on the medical record

(a) for five years, if the film was a film of the chest, other than a miniature film taken as a routine admission procedure;

(b) for five years, if the film was reported as showing some significant abnormality or if the administrator is served with a notice that a court action has been commenced and that the film might be required for use in the action; or

(c) for one year if the film, other than a chest film mentioned in clause (a), was reported as not showing any significant abnormality,

and may be destroyed thereafter by the administrator. (EC574/76)

Inspection of records

47. (1) Subject to subsections (2), (3), (4) and (5), a board shall not permit any person to remove, inspect or receive information from a medical record.

Idem

(2) Subsection (1) does not apply to

(a) a person with a process

(i) issued in Prince Edward Island out of a court of record or any other court, and

(ii) ordering the removing of, the inspecting of or the receiving of information from a medical record;

(b) an inspector or surveyor; or

(c) an authorized representative of government's Self-Insurance and Risk Management Fund.

Coroners

(3) Notwithstanding subsection (1), a coroner, or a legally qualified medical practitioner, magistrate or police officer so authorized in writing and directed by a coroner, may inspect and receive information from medical records and may reproduce and retain copies therefrom for the purposes of an inquest or to determine whether an inquest is necessary, where the coroner has

(a) issued his warrant to take possession of the body;

(b) issued his warrant for an inquest; or

(c) attended at the hospital to view the body and make an investigation in accordance with the *Coroners Act* R.S.P.E.I. 1988, Cap. C-25.

Council

(4) Notwithstanding subsection (1), a medical practitioner or medical practitioners appointed by the Council of the College of Physicians and Surgeons of Prince Edward Island, with the approval of the administrator, may inspect and receive information from medical records and may reproduce and retain copies therefrom for the purposes of the Council of the College of Physicians and Surgeons of Prince Edward Island.

Exception

(5) A board may permit

(a) the attending physician;

(b) the administrator of another hospital who makes a written request to the administrator;

(c) a person who presents a written request signed by

(i) the patient, or

(ii) where the record is of a former patient, deceased, his personal representative, or

(iii) the parent or guardian of an unmarried patient under eighteen years of age;

(d) a member of the medical staff but only for,

(i) teaching purposes, or

(ii) scientific research that has been approved by the medical advisory committee;

(d.1) a person designated by the Minister for purposes associated with a preliminary investigation or assessment under the *Adult Protection Act* R.S.P.E.I. 1988, Cap. A-5;

(e) a person with a written direction from the Deputy Minister of Veterans Affairs (Canada) or some person designated by him, where the patient is a member or ex-member of Her Majesty's military, naval or air force of Canada; or

(f) revoked by EC735/05,

to inspect or receive information from a medical record;

(g) allied health professionals who are members of the patient care team to review, receive information from and add information to the medical record. Such information shall not be used or disclosed to any person for any purpose other that that of the improvement of patient care.

Powers of Director of Child Welfare

(5.1) The Director of Child Welfare may, in respect to a child the circumstances of whose case are subject to an investigation *Child Protection Act* R.S.P.E.I. 1988, Cap. C-5.1 review, receive information from and add information to the medical record.

Research

(6) Revoked by EC735/05. (EC574/76; 94/79; 514/88; 97/92; 472/93; 653/93; 735/05)

Consent for surgical treatment

48. (1) No surgical treatment shall be performed on a patient unless a consent in writing for the surgical treatment is signed, in accordance with the *Consent to Treatment and Health Care Directives Act*, R.S.P.E.I. 1988, Cap.C-17.2 by

(a) the patient; or

(b) a substitute decision-maker pursuant to section 11 of that Act.

Surgical treatment without consent

(2) Notwithstanding subsection (1), and subject to subsection (3), surgical treatment may be performed without the consent required by subsection (1), where treatment without consent is permitted pursuant to section 16 or 17 of the *Consent to Treatment and Health Care Directives Act*.

Refusal of consent

(3) No surgical treatment shall be performed pursuant to subsection (2) where the patient has refused the surgical treatment, as evidenced by the most recent health care directive made by the patient in accordance with the *Consent to Treatment and Health Care Directives Act*. (EC357/00)

49. (1) Before any anaesthetic is administered to a patient, there shall be entered on the medical record of the patient

(a) a history of the present and any previous illnesses;

(b) the results of laboratory investigations essential to the proper assessment of the patient's physical condition, including in every case an examination of the patient's urine for the presence of sugar and albumen and of his blood for the haemoglobin content; and
(c) the findings on a physical examination.

Idem

(2) Before an anaesthetic is administered to a patient, the anaesthetist shall

(a) take a medical history and make a physical examination of the patient sufficient to enable him to evaluate the physical condition of the patient and to choose a suitable anaesthetic for the patient; and
(b) enter or cause to be entered on the anaesthetic record, and sign, a statement of data relevant to administering the anaesthetic from the patient's history, laboratory findings and physical examination.

Emergencies

(3) Where the anaesthetist and the surgeon believe that a delay in the operation caused by obtaining the record mentioned in subsection (1) would endanger the life or a limb or vital organ of the patient, such record may be made after the operation and the anaesthetist and the surgeon shall prepare and jointly sign a statement to this effect with a diagnosis of the patient's condition and deliver it to the administrator.

Subsequent treatments

(4) Subsections (1) and (2) apply to the administration of an anaesthetic to a patient undergoing electroconvulsive therapy treatment or a series of such treatments, but where the requirements of subsection (1) relating to patient history, physical examination, and hemoglobin and urinalysis tests are satisfied prior to the commencement of the first treatment, subsequent treatments within ninety days of the first treatment shall be deemed to be validly administered for the purpose of this section. (EC574/76; 698/82)

Examination prior to surgery

50. (1) Before a surgical operation is performed on a patient, the surgeon shall

(a) make a physical examination of the patient sufficient to enable the surgeon to make a diagnosis; and
(b) enter or cause to be entered on the medical record of the patient, and shall sign, a statement of his findings on the physical examination and his diagnosis.

Surgical report

(2) Where a surgeon performs a surgical operation in a hospital, the surgeon shall prepare, or cause to be prepared by a medical practitioner who has observed the entire operation, a written description of the operative procedure and findings and the diagnosis made at the operation.

(3) The surgical report prepared in accordance with subsection (2) of this section shall constitute part of the medical record. *Idem*

(4) The surgeon who performs an operation on a patient is responsible for directing the post-operative care of the patient. (EC574/76) Post-operative care

51. The anaesthetist shall prepare an anaesthetic record with respect to each patient that shows the Anaesthetic record

(a) medication given in contemplation of anaesthesia;

(b) anaesthetic agents used, methods of administration of such agents and the proportions or concentrations of all agents administered by inhalation;

(c) names and quantities of all drugs given by injection;

(d) duration of anaesthesia;

(e) quantities and type of all blood and the nature of any blood derivations and other fluids administered intravenously during the operation; and

(f) patient's condition before, during and after the operation. (EC574/76)

52. (1) Where a person takes blood from a person for a transfusion, the person taking the blood shall make a record showing Blood samples

(a) the name, address, blood-grouping and Rh-factor typing of the person from whom the blood is taken;

(b) the date of taking of the blood;

(c) the amount of blood taken; and

(d) the result of any Wasserman or Kahn test made on a sample of the blood taken for the transfusion.

(2) The person making the record shall deliver it to the administrator. (EC574/76) *Idem*

53. If the attending physician knows or suspects that a maternity patient is suffering from puerperal sepsis or any infection, the attending physician shall forthwith notify the administrator. (EC574/76) Infection

54. (1) A maternity patient who is suffering from or is suspected to be suffering from puerperal sepsis or any infection shall be isolated in a room separated from other patients. *Idem*

(2) The nurse who cares for maternity patients isolated under subsection (1) shall not attend

(a) a patient who is not infected; or

(b) a surgical patient. (EC574/76)

55. Revoked by EC653/93. Milk

HOSPITAL EMPLOYEES

Hospital employees

56. For the purpose of this regulation, "hospital employees" include
(a) graduate and student nurses;
(b) interns;
(c) graduate and student physiotherapists and occupational therapists;
(d) licensed nursing assistants, student nursing assistants;
(e) ward clerks;
(e.1) orderlies;
(f) laboratory technicians and student laboratory technicians;
(g) X-ray technicians and student X-ray technicians:
(h) dieticians, student dieticians and food handlers;
(i) social workers; and
(j) all other hospital employees. (EC574/76; 735/05)

Classification plan

56.1 Revoked by EC735/05. (EC480/82; 735/05)

Annual X-ray

57. Sections 57 to 59 revoked by EC735/05. (EC574/76; 290/80; 653/93; 735/05)

Employee health records

60. (1) The administrator shall keep a permanent record of all examinations and tests of every employee of the hospital and, if requested, shall send a copy of every record, including the X-ray films, to the Worker's Compensation Board or to the Chief Health Officer.

Idem

(2) The permanent record of all examinations and tests referred to in subsection (1) shall be kept by the administrator for three years after the employee has ceased to be employed in the hospital.

Inspection

(3) Any person authorized by the Minister or any officer of the Workers Compensation Board authorized by its chairman, may inspect the medical records of hospital employees at any time.

Cost of examinations

(4) The hospital is responsible for all examinations of the hospital employees and none of the expenses thereby incurred are payable by the employees. (EC574/76; 290/80; 653/93; 735/05)

Tuberculosis, patient

61. Sections 61 to 64 revoked by EC735/05. (EC574/76; 735/05)

Admission of chronically ill patient

65. Sections 65 and 66 revoked by EC735/05. (EC574/76; 735/05)

Fire alarms

67. Sections 67 to 72 revoked by EC735/05. (EC574/76; 735/05)

FORM 1

Revoked by EC735/05

FORM 1A

Revoked by EC735/05
(EC574/76; 735/05)