

## **Chapter 1. General Acute Care Hospitals**

### **Article 1. Definitions**

#### **§70001. Meaning of Words.**

Note • History

Words shall have their usual meaning unless the context or a definition clearly indicates a different meaning. Words used in the present tense include the future; words in the singular number include the plural number; words in the plural number include the singular number; and words in the masculine include the feminine. Shall means mandatory. May means permissive. Should means suggested or recommended.

#### **NOTE**

Authority cited for Division 5: Sections 208, 1255, 1266, 1402, 1426, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252, 1253, 1254, 1255, 1256, 1257, 1265, 1265.5, 1265.7, 1265.8, 1266, 1267, 1268, 1269, 1270, 1275, 1276, 1277, 1278, 1279, 1280, 1282, 1294, 1295, 1296, 1297, 1298, 1300, 1315, 1316, 1317, 1318, 1400, 1401, 1402, 1403, 1404, 1405, 1410, 1411, 1412, 1417.1, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1437, 1439, 1729, 1734, 38254, and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code.

#### **HISTORY**

1. New Division 5 (Chapters 1, 2, 3, 4 and 5 (Sections 70001-74515, not consecutive)) filed 6-13-75; effective thirtieth day thereafter (Register 75, No. 24).
  2. Change without regulatory effect of Division 5 heading filed 7-16-87; operative 7-16-87 (Register 87, No. 30).
- §70003. Hospital.

Hospital means a general acute care hospital.

#### **§70005. General Acute Care Hospital.**

Note • History

(a) General acute care hospital means a hospital, licensed by the Department, having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services.

(b) A general acute care hospital shall not include separate buildings which are used exclusively to house personnel or provide activities not related to hospital patients.

#### **NOTE**

Authority cited: Section 1250.1(a), Health and Safety Code. Reference: Section 1250(a), Health and Safety Code.

#### **HISTORY**

1. Change without regulatory effect pursuant to section 100(b)(3), Title 1, California Code of Regulations, repealing subsection (c), filed 4-2-90 (Register 90, No. 17).

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### §70006. Acute Psychiatric Care Bed Classification.

Note • History

Acute psychiatric care bed classification means beds designated for acute psychiatric, developmentally disabled or drug abuse patients receiving 24-hour medical care.

NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).
2. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
3. Certificate of Compliance as to filing of 10-5-76 filed 1-31-77 (Register 77, No. 6).
4. Certificate of Compliance as to filing of 11-12-76 filed 3-8-77 (Register 77, No. 11).

§70007. Alteration.

Alteration means any change in the construction or configuration other than maintenance in an existing building and which does not increase the floor or roof area or the volume of enclosed space.

§70009. Autoclaving.

Autoclaving means the process of sterilization by steam under pressure.

§70011. Basic Services.

Basic services means those essential services required by law for licensure as a hospital including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy and dietary services.

§70012. Certificate of Exemption.

Note • History

Certificate of Exemption means a document containing Department approval for the exemption of a specified project from Certificate of Need review.

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

§70012.1. Certificate of Need.

Note • History

Certificate of need means a document containing Department approval for a specified project.  
NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.  
HISTORY

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).  
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).  
§70013. Child.  
History

#### HISTORY

1. Repealer filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).  
2. New section filed 12-3-76 as an emergency; effective upon filing (Register 76, No. 49).  
3. Certificate of Compliance filed 3-8-77 as to filing of 11-12-76 (Register 77, No. 11).  
4. Reinstatement of section as it existed prior to emergency amendment filed 12-3-76, by operation of Section 11422.1(b), Government Code (Register 77, No. 22).  
§70015. Cleaning.

Cleaning means the process employed to free a surface from dirt or other extraneous material.  
§70016. Competency Validation for Patient Care Personnel Other Than Registered Nurses.  
Note • History

Competency validation for patient care personnel other than registered nurses is a determination based on an individual's satisfactory performance of each specific element of his/her job description, and of the specific requirements for the patient care unit in which he or she is employed.  
NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.  
HISTORY

1. New section filed 11-26-96; operative 12-26-96 (Register 96, No. 48).  
**§70016.1. Competency Validation for Registered Nurses.**  
Note • History

(a) Competency validation for registered nurses is a determination based on the satisfactory performance of:

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- (1) The statutorily recognized duties and responsibilities of the registered nurse, as set forth in Business and Professions Code Section 2725, et seq., and regulations promulgated thereunder; and
- (2) The standards required under Section 70213(c) which are specific to each patient care unit.

NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 2725, Business and Professions Code; and Section 1276, Health and Safety Code.

HISTORY

1. New section filed 11-26-96; operative 12-26-96 (Register 96, No. 48).
- §70017. Conservator.

Conservator means a person appointed by the court to take care of the person, the property, or both, of a conservatee under Section 5350, et seq., of the Welfare and Institutions Code, or under Section 1701, et seq., of the Probate Code.

§70018. Critical Burn.

(a) Critical burn means any one or more of the following types of burns:

- (1) Second degree burns exceeding 30 percent of the body surface.
- (2) Third degree burns of the face, hands, feet and/or genitals.
- (3) Third degree burns exceeding 10 percent of the body surface.
- (4) Burns complicated by respiratory tract injury, major soft tissue injury or fractures.
- (5) Electrical burns.
- (6) Any combination of second and third degree burns which in the aggregate poses a medical problem equivalent in seriousness to (1) through (5).

§70019. Defined.

Defined means defined in writing.

§70021. Department.

Note • History

Department means the State Department of Health Services.

NOTE

Authority cited: Sections 208, 1255, 1266, 1275, 1402 and 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252, 1253, 1254-1257, 1265, 1265.5, 1265.7-1265.8, 1266-1270, 1275-1280, 1282, 1294-1298, 1300, 1315-1318, 1400-1405, 1410-1412, 1417.1, 1418-1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

HISTORY

1. Amendment filed 6-30-78 as an emergency; designated effective at 11:59 p.m. on 6-30-78 (Register 78, No. 26).
2. Certificate of Compliance transmitted to OAH 10-27-78; filed 10-31-78 (Register 78, No. 44).
3. Editorial correction of Note (Register 97, No. 50).

§70023. Director.

Note • History

Director means the Director of the State Department of Health Services.

NOTE

Authority cited: Sections 208, 1255, 1266, 1275, 1402 and 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252-1257, 1265, 1265.5, 1265.7, 1265.8, 1266-1270, 1275-1280, 1282, 1294-1298, 1300, 1315-1318, 1400-1405, 1410-1412, 1417.1, 1418-1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
  2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).
  3. Amendment filed 6-30-78 as an emergency; designated effective at 11:59 p.m. on 6-30-78 (Register 78, No. 26).
  4. Certificate of Compliance transmitted to OAH 10-27-78; filed 10-31-78 (Register 78, No. 44).
- §70025. Disinfection.

Disinfection means the process employed to destroy harmful microorganisms, but ordinarily not viruses and bacterial spores.

§70027. Distinct Part.

Distinct part means an identifiable unit accommodating beds and related facilities including, but not limited to, contiguous rooms, a wing, floor or building that is approved by the Department for a specific purpose.

§70029. Drug Administration.

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed properly labeled container, including a unit dose container, verifying the dose with the prescriber's orders, giving the individual dose to the proper patient and promptly recording the time and dose given.

§70031. Drug Dispensing.

Drug dispensing means the act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, packaging, labeling and issuance of the drug or biological for a patient or for a service unit of the hospital.

§70033. Existing Hospital Building.

Existing hospital building means an extant structure intended for proper hospital use. This excludes physician offices contiguous with the hospital and independent of the hospital as far as ownership.

§70034. General Acute Care Bed Classification.

Note • History

(a) “General acute care bed classification” means beds designated for burn, coronary, intensive care, medical-surgical, pediatric, perinatal, rehabilitation, acute respiratory or tuberculosis patients receiving 24-hour medical care.

(b) Specialized care with respect to special hospitals shall be considered to be general acute care.

NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).

2. Certificate of Compliance filed 1-31-77 (Register 77, No. 6).

§70035. Governing Body.

Governing body means the person, persons, board of trustees, directors or other body in whom the final authority and responsibility is vested for conduct of the hospital.

§70037. Guardian.

Guardian means a person appointed by the court to take care of the person or the property, or both, of a ward under Section 1400 et seq., of the Probate Code.

§70037.1. Human Reproductive Sterilization.

Note • History

(a) Human reproductive sterilization means any medical treatment, procedure or operation, for the purpose of rendering an individual permanently incapable of reproducing.

(b) In this section and in Sections 70707.8 and 70736, “sterilization” means human reproductive sterilization.

NOTE

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Authority cited: Sections 208, 1275, 1276, Health and Safety Code. Reference: Sections 1250 et seq., Health and Safety Code.

### HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).
2. Amendment filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).

§70038. Intermediate Care Bed Classification.

Note • History

“Intermediate care bed classification” means beds designated for patients requiring skilled nursing and supportive care on less than a continuous basis.

### NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).
2. Certificate of Compliance filed 1-31-77 (Register 77, No. 6).

§70041. License.

License means the basic document issued by the Department permitting the operation of a hospital. This document constitutes the authority to receive patients and to perform the services included within the scope of these regulations and as specified on the hospital license.

§70042. License Category.

Note • History

(a) License category means any of the following categories:

- (1) General acute care hospital.
- (2) Acute psychiatric hospital.
- (3) Skilled nursing facility.
- (4) Intermediate care facility.

### NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

§70043. Licensee.

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Licensee means the person, persons, firm, business trust, partnership, association, corporation, political subdivision of the State or other governmental agency within the State to whom a license has been issued.  
§70045. Maintenance.

Maintenance means the upkeep of a building and equipment to preserve the original functional and operational state.

§70046. Modernization.

Note • History

### NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22).

§70047. New Construction.

(a) New construction means any of the following:

(1) New buildings.

(2) Additions to existing buildings.

(3) Conversions of existing buildings or portions thereof not currently licensed as a hospital.

§70048. New Special Service.

Note • History

(a) New special service means any special service identified in Section 70351 of this Chapter which is either offered or is intended to be offered and which was not approved by the Department prior to September 9, 1976. Approval of the Department is inferred if one of the following conditions exist:

(1) The special service in question has been evaluated by the Department subsequent to July 13, 1975 and prior to September 9, 1976 and was found to be in compliance with all regulations regarding the service.

(2) The special service in question was being provided prior to July 13, 1975, has been provided continuously since that date, and has not been inspected and evaluated by the Department for the quality of the service provided. Departmental approval in this case can be inferred only until such time as the service is evaluated by the Department.

### NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).



2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).  
§70049. Nursing Unit.

Nursing unit means a designated patient-care area of the hospital which is planned, organized, operated and maintained to function as a unit. It includes patient rooms with adequate support facilities, services and personnel providing nursing care and necessary management of patients.  
§70051. Outpatient Service.

An outpatient service means an organizational unit of the hospital which provides nonemergency health care services to patients.  
§70053. Patient.

(a) Patient means a person who is receiving diagnostic, therapeutic or preventive health services or who is under observation or treatment for illness or injury or care during and after pregnancy.  
(1) An inpatient means a person who has been formally admitted for observation, diagnosis or treatment and who is expected to remain overnight or longer.  
(2) An outpatient means a person who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours.  
(3) Ambulatory patient means a patient who is capable of demonstrating the mental competence and physical ability to leave a building under emergency conditions without assistance or supervision of any person.  
(4) Nonambulatory patient means a patient who is unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers or wheelchairs, profoundly or severely mentally retarded persons and shall include blind and totally deaf persons.  
§70053.1. Patient Care Personnel.  
Note • History

Patient care personnel means hospital personnel, licensed and unlicensed, who provide nursing care to patients, including any unlicensed personnel who assist with simple nursing procedures.  
NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.  
HISTORY

1. New section filed 11-26-96; operative 12-26-96 (Register 96, No. 48).  
§70053.2. Patient Classification System.  
Note • History

(a) Patient classification system means a method for establishing staffing requirements by unit, patient, and shift that includes:

- (1) A method to predict nursing care requirements of individual patients.
- (2) An established method by which the amount of nursing care needed for each category of patient is validated for each unit and for each shift.
- (3) An established method to discern trends and patterns of nursing care delivery by each unit, each shift, and each level of licensed and unlicensed staff.
- (4) A mechanism by which the accuracy of the nursing care validation method described in (a)(2) above can be tested. This method will address the amount of nursing care needed, by patient category and pattern of care delivery, on an annual basis, or more frequently, if warranted by the changes in patient populations, skill mix of the staff, or patient care delivery model.
- (5) A method to determine staff resource allocations based on nursing care requirements for each shift and each unit.
- (6) A method by which the hospital validates the reliability of the patient classification system for each unit and for each shift.

NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. New section filed 11-26-96; operative 12-26-96 (Register 96, No. 48).

§70054. Permanently Converted.

Note • History

Permanently converted means space which is not available for patient accommodation because the facility has converted the patient accommodation space to some other use and such space could not be reconverted to patient accommodation within 24 hours.

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).

2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

§70055. Personnel.

Note • History

(a) Unless otherwise specified in this chapter, the following definitions shall apply to health care personnel:

- (1) Accredited Record Technician. Accredited record technician means a person who is accredited by the American Medical Record Association.
- (2) Administrator. Administrator means the individual who is appointed by the governing body to act in its behalf in the overall management of the hospital.

- (3) Art Therapist. Art therapist means a person who has a masters degree in art therapy or in art with emphasis in art therapy, including an approved clinical internship from an accredited college or university; or a person who is registered or eligible for registration with the American Art Therapy Association.
- (4) Audiologist. Audiologist means a person who is licensed as an audiologist by the Board of Medical Examiners.
- (5) Biomedical Equipment Technician. Biomedical equipment technician means a person certified by the Association for the Advancement of Medical Instrumentation.
- (6) Cardiopulmonary Technologist. Cardiopulmonary technologist means a person who is registered by the National Society of Cardiopulmonary Technologists.
- (7) Cardiovascular Technologist. Cardiovascular technologist means a person who is registered by the National Society of Cardiopulmonary Technologists.
- (8) Clinical Laboratory Bioanalyst. Clinical laboratory bioanalyst means a person who is licensed as a clinical laboratory bioanalyst by the Department.
- (9) Clinical Laboratory Technologist. Clinical laboratory technologist means a person who is licensed as a clinical laboratory technologist by the Department.
- (10) Consultant. Consultant means a person who is professionally qualified to provide expert information on a particular subject.
- (11) Dance Therapist. Dance therapist means a person who is registered or eligible for registration as a dance therapist registered by the American Dance Therapy Association.
- (12) Dentist. Dentist means a person who is licensed as a dentist by the Board of Dental Examiners.
- (13) Dietitian. Dietitian means a person who is registered or eligible for registration as a registered dietitian by the American Dietetic Association.
- (14) Learning Disability Specialist. Learning disability specialist means a person who has a master's degree in learning disabilities from an accredited university.
- (15) Licensed Psychiatric Technician. Licensed psychiatric technician means a person who is licensed as a licensed psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners.
- (16) Licensed Vocational Nurse. Licensed vocational nurse means a person who is licensed as a licensed vocational nurse by the Board of Vocational Nurse and Psychiatric Technician Examiners.
- (17) Mental Health Worker. Mental health worker means an unlicensed person who through experience, in-service training or formal education is qualified to participate in the care of the psychiatric patient.
- (18) Music Therapist. Music therapist means a person who is registered or eligible for registration as a registered music therapist by the National Association for Music Therapy.
- (19) Nurse Anesthetist. Nurse anesthetist means a registered nurse who is certified as a nurse anesthetist by the American Association of Nurse Anesthetists.
- (20) Occupational Therapist. Occupational therapist means a person who is certified or eligible for certification as an occupational therapist registered by the American Occupational Therapy Association.
- (21) Occupational Therapy Assistant. Occupational therapy assistant means a person who is certified or eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association.
- (22) Orthotist and Prosthetist. Orthotist and prosthetist means a person who is certified or eligible for certification by the American Board of Orthotists and Prosthetists Certification, Washington, D.C.
- (23) Pharmacist. Pharmacist means a person who is licensed as a pharmacist by the Board of Pharmacy.
- (24) Physical Therapist. Physical therapist means a person licensed as a registered physical therapist by the Physical Therapy Examining Committee of the Board of Medical Examiners.
- (25) Physical Therapist Assistant. Physical therapist assistant means a person who is approved as a physical therapist assistant by the Physical Therapy Examining Committee of the Board of Medical Examiners.
- (26) Physician. Physician means a person licensed as a physician and surgeon by the Board of Medical Examiners or by the Board of Osteopathic Examiners.

- (27) Podiatrist. Podiatrist means a person who is licensed as a podiatrist by the Board of Medical Examiners.
- (28) Psychiatrist. Psychiatrist means a person who is licensed as a physician and surgeon by the Board of Medical Examiners or the Board of Osteopathic Examiners and who is certified or eligible for certification by the American Board of Psychiatry and Neurology or who has specialized training and/or experience in psychiatry.
- (29) Psychologist. Psychologist means a person who is licensed as a psychologist by the Board of Medical Examiners.
- (30) Pulmonary Technologist. Pulmonary technologist means a person who is registered by the National Society of Cardiopulmonary Technologists.
- (31) Radiologic Technologist. Radiologic technologist means a person other than a licentiate of the healing arts who has been issued a certificate by the Department to engage in diagnostic radiologic technology without limitations as to procedures or areas of application and under the supervision of a certified X-ray supervisor and operator.
- (32) Recreation Therapist. Recreation therapist means a person who is certified or eligible for certification as a registered recreator with specialization in therapeutic recreation by the California Board of Park and Recreation Personnel or the National Therapeutic Recreation Society.
- (33) Registered Nurse.
- (A) Registered nurse means a person licensed by the Board of Registered Nursing.
- (B) Nurse Midwife. Nurse midwife means a registered nurse certified under Article 2.5, Chapter 6 of the Business and Professions Code.
- (34) Registered Record Administrator. Registered record administrator means a person who is registered by the American Medical Record Association.
- (35) Respiratory Therapist. Respiratory therapist means a person who is registered or eligible for registration as a respiratory therapist by the American Association for Respiratory Therapy or the National Board for Respiratory Therapy.
- (36) Respiratory Therapy Technician. Respiratory therapy technician means a person who is certified or eligible for certification as a respiratory therapy technician by the American Association for Respiratory Therapy or the National Board for Respiratory Therapy.
- (37) Social Worker. Social worker means a person who is licensed as a clinical social worker by the Board of Behavioral Science Examiners.
- (38) Social Work Assistant. Social work assistant means a person with a baccalaureate in the social sciences or related fields and who receives supervision, consultation and in-service training from a social worker.
- (39) Social Work Aide. Social work aide means a staff person with orientation, on-the-job training and supervision from a social worker or a social work assistant.
- (40) Speech Pathologist. Speech pathologist means a person who is licensed as a speech pathologist by the Board of Medical Examiners.
- (41) Therapeutic Radiologic Technologist. Therapeutic radiologic technologist means a person other than a licentiate of the healing arts who has been issued a certificate by the Department to engage in therapeutic radiologic technology without limitation as to procedures or areas of application and under the supervision of a certified X-ray supervisor and operator.
- (42) Vocational Rehabilitation Counselor. Vocational rehabilitation counselor means a person who has a master's degree in rehabilitation counseling, or a master's degree in a related area plus training and skill in the vocational rehabilitation process or has a baccalaureate degree and has worked under the direct supervision of a person with the above qualifications.
- (43) X-ray Technician. X-ray technician means a person who has been issued a limited permit by the Department to engage in diagnostic or therapeutic radiologic technology in certain specific categories under the supervision of a certified X-ray supervisor and operator.

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(44) Physician's Assistant. Physician's assistant means a person certified as such by the Physician's Assistant Examining Committee of the California Board of Medical Quality Assurance.

### NOTE

Authority cited: Sections 1275 and 100275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

### HISTORY

1. Amendment of subsection (a)(33) and new subsection (a)(44) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).
  2. Change without regulatory effect amending subsection (a)(23) and Note filed 6-16-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 24).
- §70057. Principal Officer.

Principal officer means the officer designated by an organization who has legal authority and responsibility to act for and in behalf of that organization.

§70059. Restraint.

Restraint means controlling a patient's physical activity in order to protect the patient or others from injury by seclusion or mechanical devices.

§70059.1. Rural Area.

Note • History

For the purposes of Health and Safety Code, Section 1250.8(b)(4)(A), "rural area" means any area which is located more than 30 miles or 30 minutes driving distance from the city hall for any metropolitan area with a population of 150,000 or more.

### NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1250.8, Health and Safety Code.

### HISTORY

1. New section filed 11-16-95 as an emergency; operative 11-16-95 (Register 95, No. 46). A Certificate of Compliance must be transmitted to OAL by 3-15-96 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 11-16-95 order, including amendment of section and Note, transmitted to OAL 3-15-96 and filed 4-12-96 (Register 96, No. 15).

§70060. Skilled Nursing Care Bed Classification.

Note • History

"Skilled nursing care bed classification" means beds designated for patients requiring skilled nursing care on a continuous and extended basis.

NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).
  2. Certificate of Compliance filed 1-31-77 (Register 77, No. 6).
- §70061. Special Permit.

Special permit means the document issued by the Department which constitutes the authority to perform those supplemental services which are identified as special services in Section 70351.

§70062. Special Hospital.

Note • History

“Special hospital” means a hospital which provides special services in either rehabilitation, maternity, or dentistry, and which meets all of the requirements for a general acute care hospital, except that it is not required to provide surgical or anesthesia services.

NOTE

Authority cited: Sections 208 and 1250, Health and Safety Code. Reference: ACR 67, Chapter 83, Statutes of 1977.

HISTORY

1. New section filed 7-28-78; effective thirtieth day thereafter (Register 78, 30).
- §70063. Sterilization.

Sterilization means a process employed to destroy all living organisms.

§70065. Supervision.

(a) Supervision means to instruct an employee or subordinate in his duties and to oversee or direct his work, but does not necessarily require the immediate presence of the supervisor.

(b) Direct supervision means that the supervisor shall be present in the same building as the person being supervised and available for consultation and/or assistance.

(c) Immediate supervision means that the supervisor shall be physically present while a task is being performed.

Supplemental service means an organized inpatient or outpatient service which is not required to be provided by law or regulation.

§70067. Supplemental Service.

Supplemental service means an organized inpatient or outpatient service which is not required to be provided by law or regulation.

§70069. Unit Dose Medication System.

Unit dose medication system means a system in which single dosage units of drugs are prepackaged and prelabeled in accordance with all applicable laws and regulations governing these practices. The system shall also comprise, but not be limited to, all equipment and appropriate records necessary and used in making the dose available to the patient in an accurate and safe manner. A pharmacist shall be in charge of and responsible for the system.

## **Article 2. License**

§70101. Inspection of Hospitals.

(a) The Department shall inspect and license hospitals.

(b) Any officer, employee or agent of the Department may, upon presentation of proper identification, enter and inspect any building or premises at any reasonable time to secure compliance with, or to prevent a violation of, any provision of these regulations.

(c) All hospitals for which a license has been issued shall be inspected periodically by a representative or representatives appointed by the Department. Inspections shall be conducted as frequently as necessary, but not less than once every two years, to assure that quality care is being provided. During the inspection, the representative or representatives of the Department shall offer such advice and assistance to the hospital as is appropriate. For hospitals of 100 licensed bed capacity or more, the inspection team shall include at least a physician, registered nurse and persons experienced in hospital administration and sanitary inspections.

(d) The Department may provide consulting services upon request to any hospital to assist in the identification or correction of deficiencies or the upgrading of the quality of care provided by the hospital.

(e) The Department shall notify the hospital of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the Director may take action to revoke or suspend the license.

(f) Reports on the results of each inspection of a hospital shall be prepared by the inspector or inspection team and shall be kept on file in the Department along with the plan of correction and hospital comments. The inspection report may include a recommendation for reinspection. All inspection reports, lists of deficiencies and plans of correction shall be open to public inspection without regard to which body performs the inspection.

(g) The Department shall have the authority to contract for outside personnel to perform inspections of hospitals as the need arises. The Department, when feasible, shall contract with nonprofit, professional organizations which have demonstrated the ability to carry out the provisions of this section. Such organizations shall include, but not be limited to, the California Medical Association Committee on Medical Staff Surveys and participants in the Consolidated Hospital Survey Program.

§70103. License Required.

(a) No person, firm, partnership, association, corporation, political subdivision of the state or other governmental agency shall establish, operate or maintain a hospital, or hold out, represent, or advertise by any means that it operates a hospital, without first obtaining a license from the Department.

(b) The provisions of this article do not apply to any facility conducted by and for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination.

§70105. Application Required.

History

(a) A verified application shall be forwarded to the Department whenever any of the following circumstances occur:

- (1) Construction of a new or replacement facility or addition to an existing facility.
- (2) Increase or decrease of licensed bed capacity.
- (3) Added service or change from one service to another.
- (4) Change of ownership.
- (5) Change of name of hospital.
- (6) Change of license category.
- (7) Change of location of the hospital.
- (8) Change of bed classification.

HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).

2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

§70107. Content of Application.

History

(a) Any person, firm, partnership, association, corporation, political subdivision of the state, state agency or other governmental agency desiring to obtain a license shall file with the Department an application on forms furnished by the Department. The application shall contain the following information:

- (1) Name of applicant and, if an individual, verification that the applicant has attained the age of 18 years.
- (2) Type of facility to be operated and types of services for which approval is requested.
- (3) Location of the hospital.
- (4) Name of person in charge of the hospital.
- (5) If the applicant is an individual, satisfactory evidence that the applicant is of reputable and responsible character.
- (6) If applicant is a firm, association, organization, partnership, business trust, corporation or company, satisfactory evidence that the members or shareholders thereof and the person in charge of the hospital for which application for license is made are of reputable and responsible character.
- (7) If the applicant is a political subdivision of the State or other governmental agency, satisfactory evidence that the person in charge of the hospital for which application for license is made is of reputable and responsible character.
- (8) If the applicant is a partnership, the name and principal business address of each partner.
- (9) If the applicant is a corporation, the name and principal business address of each officer and director of the corporation; and for nonpublic corporations, the name and business address of each stockholder owning



10 percent or more of the stock and any corporate member who has responsibility in the operation of the hospital.

(10) Copy of the current organizational chart.

(11) Certificate of Need or a Certificate of Exemption from the Department if required by Chapter 1, Division 7 of this title.

(12) Such other information or documents as may be required by the Department for the proper administration and enforcement of the licensing law and requirements.

#### HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).

2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

3. Amendment of subsection (a)(11) filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22).  
§70109. Architectural Plans.

Applications submitted for proposed construction of new hospitals or additions to licensed hospitals shall include architectural plans and specifications. Information contained in such applications shall be on file in the Department and available to interested individuals and community agencies.

§70110. Fee.

Note • History

(a) Each application for a license shall be accompanied by the prescribed fee.

(b) The annual fee for license to operate a hospital, the term for which commences at any time during the calendar year 1975, when the application is filed upon change of ownership, change of location or renewal of a license shall be that specified in the following schedule:

Capacity Requested	Fee
1-49 inclusive	\$150.00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974.
50-99 inclusive	\$300.00 plus 0.0185 of 1 percent of the gross operating costs of the last fiscal year ending on or before December 31, 1974.
100 and over	\$425.00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974.

(c) The annual fee for a license to operate a hospital which is being license for the first time, the term for which commences at any time during the calendar year 1975, shall be that specified in the following schedule:

Capacity Requested	Fee
1-49 inclusive	\$200.00
50-99 inclusive	\$300.00

100 and over \$800.00

(d) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(e) An additional fee of \$25.00 shall be paid for processing any change of name. However, no additional fee shall be charged for any change of name, which is processed upon a renewal application or upon an application filed because of a change of ownership.

(f) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the number of months to be licensed divided by 12 months.

(g) Fees shall be waived for any facility conducted, maintained or operated by this state or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

NOTE

Authority cited: Sections 208 (a), 1266, Health and Safety Code. Reference: Section 1266, Health and Safety Code.

HISTORY

1. New section filed 1-30-80; effective thirtieth day thereafter (Register 80, No. 5).

§70111. Fee.

Note • History

(a) Each application for a license shall be accompanied by the prescribed fee. The license fee under this section shall be effective January 1, 1979.

(b) The fee for a license to operate a hospital which is being licensed for the first time, or upon a change of ownership or change of location shall be that specified in the following schedule:

Capacity Requested Fee

1-49 inclusive \$293.00

50-99 inclusive \$439.00

100 and over \$1,172.00

(c) The fee for a license to operate a hospital upon a renewal of a license during the year 1979 shall be that specified in the following schedule:

Capacity Requested

Fee

1-49 inclusive \$200.00 plus 0.01232 of 1 percent of gross operating costs for the last complete fiscal year of the hospital.

50-99 inclusive \$399.00 plus 0.01232 of 1 percent of the gross operating costs of the last complete fiscal year of the hospital

100 and over \$567.00 plus 0.01232 of 1 percent of the gross operating costs for the last complete fiscal year of the hospital

(d) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(e) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the total number of months to be licensed divided by 12 months.

(f) Fees shall be waived for any facility conducted, maintained or operated by this state or any state department, authority, bureau, commission or officer, or by the Regents of the University of California, or by a local hospital district, city or county.

NOTE

Authority cited: Sections 1275, and 1729 Health and Safety Code. Reference: Sections 1266, and 1729, Health and Safety Code.

HISTORY

1. Amendment of subsections (a), (b), and (c) filed 10-8-76; effective thirtieth day thereafter (Register 76, No. 41).

2. Amendment of subsections (a), (b) and (c) filed 1-4-77; effective thirtieth day thereafter (Register 77, No. 2).

3. Amendment of subsections (a), (b), (c), (e), and (f) filed 11-8-78; effective thirtieth day thereafter (Register 78, No. 45).

4. Amendment of subsections (a), (b), and (c), and repealer of subsection (g) filed 5-2-79; effective thirtieth day thereafter (Register 79, No. 18).

§70113. Health Planning Agency Review.

History

HISTORY

1. Repealer filed 12-3-76 as an emergency; effective upon filing (Register 76, No. 49).

2. Reinstatement of section as it existed prior to emergency repealer filed 12-3-76 as to filing of 6-13-75 by operation of Section 11422.1(b), Government Code (Register 77, No. 22).

3. Repealer filed 3-31-78; effective thirtieth day thereafter (Register 78, No. 13).

§70113. Projects Requiring a Certificate of Need.

Note • History

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference Chapter 854, Statutes of 1976.

HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

§70113.1. Projects Eligible for a Certificate of Exemption.

Note • History

NOTE

## Title 22 Chapter 5 Acute Care Hospitals Section 70001

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

§70113.2. Projects Not Subject to Review by a Voluntary Area Health Planning Agency.

Note • History

### NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

§70113.3. Projects Previously Decided by a Voluntary Area Health Planning Agency.

Note • History

### NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

§70113.4. Exemption Requests for Remodeling and Replacement Projects.

Note • History

### NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

### HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

§70114. Bed Classification.

Note • History

(a) Each hospital shall notify the Department on forms supplied by the Department of bed classifications as defined in Sections 70006, 70034, 70038 and 70060 within 30 days of the effective date of this section. For hospitals not reporting within the 30-day period, the Department will classify the beds based on the latest information in the Department files.

(b) After the above notification has been received by the Department or the Department has classified the beds, no further reclassification of beds shall take place until on or after January 1, 1977.

NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).

2. Certificate of Compliance filed 1-31-77 (Register 77, No. 6).

§70115. Safety, Zoning and Building Clearance.

(a) Architectural plans shall not be approved and a license shall not be originally issued to any hospital which does not conform to: the regulations in this chapter; state requirements on seismic safety, fire and life safety and environmental impact; and local fire safety, zoning and building ordinances. Evidence of such compliance shall be presented in writing to the Department.

(b) It shall be the responsibility of the licensee to maintain the hospital in a safe structural condition. If the Department determines that an evaluation of the structural condition of a hospital building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which are found to be hazardous to occupants.

§70117. Issuance, Expiration and Renewal.

History

(a) Upon verification of compliance with the licensing requirements, the Department shall issue the applicant a license.

(b) If the applicant is not in compliance with the laws or regulations, the Department shall deny the applicant a license and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) Each initial license shall expire at midnight, one year from the date of issue. A renewal license:

(1) May be issued for a period not to exceed two years if the holder of the license has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding license period.

(2) Shall reflect the number of beds that meet construction and operational requirements and shall not include beds formerly located in patient accommodation space which has been permanently converted.

(3) Shall not be issued if the hospital is liable for and has not paid the special fees required by Section 90417, Chapter 1, Division 7, of this Title.

(d) The Department shall mail an application form for renewal of license to the licensee at least 45 days prior to expiration of a license. Application for renewal, accompanied by the necessary fees, shall be filed

with the Department annually and not less than ten days prior to the expiration date. Failure to make a timely renewal application shall result in expiration of the license.

## HISTORY

1. Amendment of subsection (c) filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
  2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).
- §70119. Provisional Licensing of Distinct Parts.

(a) The initial license, issued by the Department to an applicant when the hospital includes a distinct part which will function as a skilled nursing or intermediate care service, shall include a separate provisional authorization for the distinct part. The provisional authorization for the distinct part service shall terminate six months from the date of issuance. The Department shall give the distinct part, and supporting elements of the hospital, a full and complete inspection within 30 days prior to termination of the provisional authorization. A regular authorization will be included in the license if the hospital and distinct part meet all applicable requirements for licensure. If the hospital does not meet the requirements for licensure but has made substantial progress toward meeting such requirements, as determined by the Department, the initial provisional license shall be renewed for six months. If the Department determines that there has not been substantial progress toward meeting licensure requirements at the time of the first full inspection provided by this section, or if the Department determines upon its inspection made within 30 days of the termination of a renewed provisional license that there is lack of full compliance with such requirements, no further license shall be issued.

(b) An applicant who has been denied provisional licensing may contest such denial by filing a statement of issues, as provided in Section 11504 of the Government Code: The proceedings to review such denial shall be conducted pursuant to the provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2, of the Government Code.

§70121. Separate Licenses.

Separate licenses shall be required for hospitals which are maintained on separate premises even though they are under the same management. This does not apply to outpatient departments or clinics of hospitals designated as such which are maintained and operated on separate premises. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.

§70123. Posting.

The license, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.

§70125. Transferability.

Licenses are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for license shall be submitted by the prospective new owner.

§70127. Report of Changes.

(a) The licensee shall notify the Department in writing any time a change of stockholder owning ten percent or more of the non-public corporate stock occurs. Such notice shall include the name and principal mailing address of the new stockholder.

(b) Each licensee shall notify the Department in writing within ten days prior to any change of the mailing address of the licensee. Such notice shall include the new mailing address of the licensee.

(c) Any change in the principal officer shall be reported in writing within ten days by the licensee to the Department. Such notice shall include the name and principal business address of such officer.

§70129. Program Flexibility.

History

(a) All hospitals shall maintain continuous compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Hospitals which by reason of remoteness are unable to comply with provisions of the regulations for basic services and perinatal or pediatric services, shall submit a written request to the Department for exception. In reviewing such request, special attention may be required regarding qualifications of medical staff and personnel.

(c) Special exceptions may be granted under this section for hospitals required to provide services and accommodations for persons who may have dangerous propensities necessitating special precautions, personnel with special qualifications, locked accommodations, special protection for windows, type and location of lighting and plumbing fixtures, signal systems, control switches, beds and other furnishings. This applies to psychiatric units and detention facilities where added protection is necessary for patients, staff members and members of the public.

(d) Any approval of the Department granted under this section or a true copy thereof, shall be posted immediately adjacent to the facility's license that is required to be posted by Section 70123.

HISTORY

1. Editorial correction of subsection (b) (Register 95, No. 44).

§70131. Voluntary Suspension of License or Licensed Beds.

(a) Upon written request, a licensee may request that his license or licensed beds be put in suspense. The Department may approve the request for a period not to exceed 12 months.

(b) Any license or portion thereof which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees, during the period of temporary suspension.

(c) Any license suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension upon receipt of an application and evidence showing compliance with licensing operational requirements in effect at the time of reinstatement. If the license is not reinstated within the 12 month period, the license shall expire automatically and shall not be subject to reinstatement.

§70133. Voluntary Cancellation of License.

(a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the desired effective date of cancellation of the license.

(b) Any license voluntarily cancelled pursuant to this section may be reinstated by the Department within 12 months of the date of voluntary cancellation upon receipt of an application along with evidence showing compliance with operational and construction licensing requirements.

§70135. Revocation or Involuntary Suspension of License.

Note • History

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, of Title 2, Government Code, the Department may suspend or revoke any license issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds.

(1) Violation by the licensee of any of the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of the premises or services for which a license is issued.

(b) The license of any hospital against which special fees are required by Section 90417, Chapter 1, Division 7, of this Title shall be revoked, after notice of hearing, if it is determined by the Department that the fees required were not paid within the time prescribed.

(c) The Director may temporarily suspend any license prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

(2) Upon receipt of a notice of defense by the licensee, the Director shall set the matter for hearing within 15 days. The hearing shall be held as soon as possible but no later than 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the license of such organization or may suspend the license as to any individual person within such organization who is responsible for such violation.

(d) The withdrawal of an application for a license shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground, unless the Department consents in writing to such withdrawal.



(e) The suspension, expiration or forfeiture of a license issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the license upon any ground provided by law or to enter an order suspending or revoking a license or otherwise taking disciplinary action against the licensee on any such ground.

NOTE

Authority cited: Section 208(a), Health and Safety Code. Reference: Section 1296, Health and Safety Code.

HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
  2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).
  3. Amendment of subsection (c)(2) filed 7-25-79; effective thirtieth day thereafter (Register 79, No. 30).
- §70136. Conviction of Crime: Standards for Evaluating Rehabilitation.

Note • History

When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation:

- (1) The nature and the seriousness of the crime(s) under consideration.
- (2) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.
- (3) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (1) or (2).
- (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.
- (5) Any rehabilitation evidence submitted by the applicant.

NOTE

Authority cited: Sections 208(a), 1265.2 and 1275, Health and Safety Code. Reference: Sections 1265.1, 1265.2 and 1294, Health and Safety Code.

HISTORY

1. New section filed 9-13-84; effective thirtieth day thereafter (Register 84, No. 37).
- §70137. Bonds.

(a) Each licensee shall file or have on file with the Department a bond issued by a surety company admitted to do business in this State if the licensee is handling or will handle money in the amount of \$25 or more per patient or \$500 or more for all patients in any month.

(1) The amount of the bond shall be according to the following schedule:

Amount Handled Bond Required

\$750 or less \$1,000

\$751 to \$1,500 \$2,000

\$1,501 to \$2,500 \$3,000

(2) Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.

(b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of patients and the maximum amount of money to be handled for any patient and for all patients in any month.

(c) No licensee shall either handle money of a patient or handle amounts greater than those stated in the affidavit submitted by him without first notifying the Department and filing a new or revised bond if required.

**Article 3. Basic Services**

**§70201. Medical Service Definition.**

Medical service means those preventive, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff.

**§70203. Medical Service General Requirements.**

(a) A committee of the medical staff shall be assigned responsibility for:

(1) Recommending to the governing body the delineation of medical privileges.

(2) Developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(3) Developing and instituting, in conjunction with members of the medical staff and other hospital services, a continuing cardiopulmonary resuscitation training program.

(4) Determining what emergency equipment and supplies should be available in all areas of the hospital.

(b) The responsibility and accountability of the medical service to the medical staff and administration shall be defined.

(c) The following shall be available to all patients in the hospital:

(1) Electrocardiographic testing.

(2) Pulmonary function testing.

(3) Intermittent positive pressure breathing apparatus.

(4) Cardiac monitoring capability.

(5) Suction.

(d) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70205. Medical Service Staff.**

A physician shall have overall responsibility for the medical service. This physician shall be certified or eligible for certification in internal medicine by the American Board of Internal Medicine. If such an internist is not available, a physician, with training and experience in internal medicine, shall be responsible for the service.

**§70207. Medical Service Equipment and Supplies.**

There shall be adequate equipment and supplies maintained related to the nature of the needs and the services offered.

**§70209. Medical Service Space.**

There shall be adequate space maintained to meet the needs of the service.

**§70211. Nursing Service General Requirements.**

Note • History

(a) The nursing service shall be organized, staffed, equipped, and supplied, including furnishings and resource materials, to meet the needs of patients and the service.

(b) The nursing service shall be under the direction of an administrator of nursing services who shall be a registered nurse with the following qualifications:

(1) Master's degree in nursing or a related field with at least one year of experience in administration; or

(2) Baccalaureate degree in nursing or a related field with at least two years of experience in nursing administration; or

(3) At least four years of experience in nursing administration or supervision, with evidence of continuing education directly related to the job specifications.

(c) It shall be designated in writing by the hospital administrator that the administrator of nursing services has authority, responsibility and accountability for the nursing service within the facility.

(1) The internal structure and accountability of the nursing service, including identification of nursing service units and committees, shall be defined in writing.

(2) The relationship between the nursing service and administration, organized medical staff and other departments shall be defined in writing. Such definition of relationship shall be developed in cooperation with respective departments. Administrative, medical staff, and other hospital committees that address issues affecting nursing care shall include registered nurses, including those who provide direct patient care. Licensed vocational nurses may serve on those committees.

NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

2. Repealer and new section, and amendment of Note filed 11-26-96; operative 12-26-96 (Register 96, No. 48).

**§70213. Nursing Service Policies and Procedures.**

Note • History

(a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.

(1) Policies and procedures which involve the medical staff shall be reviewed and approved by the medical staff prior to implementation.

(2) Policies and procedures of other departments which contain requirements for the nursing service shall be reviewed and approved by the nursing service prior to implementation.

(3) The nursing service shall review and revise policies and procedures every three years, or more often if necessary.

(4) The hospital administration and the governing body shall review and approve all policies and procedures that relate to the nursing service every three years or more often, if necessary.

(b) Policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes: assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy.

(c) Policies and procedures which contain competency standards for staff performance in the delivery of patient care shall be established, implemented, and updated as needed for each nursing unit, including standards for the application of restraints. Standards shall include the elements of competency validation for patient care personnel other than registered nurses as set forth in Section 70016, and the elements of competency validation for registered nurses as set forth in Section 70016.1. At least annually, patient care personnel shall receive a written performance evaluation. The evaluation shall include, but is not limited to, measuring individual performance against established competency standards.

(d) Policies and procedures that require consistency and continuity in patient care, incorporating the nursing process and the medical treatment plan, shall be developed and implemented in cooperation with the medical staff.

(e) Policies and procedures shall be developed and implemented which establish mechanisms for rapid deployment of personnel when any labor intensive event occurs which prevents nursing staff from providing attention to all assigned patients, such as multiple admissions or discharges, or an emergency health crisis.

NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of section heading and section, and new Note filed 11-26-96; operative 12-26-96 (Register 96, No. 48).

#### **§70214. Nursing Staff Development.**

Note • History

(a) There shall be a written, organized in-service education program for all patient care personnel, including temporary staff as described in subsection 70217(m). The program shall include, but shall not be limited to, orientation and the process of competency validation as described in subsection 70213(c).

(1) All patient care personnel, including temporary staff as indicated in subsection 70217(m), shall receive and complete orientation to the hospital and their assigned patient care unit before receiving patient care assignments. Orientation to a specific unit may be modified in order to meet temporary staffing emergencies as described in subsection 70213(e).

(2) All patient care personnel, including temporary staff as described in subsection 70217(m), shall be subject to the process of competency validation for their assigned patient care unit or units. Prior to the completion of validation of the competency standards for a patient care unit, patient care assignments shall be subject to the following restrictions:

(A) Assignments shall include only those duties and responsibilities for which competency has been validated.

(B) A registered nurse who has demonstrated competency for the patient care unit shall be responsible for nursing care as described in subsections 70215(a) and 70217(h)(3), and shall be assigned as a resource nurse for those registered nurses and licensed vocational nurses who have not completed competency validation for that unit.

(C) Registered nurses shall not be assigned total responsibility for patient care, including the duties and responsibilities described in subsections 70215(a) and 70217(h)(3), until all the standards of competency for that unit have been validated.

(3) The duties and responsibilities of patient care personnel who may be temporarily re-directed from their assigned units are subject to the restrictions in (A), (B), and (C) of subsection (a)(2) above.

(4) Orientation and competency validation shall be documented in the employee's file and shall be retained for the duration of the individual's employment.

(5) A rural General Acute Care Hospital, as defined in Health and Safety Code Section 1250(a), may apply for program flexibility pursuant to Section 70129 of this Chapter, to meet the requirements of subsections 70214(a)(1) through (4) above, by alternate means.

(b) The staff education and training program shall be based on current standards of nursing practice, established standards of staff performance as specified in subsection 70213(c) above, individual staff needs and needs identified in the quality assurance process.

(c) The administrator of nursing services shall be responsible for seeing that all nursing staff receive mandated education as specified in subsection (a) of this Section.

(d) All staff development programs shall be documented by:

(1) A record of the title, length of course in hours, and objectives of the education program presented.

(2) Name, title, and qualifications of the instructor or the title and type of other educational media.

(3) A description of the content.

(4) A date, a record of the instructor, process, or media and a list of attendees.

(5) Written evaluation of course content by attendees.

NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Sections 1250(a) and 1276, Health and Safety Code.

HISTORY

1. New section filed 11-26-96; operative 12-26-96 (Register 96, No. 48).

## **§70215. Planning and Implementing Patient Care.**

Note • History

(a) A registered nurse shall directly provide:

(1) Ongoing patient assessments as defined in the Business and Professions Code, Section 2725(d). Such assessments shall be performed, and the findings documented in the patient's medical record, for each shift, and upon receipt of the patient when he/she is transferred to another patient care area.

(2) The planning, supervision, implementation, and evaluation of the nursing care provided to each patient. The implementation of nursing care may be delegated by the registered nurse responsible for the patient to other licensed nursing staff, or may be assigned to unlicensed staff, subject to any limitations of their licensure, certification, level of validated competency, and/or regulation.

(3) The assessment, planning, implementation, and evaluation of patient education, including ongoing discharge teaching of each patient. Any assignment of specific patient education tasks to patient care personnel shall be made by the registered nurse responsible for the patient.

(b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission.

(c) The nursing plan for the patient's care shall be discussed with and developed as a result of coordination with the patient, the patient's family, or other representatives, when appropriate, and staff of other disciplines involved in the care of the patient.

(d) Information related to the patient's initial assessment and reassessments, nursing diagnosis, plan, intervention, evaluation, and patient advocacy shall be permanently recorded in the patient's medical record.

NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: Section 2725(d), Business and Professions Code; and Section 1276, Health and Safety Code.

HISTORY

1. Repealer and new section, and new Note filed 11-26-96; operative 12-26-96 (Register 96, No. 48). §70217. Nursing Service Staff.

Note • History

(a) Hospitals shall provide staffing by licensed nurses, within the scope of their licensure in accordance with the following nurse-to-patient ratios. Licensed nurse means a registered nurse, licensed vocational nurse and, in psychiatric units only, a licensed psychiatric technician. Staffing for care not requiring a licensed nurse is not included within these ratios and shall be determined pursuant to the patient classification system.

No hospital shall assign a licensed nurse to a nursing unit or clinical area unless that hospital determines that the licensed nurse has demonstrated current competence in providing care in that area, and has also received orientation to that hospital's clinical area sufficient to provide competent care to patients in that area. The policies and procedures of the hospital shall contain the hospital's criteria for making this determination. Licensed nurse-to-patient ratios represent the maximum number of patients that shall be assigned to one licensed nurse at any one time. "Assigned" means the licensed nurse has responsibility for the provision of care to a particular patient within his/her scope of practice. There shall be no averaging of the number of patients and the total number of licensed nurses on the unit during any one shift nor over any period of time. Only licensed nurses providing direct patient care shall be included in the ratios.

Nurse Administrators, Nurse Supervisors, Nurse Managers, and Charge Nurses, and other licensed nurses shall be included in the calculation of the licensed nurse-to-patient ratio only when those licensed nurses are engaged in providing direct patient care. When a Nurse Administrator, Nurse Supervisor, Nurse Manager, Charge Nurse or other licensed nurse is engaged in activities other than direct patient care, that nurse shall not be included in the ratio. Nurse Administrators, Nurse Supervisors, Nurse Managers, and Charge Nurses who have demonstrated current competence to the hospital in providing care on a particular unit may relieve licensed nurses during breaks, meals, and other routine, expected absences from the unit.

Licensed nurses shall be included in the calculation of the nurse-to-patient ratio only when the licensed nurse has a patient care assignment, is present on the unit, and is not on a meal break or other statutorily-mandated work break.

Licensed vocational nurses may constitute up to 50 percent of the licensed nurses assigned to patient care on any unit, except where registered nurses are required pursuant to the patient classification system or this

section. Only registered nurses shall be assigned to Intensive Care Newborn Nursery Service Units, which specifically require one registered nurse to two or fewer infants. In the Emergency Department, only registered nurses shall be assigned to triage patients and only registered nurses shall be assigned to critical trauma patients.

Nothing in this section shall prohibit a licensed nurse from assisting with specific tasks within the scope of his or her practice for a patient assigned to another nurse. "Assist" means that licensed nurses may provide patient care beyond their patient assignments if the tasks performed are specific and time-limited.

(1) The licensed nurse-to-patient ratio in a critical care unit shall be 1:2 or fewer at all times. "Critical care unit" means a nursing unit of a general acute care hospital which provides one of the following services: an intensive care service, a burn center, a coronary care service, an acute respiratory service, or an intensive care newborn nursery service. In the intensive care newborn nursery service, the ratio shall be 1 registered nurse: 2 or fewer patients at all times.

(2) The surgical service operating room shall have at least one registered nurse assigned to the duties of the circulating nurse and a minimum of one additional person serving as scrub assistant for each patient-occupied operating room. The scrub assistant may be a licensed nurse, an operating room technician, or other person who has demonstrated current competence to the hospital as a scrub assistant, but shall not be a physician or other licensed health professional who is assisting in the performance of surgery.

(3) The licensed nurse-to-patient ratio in a labor and delivery suite of the perinatal service shall be 1:2 or fewer active labor patients at all times. When a licensed nurse is caring for antepartum patients who are not in active labor, the licensed nurse-to-patient ratio shall be 1:4 or fewer at all times.

(4) The licensed nurse-to-patient ratio in a postpartum area of the perinatal service shall be 1:4 mother-baby couplets or fewer at all times. In the event of multiple births, the total number of mothers plus infants assigned to a single licensed nurse shall never exceed eight. For postpartum areas in which the licensed nurse's assignment consists of mothers only, the licensed nurse-to-patient ratio shall be 1:6 or fewer at all times.

(5) The licensed nurse-to-patient ratio in a combined Labor/Delivery/Postpartum area of the perinatal service shall be 1:3 or fewer at all times the licensed nurse is caring for a patient combination of one woman in active labor and a postpartum mother and infant. The licensed nurse-to-patient ratio for nurses caring for women in active labor only, antepartum patients who are not in active labor only, postpartum women only, or mother-baby couplets only, shall be the same ratios as stated in subsections (3) and (4) above for those categories of patients.

(6) The licensed nurse-to-patient ratio in a pediatric service unit shall be 1:4 or fewer at all times.

(7) The licensed nurse-to-patient ratio in a postanesthesia recovery unit of the anesthesia service shall be 1:2 or fewer at all times, regardless of the type of anesthesia the patient received.

(8) In a hospital providing basic emergency medical services or comprehensive emergency medical services, the licensed nurse-to-patient ratio in an emergency department shall be 1:4 or fewer at all times that patients are receiving treatment. There shall be no fewer than two licensed nurses physically present in the emergency department when a patient is present.

At least one of the licensed nurses shall be a registered nurse assigned to triage patients. The registered nurse assigned to triage patients shall be immediately available at all times to triage patients when they arrive in the emergency department. When there are no patients needing triage, the registered nurse may assist by performing other nursing tasks. The registered nurse assigned to triage patients shall not be counted in the licensed nurse-to-patient ratio.

Hospitals designated by the Local Emergency Medical Services (LEMS) Agency as a "base hospital", as defined in section 1797.58 of the Health and Safety Code, shall have either a licensed physician or a registered nurse on duty to respond to the base radio 24 hours each day. When the duty of base radio responder is assigned to a registered nurse, that registered nurse may assist by performing other nursing tasks when not responding to radio calls, but shall be immediately available to respond to requests for

medical direction on the base radio. The registered nurse assigned as base radio responder shall not be counted in the licensed nurse-to-patient ratios.

When licensed nursing staff are attending critical care patients in the emergency department, the licensed nurse-to-patient ratio shall be 1:2 or fewer critical care patients at all times. A patient in the emergency department shall be considered a critical care patient when the patient meets the criteria for admission to a critical care service area within the hospital.

Only registered nurses shall be assigned to critical trauma patients in the emergency department, and a minimum registered nurse-to-critical trauma patient ratio of 1:1 shall be maintained at all times. A critical trauma patient is a patient who has injuries to an anatomic area that : (1) require life saving interventions, or (2) in conjunction with unstable vital signs, pose an immediate threat to life or limb.

(9) The licensed nurse-to-patient ratio in a step-down unit shall be 1:4 or fewer at all times. Commencing January 1, 2008, the licensed nurse-to-patient ratio in a step-down unit shall be 1:3 or fewer at all times. A “step down unit” is defined as a unit which is organized, operated, and maintained to provide for the monitoring and care of patients with moderate or potentially severe physiologic instability requiring technical support but not necessarily artificial life support. Step-down patients are those patients who require less care than intensive care, but more than that which is available from medical/surgical care. “Artificial life support” is defined as a system that uses medical technology to aid, support, or replace a vital function of the body that has been seriously damaged. “Technical support” is defined as specialized equipment and/or personnel providing for invasive monitoring, telemetry, or mechanical ventilation, for the immediate amelioration or remediation of severe pathology.

(10) The licensed nurse-to-patient ratio in a telemetry unit shall be 1:5 or fewer at all times. Commencing January 1, 2008, the licensed nurse-to-patient ratio in a telemetry unit shall be 1:4 or fewer at all times. “Telemetry unit” is defined as a unit organized, operated, and maintained to provide care for and continuous cardiac monitoring of patients in a stable condition, having or suspected of having a cardiac condition or a disease requiring the electronic monitoring, recording, retrieval, and display of cardiac electrical signals. “Telemetry unit” as defined in these regulations does not include fetal monitoring nor fetal surveillance.

(11) The licensed nurse-to-patient ratio in medical/surgical care units shall be 1:6 or fewer at all times. Commencing January 1, 2008, the licensed nurse-to-patient ratio in medical/surgical care units shall be 1:5 or fewer at all times. A medical/surgical unit is a unit with beds classified as medical/surgical in which patients, who require less care than that which is available in intensive care units, step-down units, or specialty care units receive 24 hour inpatient general medical services, post-surgical services, or both general medical and post-surgical services. These units may include mixed patient populations of diverse diagnoses and diverse age groups who require care appropriate to a medical/surgical unit.

(12) The licensed nurse-to-patient ratio in a specialty care unit shall be 1:5 or fewer at all times. Commencing January 1, 2008, the licensed nurse-to-patient ratio in a specialty care unit shall be 1:4 or fewer at all times. A specialty care unit is defined as a unit which is organized, operated, and maintained to provide care for a specific medical condition or a specific patient population. Services provided in these units are more specialized to meet the needs of patients with the specific condition or disease process than that which is required on medical/surgical units, and is not otherwise covered by subdivision (a).

(13) The licensed nurse-to-patient ratio in a psychiatric unit shall be 1:6 or fewer at all times. For purposes of psychiatric units only, “licensed nurses” also includes licensed psychiatric technicians in addition to licensed vocational nurses and registered nurses. Licensed vocational nurses, licensed psychiatric technicians, or a combination of both, shall not exceed 50 percent of the licensed nurses on the unit.

(14) Identifying a unit by a name or term other than those used in this subsection does not affect the requirement to staff at the ratios identified for the level or type of care described in this subsection.

(b) In addition to the requirements of subsection (a), the hospital shall implement a patient classification system as defined in Section 70053.2 above for determining nursing care needs of individual patients that reflects the assessment, made by a registered nurse as specified at subsection 70215(a)(1), of patient



requirements and provides for shift-by-shift staffing based on those requirements. The ratios specified in subsection (a) shall constitute the minimum number of registered nurses, licensed vocational nurses, and in the case of psychiatric units, licensed psychiatric technicians, who shall be assigned to direct patient care. Additional staff in excess of these prescribed ratios, including non-licensed staff, shall be assigned in accordance with the hospital's documented patient classification system for determining nursing care requirements, considering factors that include the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan, the ability for self-care, and the licensure of the personnel required for care. The system developed by the hospital shall include, but not be limited to, the following elements:

- (1) Individual patient care requirements.
  - (2) The patient care delivery system.
  - (3) Generally accepted standards of nursing practice, as well as elements reflective of the unique nature of the hospital's patient population.
- (c) A written staffing plan shall be developed by the administrator of nursing service or a designee, based on patient care needs determined by the patient classification system. The staffing plan shall be developed and implemented for each patient care unit and shall specify patient care requirements and the staffing levels for registered nurses and other licensed and unlicensed personnel. In no case shall the staffing level for licensed nurses fall below the requirements of subsection (a). The plan shall include the following:
- (1) Staffing requirements as determined by the patient classification system for each unit, documented on a day-to-day, shift-by-shift basis.
  - (2) The actual staff and staff mix provided, documented on a day-to-day, shift-by-shift basis.
  - (3) The variance between required and actual staffing patterns, documented on a day-to-day, shift-by-shift basis.
- (d) In addition to the documentation required in subsections (c)(1) through (3) above, the hospital shall keep a record of the actual registered nurse, licensed vocational nurse and licensed psychiatric technician assignments to individual patients by licensure category, documented on a day-to-day, shift-by-shift basis for all units except the emergency department. The hospital shall retain:
- (1) The staffing plan required in subsections (c)(1) through (3) for the time period between licensing surveys, which includes the Consolidated Accreditation and Licensing Survey process, and
  - (2) The record of the actual registered nurse, licensed vocational nurse and licensed psychiatric technician assignments by licensure category for a minimum of one year.
- (e) For emergency departments only, in addition to the documentation required in subsections (c)(1) through (3) above, hospitals shall document the licensed nurses on duty, and patient identifiers with the time of the patient's arrival and departure, on a day-to-day, shift-by-shift basis; however, actual specific licensed nurse assignments correlated to patient identifiers are not required to be documented.
- (f) The reliability of the patient classification system for validating staffing requirements shall be reviewed at least annually by a committee appointed by the nursing administrator to determine whether or not the system accurately measures patient care needs.
- (g) At least half of the members of the review committee shall be registered nurses who provide direct patient care.
- (h) If the review reveals that adjustments are necessary in the patient classification system in order to assure accuracy in measuring patient care needs, such adjustments must be implemented within thirty (30) days of that determination.
- (i) Hospitals shall develop and document a process by which all interested staff may provide input about the patient classification system, the system's required revisions, and the overall staffing plan.
- (j) The administrator of nursing services shall not be designated to serve as a charge nurse or to have direct patient care responsibility, except as described in subsection (a) above.
- (k) Registered nursing personnel shall:

- (1) Assist the administrator of nursing service so that supervision of nursing care occurs on a 24-hour basis.
- (2) Provide direct patient care.
- (3) Provide clinical supervision and coordination of the care given by licensed vocational nurses and unlicensed nursing personnel.
- (l) Each patient care unit shall have a registered nurse assigned, present and responsible for the patient care in the unit on each shift.
- (m) A rural General Acute Care Hospital as defined in Health and Safety Code Section 1250(a), may apply for and be granted program flexibility for the requirements of subsection 70217(i) and for the personnel requirements of subsection (j)(1) above.
- (n) Unlicensed personnel may be utilized as needed to assist with simple nursing procedures, subject to the requirements of competency validation. Hospital policies and procedures shall describe the responsibilities of unlicensed personnel and limit their duties to tasks that do not require licensure as a registered or vocational nurse.
- (o) Nursing personnel from temporary nursing agencies shall not be responsible for a patient care unit without having demonstrated clinical and supervisory competence as defined by the hospital's standards of staff performance pursuant to the requirements of subsection 70213(c) above.
- (p) Hospitals which utilize temporary nursing agencies shall have and adhere to a written procedure to orient and evaluate personnel from these sources. Such procedures shall require that personnel from temporary nursing agencies be evaluated as often, or more often, than staff employed directly by the hospital.
- (q) All registered and licensed vocational nurses utilized in the hospital shall have current licenses. A method to document current licensure shall be established.
- (r) The hospital shall plan for routine fluctuations in patient census. If a healthcare emergency causes a change in the number of patients on any unit, the hospital must demonstrate that prompt efforts were made to maintain required staffing levels. A healthcare emergency is defined for this purpose as an unpredictable or unavoidable occurrence at unscheduled or unpredictable intervals relating to healthcare delivery requiring immediate medical interventions and care.
- (s) For emergency departments only, if an unforeseeable increase in the number or acuity of patients in the emergency department occurs such that the patient activity in number or acuity exceeds the historically established trends for the emergency department and the emergency department reaches saturation, the hospital must demonstrate that prompt efforts were made to maintain required staffing levels. "Saturation" is defined for this purpose as an unforeseeable influx of patients who require immediate medical interventions and care and who, in their numbers or intensity of need for care, could not reasonably have been predicted by the hospital.

NOTE

Authority cited: Sections 1275, 1276.4 and 100275(a), Health and Safety Code. Reference: Sections 1250(a), 1276, 1276.4, 1797.58 and 1790.160, Health and Safety Code.

HISTORY

- 1. Repealer and new section, and new Note filed 11-26-96; operative 12-26-96 (Register 96, No. 48).
- 2. Amendment of section and Note filed 9-26-2003; operative 1-1-2004 (Register 2003, No. 39).
- 3. Amendment of subsections (a), (a)(11) and (d), new subsections (e) and (s), subsection relettering and amendment of newly designated subsection (r) filed 11-12-2004 as an emergency; operative 11-12-2004 (Register 2004, No. 46). A Certificate of Compliance must be transmitted to OAL by 3-14-2005 or emergency language will be repealed by operation of law on the following day.

§70219. Nursing Service Space.

Note • History

(a) Space and components for nurses' stations and utility rooms shall comply with the requirements set forth in California Code of Regulations, Title 24, Part 2, Section 420A.14, California Building Code, 1995.

(b) Office space shall be provided for the administrator of nursing services and for the other needs of the service.

NOTE

Authority cited: Sections 100275(a) and 1275, Health and Safety Code. Reference: CCR, Title 24, Section 420A.14, California Building Code; and Sections 1276, Health and Safety Code.

HISTORY

1. Repealer and new section, and new Note filed 11-26-96; operative 12-26-96 (Register 96, No. 48).  
§70221. Surgical Service Definition.

Surgical service means the performance of surgical procedures with the appropriate staff, space, equipment and supplies.

**§70223. Surgical Service General Requirements.**

History

(a) Hospitals shall maintain at least the number of operating rooms in ratio to licensed bed capacity as follows:

Licensed Bed Capacity    Number of Operating Rooms

Less than 25    One

25 to 99    Two

100 or more    Three

For each additional 100 beds or major fractions thereof, at least one additional operating room shall be maintained, unless approved to the contrary by the Department.

(1) Required operating rooms are in addition to special operating rooms, cystoscopy rooms and fracture rooms which are provided by the hospital.

(2) Beds in a distinct part skilled nursing service, intermediate care service or psychiatric unit shall be excluded from calculating the number of operating rooms required.

(b) A committee of the medical staff shall be assigned responsibility for:

(1) Recommending to the governing body the delineation of surgical privileges for individual members of the medical staff. A current list of such privileges shall be kept in the files of the operating room supervisor.

(2) Development, maintenance and implementation of written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(3) Determining what emergency equipment and supplies shall be available in the surgery suite.

(4) Determining which operative procedures require an assistant surgeon or assistants to the surgeon.

(c) The responsibility and the accountability of the surgical service to the medical staff and administration shall be defined.

(d) Prior to commencing surgery the person responsible for administering anesthesia, or the surgeon if a general anesthetic is not to be administered, shall verify the patient's identity, the site and side of the body to be operated on, and ascertain that a record of the following appears in the patient's medical record:

(1) An interval medical history and physical examination performed and recorded within the previous 24 hours.

(2) Appropriate screening tests, based on the needs of the patient, accomplished and recorded within 72 hours prior to surgery.

(3) An informed consent, in writing, for the contemplated surgical procedure.

(e) The requirements of (d), above, do not preclude rendering emergency medical or surgical care to a patient in dire circumstances.

(f) A register of operations shall be maintained including the following information for each surgical procedure performed:

(1) Name, age, sex and hospital admitting number of the patient.

(2) Date and time of the operation and the operating room number.

(3) Preoperative and postoperative diagnosis.

(4) Name of surgeon, assistants, anesthetists and scrub and circulating assistant.

(5) Surgical procedure performed and anesthetic agent used.

(6) Complications, if any, during the operation.

(g) All anatomical parts, tissues and foreign objects removed by operation shall be delivered to a pathologist designated by the hospital and a report of his findings shall be filed in the patient's medical record.

(h) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

(i) The requirements in this section do not apply to special hospitals unless the special hospital provides this service.

#### HISTORY

1. New subsection (i) filed 7-28-78; effective thirtieth day thereafter (Register 78, No. 30).

#### **§70225. Surgical Service Staff.**

Note • History

(a) A physician shall have overall responsibility for the surgical service. This physician shall be certified or eligible for certification in surgery by the American Board of Surgery. If such a surgeon is not available, a physician, with additional training and experience in surgery shall be responsible for the service.

(b) One or more surgical teams consisting of physicians, registered nurses and other personnel shall be available at all times.

(c) A registered nurse with training and experience in operating room techniques shall be responsible for the nursing care and nursing management of operating room service.

(d) There shall be sufficient nursing personnel so that one person is not serving as circulating assistant for more than one operating room.

(e) There shall be evidence of continuing education and training programs for the nursing staff.

#### NOTE

Authority cited: Sections 1275, 1276.4 and 100275(a), Health and Safety Code. Reference: Sections 1276 and 1276.4, Health and Safety Code.

#### HISTORY

1. Repealer of subsection (g) filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or subsection (g) will be reinstated as it existed prior to the emergency on 10-13-89.
  2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
  3. Repealer of subsection (g) refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
  4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).
  5. Repealer of subsection (d), subsection relettering and amendment of Note filed 9-26-2003; operative 1-1-2004 (Register 2003, No. 39).
- §70227. Surgical Service Equipment and Supplies.

(a) There shall be adequate and appropriate equipment and supplies maintained related to the nature of the needs and the services offered, including at least the following monitoring equipment and supplies:

- (1) Cardiac monitor, with a pulse rate meter, for each patient receiving a general anesthetic.
- (2) D. C. defibrillator.
- (3) Electrocardiographic machine.
- (4) Oxygen and respiratory rate alarms.
- (5) Appropriate supplies and drugs for emergency use.

**§70229. Surgical Service Space.**

(a) Hospitals shall maintain operating rooms as follows:

- (1) Operating rooms shall have a minimum floor dimension of 5.4 meters (18 feet) and shall contain not less than 30 square meters (324 square feet) of floor area.
- (2) Cast rooms, fracture rooms and cystoscopic rooms, if provided, shall have a minimum floor area of 17 square meters (180 square feet), no dimension of which shall be less than three (3) meters (11 feet) net.

**§70231. Anesthesia Service Definition.**

Anesthesia service means the provision of anesthesia of the type and in the manner required by the patient's condition with appropriate staff, space, equipment and supplies. A postanesthesia recovery unit is a specific area in a hospital, staffed and equipped to provide specialized care and supervision of patients during the immediate postanesthesia period.

**§70233. Anesthesia Service General Requirements.**

Note • History

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. The policies and procedures shall include provision for at least:
- (1) Preanesthesia evaluation of the patient by an individual qualified to administer anesthesia as a licensed practitioner in accordance with his or her scope of licensure. Persons providing preanesthesia evaluations

shall appropriately document pertinent information relative to the choice of anesthesia and the surgical or obstetrical procedure anticipated.

- (2) Review of the patient's condition immediately prior to induction of anesthesia.
- (3) Safety of the patient during the anesthetic period.
- (4) Recording of all events taking place during the induction of, maintenance of and emergence from anesthesia, including the amount and duration of all anesthetic agents, other drugs, intravenous fluids and blood or blood fractions.
- (5) Recording of postanesthetic visits that include at least one note describing the presence or absence of complications related to anesthesia.
- (b) The responsibility and the accountability of the anesthesia service to the medical staff and administration shall be defined.
- (c) Rules for the safe use of nonflammable and flammable anesthetic agents which conform with the rules of the State Fire Marshal and Section 70849 shall be adopted.
- (d) Periodically, an appropriate committee of the medical staff shall evaluate the service provided and make appropriate recommendations to the executive committee of the medical staff and administration.
- (e) The requirements in this section do not apply to special hospitals unless the special hospital provides this service.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code; and Section 2725, Business and Professions Code.

HISTORY

1. New subsection (e) filed 7-28-78; effective thirtieth day thereafter (Register 78, No. 30).
2. Amendment of subsection (a)(1) and adoption of Note filed 4-15-93; operative 5-17-93 (Register 93, No. 16).

**§70235. Anesthesia Service Staff.**

- (a) A physician shall have overall responsibility for the anesthesia service. His responsibility shall include at least the:
  - (1) Availability of equipment, drugs and parenteral fluids necessary for administering anesthesia and for related resuscitative efforts.
  - (2) Development of regulations concerning anesthetic safety.
  - (3) Operation of the postanesthesia service.
- (b) Anesthesia care shall be provided by physicians or dentists with anesthesia privileges, nurse anesthetists, or appropriately supervised trainees in an approved educational program.
- (c) Anesthesia staff shall be available or on call at all times.
- (d) A registered nurse with training and experience in postanesthesia nursing care shall be responsible for the nursing care and nursing management in the postanesthesia recovery unit.
- (e) There shall be sufficient licensed nurses assigned to meet the needs of the patients.
- (f) Nurses assistants, where provided, shall not be assigned patient care duties unless under the direct supervision of a licensed nurse.

**§70237. Anesthesia Service Equipment and Supplies.**

- (a) There shall be adequate and appropriate equipment for the delivery of anesthesia and postanesthesia recovery care.

- (1) The anesthetist shall check the readiness, availability, and cleanliness of all equipment used prior to the administration of the anesthetic agents.
- (2) At least the following equipment shall be provided in the postanesthesia recovery room:
  - (A) Cardiac monitor, with pulse rate meter, in the ratio of 1 monitor for each two (2) patients.
  - (B) D. C. defibrillator.
  - (C) Mechanical positive pressure breathing apparatus.
  - (D) Stripchart electrocardiographic recorder.
  - (E) Sphygmomanometer.
  - (F) Crash cart, or equivalent, with appropriate supplies and drugs for emergency use.

**§70239. Anesthesia Service Space.**

- (a) Postanesthesia recovery unit shall maintain the following spaces as required in Section T 17-314, Title 24, California Administrative Code:
  - (1) Floor area of at least 7.5 square meters (80 square feet) per bed exclusive of the spaces listed below in (2) through (6).
  - (2) Space for a nurses' control desk, charting space, locked medicine cabinet, refrigerator and handwashing lavatory not requiring direct contact of the hands for operation.
  - (3) A utility space including a rim-flush clinic sink and countertop work space at least one meter (3 feet) long. Clean and dirty areas shall be separated.
  - (4) Storage space for clean linen.
  - (5) Storage space for soiled linen.
  - (6) Storage space for supplies and equipment.
  - (7) Air Conditioning.
- (b) The postanesthesia recovery unit is classified as an electrically sensitive area and shall meet grounding requirements in Section 70853.
- (c) Beds in the postanesthesia recovery unit shall not be included in the licensed bed capacity of the hospital.

**§70241. Clinical Laboratory Service Definition.**

Clinical laboratory service means the performance of clinical laboratory tests with appropriate staff, space, equipment and supplies.

**§70243. Clinical Laboratory Service General Requirements.**

Note • History

- (a) Clinical laboratories shall be operated in conformance with the California Business and Professions Code, Division 2, Chapter 3 (Sections 1200 to 1322, inclusive) and the California Administrative Code, Title 17, Chapter 2, Subchapter 1, Group 2 (Sections 1030 to 1057, inclusive).
- (b) All hospitals shall maintain clinical laboratory services and equipment for routine laboratory work, such as urinalysis, complete blood counts, blood typing, cross matching and such other tests as are required by these regulations.
- (c) All hospitals shall maintain or make provision for clinical laboratory services for performance of tests in chemistry, microbiology, serology, hematology, pathology and such other tests as are required by these regulations.
- (d) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be

approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(e) The responsibility and the accountability of the clinical laboratory service to the medical staff and administration shall be defined.

(f) The director of the clinical laboratory shall assure that:

(1) Examinations are performed accurately and in a timely fashion.

(2) Procedures are established governing the provision of laboratory services for outpatients.

(3) Laboratory systems identify the patient, test requested, date and time the specimen was obtained, the time the request reached the laboratory, the time the laboratory completed the test and any special handling which was required.

(4) Procedures are established to ensure the satisfactory collection of specimens.

(5) A communications system to provide efficient information exchange between the laboratory and related areas of the hospital is established.

(6) A quality control system within the laboratory designed to ensure medical reliability of laboratory data is established. The results of control tests shall be readily available in the hospital.

(7) Reports of all laboratory examinations are made a part of the patient's medical record as soon as is practical.

(8) No laboratory procedures are performed except on the order of a person lawfully authorized to give such an order.

(g) Tissue specimens shall be examined by a physician who is certified or eligible for certification in anatomical and/or clinical pathology by the American Board of Pathology or possesses qualifications which are equivalent to those required for certification. Oral specimens may be examined by a dentist who is certified or eligible for certification as an oral pathologist by the American Board of Oral Pathology. A record of his findings shall become a part of the patient's medical record.

(1) A tissue file shall be maintained at the hospital or the principal office of the consulting pathologist.

(h) The use, storage and disposal of radioactive materials shall comply with the California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.

(i) Where the hospital depends on outside blood banks, there shall be a written agreement governing the procurement, transfer and availability of blood.

(j) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsection (f) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

#### **§70245. Clinical Laboratory Service Staff.**

Note • History

(a) A physician shall have overall responsibility for the clinical laboratory service. This physician shall be certified or eligible for certification in clinical pathology and/or pathologic anatomy by the American Board of Pathology. If such a pathologist is not available on a full-time or regular part-time weekly basis, a physician or a licensed clinical laboratory bioanalyst who is available on a full-time or regular part-time basis may administer the clinical laboratory. In this circumstance, a pathologist, qualified as above, shall provide consultation at suitable intervals to assure high quality service.



(b) There shall be a physician, clinical laboratory bioanalyst or clinical laboratory technologist on duty or on call at all times to assure the availability of emergency laboratory services.

(c) There shall be sufficient staff with adequate training and experience to meet the needs of the service being offered.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Repealer of subsection (d) filed 6-15-89 its an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or subsection (d) will be reinstated as it existed prior to the emergency on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Repealer of subsection (d) refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70247. Clinical Laboratory Service Equipment and Supplies.**

(a) There shall be sufficient equipment and supplies maintained to perform the laboratory services being offered.

(b) The hospital shall maintain blood storage facilities in conformance with the provisions of Section 1002(g), Article 10, Group 1, Subchapter 1, Chapter 2, Title 17, California Administrative Code. Such facilities shall be inspected at appropriately short intervals each day of the week to assure these requirements are being fulfilled.

**§70249. Clinical Laboratory Service Space.**

(a) Adequate laboratory space a determined by the Department shall be maintained.

(b) If tests on outpatients are to be performed, outpatient access to the laboratory shall not traverse a nursing unit.

**§70251. Radiological Service Definition.**

Radiological service means the use of X-ray, other external ionizing radiation, and/or thermography, and/or ultra sound in the detection, diagnosis and treatment of human illnesses and injuries with appropriate staff, space, equipment and supplies. Ultra sound although properly the province of physical medicine, may be considered part of the radiological service.

**§70253. Radiological Service General Requirements.**

(a) All hospitals shall maintain a diagnostic radiological service.

(b) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be

approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(c) The responsibility and the accountability of the radiological service to the medical staff and administration shall be defined.

(d) The use, storage and shielding of all radiation machines and radioactive materials shall comply with the California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.

(e) All persons operating or supervising the operation of X-ray machines shall comply with the requirements of the Radiologic Technology Regulations, Subchapter 4.5, Chapter 5, Title 17, California Administrative Code.

(f) Diagnostic radiological services may be performed on the order of a person lawfully authorized to give such an order.

(g) Reports of radiological service examinations shall be filed in the patient's medical record and maintained in the radiology unit.

(h) X-ray films or reproductions thereof, shall be retained for the same period of time as is required for other parts of the patient's medical record.

(i) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

#### **§70255. Radiological Service Staff.**

(a) A physician shall have overall responsibility for the radiological service. This physician shall be certified or eligible for certification by the American Board of Radiology. If such a radiologist is not available on a full-time or regular part-time basis, a physician, with training and experience in radiology, may administer the service. In this circumstance, a radiologist, qualified as above, shall provide consultation services at suitable intervals to assure high quality service.

(b) Sufficient certified radiologic technologists shall be employed to meet the needs of the service being offered.

(c) There shall be at least one person on duty or on call at all times capable of operating radiological equipment.

#### **§70257. Radiological Service Equipment and Supplies.**

(a) There shall be sufficient equipment and supplies maintained to adequately perform the radiological services that are offered in the hospital. As a minimum, the following equipment shall be available:

(1) At least one radiographic and fluoroscopic unit. On and after January 1, 1977, fluoroscopic units shall be equipped with image intensifiers.

(2) Film processing equipment.

(b) Proper resuscitative and monitoring equipment shall be immediately available.

#### **§70259. Radiological Service Space.**

(a) There shall be sufficient space maintained to adequately provide radiological services. This shall include but not be limited to the following:

(1) A separate X-ray room large enough to accommodate the necessary radiographic equipment and to allow easy maneuverability of stretchers and wheelchairs.

(2) Toilet facilities located adjacent to or in the immediate vicinity.

(3) Dressing room facilities for patients.

(4) Film processing area.

- (5) Sufficient storage space for all the necessary X-ray equipment, supplies and for exposed X-ray film and copies of reports.
- (6) Suitable area for viewing and reporting of radiographic examinations.
- (b) If X-ray examinations are to be performed on outpatients, outpatient access to the radiological spaces shall not traverse a nursing unit.

**§70261. Pharmaceutical Service Definition.**

Pharmaceutical service means the procuring, manufacturing, compounding, dispensing, distributing, storing and administering of drugs, biologicals and chemicals by appropriate staff which has adequate space, equipment and supplies. Pharmaceutical services also include the provision of drug information to other health professionals and patients.

**§70263. Pharmaceutical Service General Requirements.**

Note • History

- (a) All hospitals having a licensed bed capacity of 100 or more beds shall have a pharmacy on the premises licensed by the California Board of Pharmacy. Those hospitals having fewer than 100 licensed beds shall have a pharmacy license issued by the Board of Pharmacy pursuant to Section 4029 or 4056 of the Business and Professions Code.
- (b) The responsibility and the accountability of the pharmaceutical service to the medical staff and administration shall be defined.
- (c) A pharmacy and therapeutics committee, or a committee of equivalent composition, shall be established. The committee shall consist of at least one physician, one pharmacist, the director of nursing service or her representative and the administrator or his representative.
- (1) The committee shall develop written policies and procedures for establishment of safe and effective systems for procurement, storage, distribution, dispensing and use of drugs and chemicals. The pharmacist in consultation with other appropriate health professionals and administration shall be responsible for the development and implementations of procedures. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (2) The committee shall be responsible for the development and maintenance of a formulary of drugs for use throughout the hospital.
- (d) There shall be a system maintained whereby no person other than a pharmacist or an individual under the direct supervision of a pharmacist shall dispense medications for use beyond the immediate needs of the patients.
- (e) There shall be a system assuring the availability of prescribed medications 24 hours a day.
- (f) Supplies of drugs for use in medical emergencies only shall be immediately available at each nursing unit or service area as required.
- (1) Written policies and procedures establishing the contents of the supply procedures for use, restocking and sealing of the emergency drug supply shall be developed.
- (2) The emergency drug supply shall be stored in a clearly marked portable container which is sealed by the pharmacist in such a manner that a seal must be broken to gain access to the drugs. The contents of the container shall be listed on the outside cover and shall include the earliest expiration date of any drugs within.
- (3) The supply shall be inspected by a pharmacist at periodic intervals specified in written policies. Such inspections shall occur no less frequently than every 30 days. Records of such inspections shall be kept for at least three years.

(g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person lawfully authorized to prescribe or furnish. This shall not preclude the administration of aerosol drugs by respiratory therapists. The order shall include the name of the drug, the dosage and the frequency of administration, the route of administration, if other than oral, and the date, time and signature of the prescriber or furnisher. Orders for drugs should be written or transmitted by the prescriber or furnisher. Verbal orders for drugs shall be given only by a person lawfully authorized to prescribe or furnish and shall be recorded promptly in the patient's medical record, noting the name of the person giving the verbal order and the signature of the individual receiving the order. The prescriber or furnisher shall countersign the order within 48 hours.

(1) Verbal orders for administration of medications shall be received and recorded only by those health care professionals whose scope of licensure authorizes them to receive orders for medication.

(2) Medications and treatments shall be administered as ordered.

(h) Standing orders for drugs may be used for specified patents when authorized by a person licensed to prescribe. A copy of standing orders for a specific patient shall be dated, promptly signed by the prescriber and included in the patient's medical record. These standing orders shall:

(1) Specify the circumstances under which the drug is to be administered.

(2) Specify the types of medical conditions of patients for whom the standing orders are intended.

(3) Be initially approved by the pharmacy and therapeutics committee or its equivalent and be reviewed at least annually by that committee.

(4) Be specific as to the drug, dosage, route and frequency of administration.

(i) An individual prescriber may notify the hospital in writing of his own standing orders, the use of which is subject to prior approval and periodic review by the pharmacy and therapeutics committee or its equivalent.

(j) The hospital shall develop policies limiting the duration of drug therapy in the absence of the prescriber's specific indication of duration of drug therapy or under other circumstances recommended by the pharmacy and therapeutics committee or its equivalent and approved by the executive committee of the medical staff. The limitations shall be established for classes of drugs and/or individual drug entities.

(k) If drugs are supplied through a pharmacy, orders for drugs shall be transmitted to the pharmacy either by written prescription of the prescriber, by an order form which produces a direct copy of the order or by an electronically reproduced facsimile. When drugs are not supplied through a pharmacy, such information shall be made available to the hospital pharmacist.

(l) Medications shall not be left at the patient's bedside unless the prescriber so orders. Such bedside medications shall be kept in a cabinet, drawer or in possession of the patient. Drugs shall not be left at the bedside which are listed in Schedules II, III and IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 as amended. If the hospital permits bedside storage of medications, written policies and procedures shall be established for the dispensing, storage and records of use, of such medications.

(m) Medications brought by or with the patient to the hospital shall not be administered to the patient unless all of the following conditions are met:

(1) The drugs have been ordered by a person lawfully authorized to give such an order and the order entered in the patient's medical record.

(2) The medication containers are clearly and properly labeled.

(3) The contents of the containers have been examined and positively identified, after arrival at the hospital, by the patient's physician or the hospital pharmacist.

(n) The hospital shall establish a supply of medications which is accessible without entering either the pharmacy or drug storage room during hours when the pharmacist is not available. Access to the supply shall be limited to designated registered nurses. Records of drugs taken from the supply shall be maintained and the pharmacist shall be notified of such use. The records shall include the name and strength of the drug, the amount taken, the date and time, the name of the patient to whom the drug was administered and the signature of the registered nurse. The pharmacist shall be responsible for maintenance of the supply and

assuring that all drugs are properly labeled and stored. The drug supply shall contain that type and quantity of drugs necessary to meet the immediate needs of patients as determined by the pharmacy and therapeutics committee.

(o) Investigational drug use shall be in accordance with applicable state and federal laws and regulations and policies adopted by the hospital. Such drugs shall be used only under the direct supervision of the principal investigator, who shall be a member of the medical staff and be responsible for assuring that informed consent is secured from the patient. Basic information concerning the dosage form, route of administration, strength, actions, uses, side effects, adverse effects, interactions and symptoms of toxicity of investigational drugs shall be available at the nursing station where such drugs are being administered and in the pharmacy. The pharmacist shall be responsible for the proper labeling, storage and distribution of such drugs pursuant to the written order of the investigator.

(p) No drugs supplied by the hospital shall be taken from the hospital unless a prescription or medical record order has been written for the medication and the medication has been properly labeled and prepared by the pharmacist in accordance with state and federal laws, for use outside of the hospital.

(q) Labeling and storage of drugs shall be accomplished to meet the following requirements:

(1) Individual patient medications, except those that have been left at the patient's bedside, may be returned to the pharmacy for appropriate disposition.

(2) All drug labels must be legible and in compliance with state and federal requirements.

(3) Drugs shall be labeled only by persons legally authorized to prescribe or dispense or under the supervision of a pharmacist.

(4) Test agents, germicides, disinfectants and other household substances shall be stored separately from drugs.

(5) External use drugs in liquid, tablet, capsule or powder form shall be segregated from drugs for internal use.

(6) Drugs shall be stored at appropriate temperatures. Refrigerator temperature shall be between 2.2oC (36oF) and 7.7oC (46oF) and room temperature shall be between 15oC (59oF) and 30oC (86oF).

(7) Drugs shall be stored in an orderly manner in well-lighted cabinets, shelves, drawers or carts of sufficient size to prevent crowding.

(8) Drugs shall be accessible only to responsible personnel designated by the hospital, or to the patient as provided in 70263 (1) above.

(9) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

(10) Drugs maintained on the nursing unit shall be inspected at least monthly by a pharmacist. Any irregularities shall be reported to the director of nursing service and as required by hospital policy.

(11) Discontinued individual patient's drugs not supplied by the hospital may be sent home with the patient. Those which remain in the hospital after discharge that are not identified by lot number shall be destroyed in the following manner:

(A) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of two pharmacists or a pharmacist and a registered nurse employed by the hospital. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the patient's medical record or in a separate log. Such log shall be retained for at least three years.

(B) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of a pharmacist.

(r) The pharmacist shall develop and implement written quality control procedures for all drugs which are prepackaged or compounded in the hospital including intravenous solution additives. He shall develop and conduct an in-service training program for the professional staff to assure compliance therewith.

(s) The pharmacist shall be consulted on proper methods for repackaging and labeling of bulk cleaning agents, solvents, chemicals and poisons used throughout the hospital.

(t) Periodically, the pharmacy and therapeutics committee, or its equivalent, shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Sections 1275 and 100275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsection (m) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).
2. Amendment of subsection (g), new subsections (g)(1) and (g)(2), and amendment of Note filed 11-26-96; operative 12-26-96 (Register 96, No. 48).
3. Change without regulatory effect amending subsection (a) and Note filed 6-16-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 24).

**§70265. Pharmaceutical Service Staff.**

A pharmacist shall have overall responsibility for the pharmaceutical service. He shall be responsible for the procurement, storage and distribution of all drugs as well as the development, coordination, supervision and review of pharmaceutical services in the hospital. Hospitals with a limited permit shall employ a pharmacist on at least a consulting basis. Responsibilities shall be set forth in a job description or agreement between the pharmacist and the hospital. The pharmacist shall be responsible to the administrator and shall furnish him written reports and recommendations regarding the pharmaceutical services within the hospital. Such reports shall be provided no less often than quarterly.

**§70267. Pharmaceutical Service Equipment and Supplies.**

(a) There shall be adequate equipment and supplies for the provision of pharmaceutical services within the hospital.

(b) Reference materials containing monographs on all drugs in use in the hospital shall be available in each nursing unit. Such monographs must include information concerning generic and brand names, if applicable, available strengths and dosage forms and pharmacological data including indications, side effects, adverse effects and drug interactions.

**§70269. Pharmaceutical Service Space.**

(a) Adequate space shall be available at each nursing station for the storage of drugs and preparation of medication doses.

(b) All spaces and areas used for the storage of drugs shall be lockable and accessible to authorized personnel only.

**§70271. Dietetic Service Definition.**

Dietetic service means providing safe, satisfying and nutritionally adequate food for patients with appropriate staff, space, equipment and supplies.

**§70273. Dietetic Service General Requirements.**

Note • History

(a) The dietetic service shall provide food of the quality and quantity to meet the patient's needs in accordance with physicians' orders and, to the extent medically possible, to meet the Recommended Daily Dietary Allowances, 1974 Edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, 2107 Constitution Avenue, Washington, DC 20418, and the following:

- (1) Not less than three meals shall be served daily.
- (2) Not more than 14 hours shall elapse between the evening meal and breakfast of the following day.
- (3) Nourishment or between meal feedings shall be provided as required by the diet prescription and shall be offered to all patients unless counterordered by the physician.
- (4) Patient food preferences shall be respected as much as possible and substitutes shall be offered through use of a selective menu or substitutes from appropriate food groups.
- (5) When food is provided by an outside food service, all applicable requirements herein set forth shall be met. The hospital shall maintain adequate space, equipment and staple food supplies to provide patient food service in emergencies.

(b) Policies and procedures shall be developed and maintained in consultation with representatives of the medical staff, nursing staff and administration to govern the provision of dietetic services. Policies shall be approved by the medical staff, administration and governing body. Procedures shall be approved by the medical staff and administration.

(c) The responsibility and the accountability of the dietetic service to the medical staff and administration shall be defined.

(d) A current diet manual approved by the dietitian and the medical staff shall be used as the basis for diet orders and for planning modified diets. Copies of the diet manual shall be available at each nursing station and in the dietetic service area.

(e) Therapeutic diets shall be provided as prescribed by a person lawfully authorized to give such an order and shall be planned, prepared and served with supervision and/or consultation from the dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

(f) A current profile card shall be maintained for each patient indicating diet, likes, dislikes and other pertinent information concerning the patient's dietary needs.

(g) Menus.

(1) Menus for regular and routine modified diets shall be written at least one week in advance, dated and posted in the kitchen at least three days in advance.

(2) If any meal served varies from the planned menu, the change shall be noted in writing on the posted menu in the kitchen.

(3) Menus shall provide a variety of foods in adequate amounts at each meal.

(4) Menus should be planned with consideration for cultural and religious background and food habits of patients.

(5) A copy of the menu as served shall be kept on file for at least 30 days.

(6) Records of food purchased shall be kept available for one year.

(7) Standardized recipes, adjusted to appropriate yield, shall be maintained and used in food preparation.

(h) Food shall be prepared by methods which conserve nutritive value, flavor and appearance. Food shall be served attractively at appropriate temperatures and in a form to meet individual needs.

(i) Nutritional Care.

(1) Nutritional care shall be integrated in the patient care plan.

(2) Observations and information pertinent to dietetic treatment shall be recorded in patient's medical records by the dietitian.

(3) Pertinent dietary records shall be included in patient's transfer discharge record to ensure continuity of nutritional care.

(j) In-service training shall be provided for all dietetic service personnel and a record of subject areas covered, date and duration of each session and attendance lists shall be maintained.

(k) Food Storage.

(1) Food storage areas shall be clean at all times.

(2) Dry or staple items shall be stored at least 30 cm (12 inches) above the floor, in a ventilated room, not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.

(3) All readily perishable foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxication shall be maintained at temperatures of 7oC (45oF) or below, or at 60oC (140oF) or above, at all times, except during necessary periods of preparation and service. Frozen food shall be stored at -18oC (0oF) or below.

(4) There shall be a reliable thermometer in each refrigerator and in storerooms used for perishable food.

(5) Pesticides, other toxic substances and drugs shall not be stored in the kitchen area or in storerooms for food and/or food preparation equipment and utensils.

(6) Soaps, detergents, cleaning compounds or similar substances shall not be stored in food storerooms or food storage areas.

(l) Sanitation.

(1) All kitchens and kitchen areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects.

(2) All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corruptions, open seams, cracks and chipped areas.

(3) Plasticware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze shall be discarded.

(4) Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.

(5) Kitchen wastes that are not disposed of by mechanical means shall be kept in leakproof, nonabsorbent, tightly closed containers and shall be disposed of as frequently as necessary to prevent a nuisance or unsightliness.

(m) All utensils used for eating, drinking and in the preparation and serving of food and drink shall be cleaned and disinfected or discarded after each usage.

(1) Gross food particles shall be removed by scraping and prerinsing in running water.

(2) The utensils shall be thoroughly washed in hot water with a minimum temperature of 43oC (110oF), using soap or detergent, rinsed in hot water to remove soap or detergent and disinfected by one of the following methods or an equivalent method approved by the Department:

(A) Immersion for at least two minutes in clean water at 77oC (180oF).

(B) Immersion for at least 30 seconds in clean water at 82oC (180oF).

(C) Immersion in water containing bactericidal chemical as approved by the Department.

(3) After disinfection the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.

(4) Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above and all dishwashing machines shall meet the requirements contained in Standard No. 3 as amended in April 1965 of the National Sanitation Foundation, P.O. Box 1468, Ann Arbor, MI 48106.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY



1. Amendment of subsection (e) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

**§70275. Dietetic Service Staff.**

- (a) A registered dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus and participation in development or revision of dietetic policies and procedures and in planning and conducting in-service education programs.
- (b) If a registered dietitian is not employed full-time, a full-time person who has completed a dietetic supervisor's training program meeting the requirements of Essentials of an Acceptable Program of Dietetic Assistant Education, revised June, 1974, by the American Dietetic Association, 430 North Michigan Avenue, Chicago, IL 60611, shall be employed to be responsible for the operation of the food service. This program or its equivalent shall be required on and after July 1, 1977.
- (c) Sufficient dietetic service personnel shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the dietetic service areas. If dietetic service employees are assigned duties in other service areas, those duties shall not interfere with the sanitation, safety or time required for dietetic work assignments.
- (d) Current work schedules by job titles and weekly duty schedules shall be posted in the dietetic service area.
- (e) A record shall be maintained of the number of persons by job title employed full or part-time in dietetic services and the number of hours each works weekly.
- (f) Hygiene of Dietetic Service Staff.
  - (1) Dietetic service personnel shall be trained in basic food sanitation techniques, shall be clean, wear clean clothing, including a cap and/or a hair net and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.
  - (2) Employee's street clothing stored in the kitchen area shall be in a closed area.
  - (3) Kitchen sinks shall not be used for handwashing. Separate handwashing facilities with soap, running water and individual towels shall be provided.
  - (4) Persons other than dietetic personnel shall not be allowed in the kitchen area unless required to do so in the performance of their duties.

**§70277. Dietetic Service Equipment and Supplies.**

- (a) Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing shall be provided and maintained in good working order.
  - (1) The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excessive condensation.
  - (2) Equipment necessary for preparation and maintenance of menus, records and references shall be provided.
  - (3) Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation and shall be of sufficient size to handle the needs of the hospital.
- (b) Food Supplies.
  - (1) At least one week's supply of staple foods and at least two (2) days supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu.

- (2) All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food in unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents or swells shall not be accepted or retained.
- (3) Milk, milk products and products resembling milk shall be processed or manufactured in milk product plants meeting the requirements of Division 15 of the California Food and Agricultural Code.
- (4) Milk may be served in individual containers, the cap or seal of which shall not be removed except in the presence of the patient. Milk may be served from a dispensing device which has been approved for such use. Milk served from an approved device shall be dispensed directly into the glass or other container from which the patient drinks.
- (5) Catered foods and beverages from a source outside the hospital shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes as determined by the Department.
- (6) Foods held in refrigerated or other storage areas shall be appropriately covered. Food which was prepared and not served shall be stored appropriately, clearly labeled and dated.
- (7) Hermetically sealed foods or beverages served in the hospital shall have been processed in compliance with applicable federal, state and local codes.

**§70279. Dietetic Service Space.**

- (a) Adequate space for the preparation and serving of food shall be provided. Equipment shall be placed so as to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.
- (b) Well ventilated food storage areas of adequate size shall be provided.
- (c) A minimum of .057 cubic meters (two cubic feet) of usable refrigerated space per bed shall be maintained for the storage of frozen and chilled foods.
- (d) Adequate space shall be maintained to accommodate equipment, personnel and procedures necessary for proper cleaning and sanitizing of dishes and other utensils.
- (e) Where employee dining space is provided, a minimum of 1.4 square meters (15 square feet) of floor area per person served, including serving area, shall be maintained.
- (f) Office or other suitable space shall be provided for the dietitian or dietetic service supervisor for privacy in interviewing personnel, conducting other business related to dietetic service and for the preparation and maintenance of menus and other necessary reports and records.

**Article 4. Supplemental Service Approval**

**§70301. Supplemental Service Approval Required.**

- (a) Any licensee desiring to establish or conduct, or who holds out, represents or advertises by any means the provision of a supplemental service, shall obtain prior approval from the Department or a special permit if required by Section 70351.
- (b) The provisions of this Article shall apply only to any supplemental service for which a special permit is not required.
- (c) Any licensee who offers a supplemental service for which approval is now required under these regulations is authorized to continue furnishing such service without obtaining approval until the Department inspects and evaluates the quality of the service and determines whether such service meets the requirements for the service contained in these regulations. If the Department determines that the service meets such requirements, it shall notify the licensee in writing. If the Department determines that the service does not meet the requirements, it shall so notify the licensee of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by

repeat inspection, the hospital has failed to correct the deficiencies, the licensee shall cease and desist all holding out, advertising or otherwise representing that it furnishes such recognized service.

**§70303. Application.**

Any licensee desiring approval for a supplemental service shall file with the Department an application on forms furnished by the Department.

**§70305. Issuance, Expiration and Renewal.**

(a) The Department shall list on the hospital license each supplemental service for which approval is granted.

(b) If the applicant is not in compliance with the laws and regulations, the Department shall deny the applicant approval and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) Each supplemental service approval shall expire on the date of expiration of the hospital license. A renewal of the approval may be issued for a period not to exceed two years if the holder of the approval has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding approval period.

**§70307. Program Flexibility.**

(a) All hospitals shall maintain continuous compliance with the supplemental service requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Any approval granted by the Department pursuant to this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license required to be posted by Section 70123.

**§70309. Revocation or Involuntary Suspension of Approval.**

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500) Part I, Division 3, Government Code, the Department may suspend or revoke the approval of a supplemental service issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds:

(1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of the supplemental service regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of any supplemental service regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of a supplemental service.

(b) The Director may temporarily suspend any supplemental service approval prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

- (2) Upon receipt of a notice of contest by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.
- (3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.
- (4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.
- (5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the supplemental service regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the approval of such organization or may suspend the approval as to any individual person within such organization who is responsible for such violation.
- (c) The withdrawal of an application for approval shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the approval upon any group provided by law or to enter an order denying the approval upon any such ground, unless the Department consents in writing to such withdrawal.
- (d) The suspension, expiration or forfeiture of an approval issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking approval or otherwise taking disciplinary action against the licensee on any such ground.
- (e) A licensee whose approval has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.

## **Article 5. Special Permit**

### **§70351. Special Permit Required.**

#### History

- (a) Any licensee desiring to establish or conduct, or who holds out, represents or advertises by any means, the performance of a special service shall obtain a special permit from the Department.
- (b) The following supplemental services are also special services for which a special permit is required:
  - (1) Basic emergency medical service.
  - (2) Burn center.
  - (3) Cardiovascular surgery service.
  - (4) Chronic dialysis unit.
  - (5) Comprehensive emergency medical service.
  - (6) Intensive care newborn nursery service.
  - (7) Psychiatric unit.
  - (8) Radiation therapy service.
  - (9) Renal transplant center.

#### HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

#### §70353. Application.

Any licensee desiring to obtain a special permit shall file with the Department an application on forms furnished by the Department. Such other information or documents as may be required for the proper

administration and enforcement of the licensing law and requirements shall be submitted with the application.

**§70355. Renewal Application.**

The licensee shall submit renewal applications as required by the Department.

**§70357. Issuance, Expiration and Renewal.**

History

(a) Upon verification of compliance with the supplemental service requirements for any service which is a special service, the Department shall issue a special permit except that no special permit shall be issued for new special services for which there is no valid, subsisting, and unexpired Certificate of Need or Certificate of Exemption.

HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

**§70359. Posting.**

The special permit, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.

**§70361. Transferability.**

Special permits are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for special permit shall be submitted by the prospective new owner.

**§70363. Program Flexibility.**

(a) All hospitals shall maintain continuous compliance with the special permit requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Any approval granted by the Department pursuant to this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license required to be posted by Section 70123.

**§70365. Voluntary Suspension of Special Permit.**

(a) Upon written request and good cause, a licensee may request that a special permit be put in suspense. The Department may approve the request for a period not to exceed 12 months.

(b) Any special permit which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active special permit, including the payment of renewal fees, during the period of temporary suspension.

(c) Any special permit suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension upon receipt of an application and evidence showing compliance with supplemental service requirements in effect at the time of reinstatement. If the special permit is not reinstated within the 12-month period, the special permit shall expire automatically.

**§70367. Voluntary Cancellation of Special Permit.**

- (a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the effective date of cancellation of a special permit.
- (b) Any special permit cancelled pursuant to this section may be reinstated by the Department on receipt of an application along with evidence showing compliance with supplemental service requirements.

**§70369. Revocation or Involuntary Suspension of Special Permit.**

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part I, Division 3, Title 2, Government Code, the Department may suspend or revoke any special permit issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds:

- (1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of the supplemental service regulations promulgated by the Department.
  - (2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or supplemental service regulations promulgated by the Department.
  - (3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of a supplemental service.
- (b) The Director may temporarily suspend any special permit prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.
- (1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.
  - (2) Upon receipt of a notice of contest by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.
  - (3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.
  - (4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.
  - (5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the special permit of such organization or may suspend the special permit as to any individual person within such organization who is responsible for such violation.
- (c) The withdrawal of an application for a special permit shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the special permit upon any group provided by law or to enter an order denying the special permit upon any such ground, unless the Department consents in writing to such withdrawal.
- (d) The suspension, expiration or forfeiture of a special permit issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking a special permit or otherwise taking disciplinary action against the licensee on any such ground.
- (e) A person whose special permit has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.

**Article 6. Supplemental Services**

**§70401. Acute Respiratory Care Service Definition.**

Acute Respiratory Care Service means an intensive care unit in which there are specially trained nursing and supportive personnel and the necessary diagnostic, monitoring and therapeutic equipment to provide specialized medical and nursing care to patients with acute respiratory problems.

**§70403. Acute Respiratory Care Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and accountability of the acute respiratory care service to the medical staff and administration shall be defined.
- (c) The unit shall be used primarily for the care of patients with acute respiratory failure. The unit should contain at least four (4) beds and should treat 100 or more patients per year.
- (d) Data relating to admissions, mortality and morbidity shall be kept and reviewed by an appropriate committee of the medical staff at least quarterly.
- (e) The hospital shall have the capability to perform blood gas analysis and electrolyte determinations at all times.
- (f) The unit shall be located to prevent through traffic.
- (g) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70405. Acute Respiratory Care Service Staff.**

- (a) A physician shall have overall responsibility for the acute respiratory care service. When possible this physician shall be certified or eligible for certification in pulmonary disease by the American Board of Internal Medicine or be certified or eligible for certification by the American Board of Anesthesiology. If such specialists are not available, a physician who is certified or eligible for certification as an internist by the American Board of Internal Medicine with interest and experience in acute respiratory care may direct and coordinate the service.
- (b) A minimum of one other physician experienced in acute respiratory care shall be available to the unit.
- (c) Consultants in the specialties of medicine and surgery shall be available to the unit.
- (d) A registered nurse with at least six months nursing experience in the care of acute respiratory failure patients shall be responsible for the nursing care and nursing management of the unit.
- (e) A registered nurse:patient ratio shall be 1:4 or fewer on all shifts.
- (f) Sufficient other licensed nursing personnel who have experience in acute respiratory care nursing shall provide additional support in a total nurse:patient ratio of 1:2 or fewer on each shift.
- (g) Sufficient respiratory therapists and/or respiratory therapy technicians to provide support for resuscitation and maintenance of the mechanical ventilators in a ratio of 1:4 or fewer on each shift.
- (h) A physical therapist and a social worker should be available on a regular basis.

**§70407. Acute Respiratory Care Service Equipment and Supplies.**

- (a) Equipment and supplies shall include at least:
  - (1) Vertically adjustable beds with immediately removable headboards with trendelenburg position capability.
  - (2) Bed scales.
  - (3) One pressure cycle respirator for each bed and one volume-cycle respirator for each four beds.

- (4) Endotracheal tubes and tracheostomy sets.
- (5) Patient lift.
- (6) Respiratory and cardiac monitoring for each bed.
- (7) Crash cart or equivalent.
- (8) Spirometry equipment.
- (9) Resuscitative equipment.
- (10) DC defibrillator.
- (11) Self-inflating bag and attached mask at each bed.
- (b) An acute respiratory care unit is classified as an electrically sensitive area and shall meet the requirements of Section 70853 of these regulations.

**§70409. Acute Respiratory Care Service Space.**

(a) In addition to the construction requirements in Section T17-316, Title 24, California Administrative Code, the following shall be met:

- (1) Beds in the acute respiratory care service shall be included in the total licensed bed capacity of the hospital.
- (2) Each bed area shall contain at least 12.2 square meters (132 square feet) of floor space with no dimension less than 3.3 meters (11 feet) and with 1.2 meters (4 feet) of clearance at both sides and at the foot of the bed with a minimum of 2.4 meters (8 feet) between beds.
- (3) 1.2 meters (4 feet) of floor space shall be provided around nurses' desks and utility areas.
- (4) All beds shall be placed in relation to the nurses' station or work area to obtain maximum observation of the patients.

**§70411. Basic Emergency Medical Service, Physician on Duty, Definition.**

Basic emergency medical service, physician on duty, means the provision of emergency medical care in a specifically designated area of the hospital which is staffed and equipped at all times to provide prompt care for any patient presenting urgent medical problems.

**§70413. Basic Emergency Medical Service, Physician on Duty, General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the emergency medical service to the medical staff and administration shall be defined.
- (c) The emergency medical service shall be so located in the hospital as to have ready access to all necessary services.
- (d) A communications system employing telephone, radiotelephone or similar means shall be in use to establish and maintain contact with the police department, rescue squads and other emergency services of the community.
- (e) The emergency medical service shall have a defined emergency and mass casualty plan in concert with the parent hospital's capabilities and the capabilities of the community served.
- (f) The hospital shall require continuing education of all emergency medical service personnel.
- (g) Medical records shall be maintained on all patients presenting themselves for emergency medical care. These shall become part of the patient's hospital medical record. Past hospital records shall be available to the emergency medical service.



- (h) An emergency room log shall be maintained and shall contain at least the following information related to the patient: name, date, time and means of arrival, age, sex, record number, nature of complaint, disposition and time of departure. The name of those dead on arrival shall be entered in the log.
- (i) All medications furnished to patients through the emergency service shall be provided by a pharmacist or an individual lawfully authorized to prescribe. Such medications shall be properly labeled and all required records shall be maintained in accordance with state and federal laws.
- (j) Each Basic Emergency Medical Service shall be identified to the public by an exterior sign, clearly visible from public thoroughfares. The wording of such signs shall state: BASIC EMERGENCY MEDICAL SERVICE, PHYSICIAN ON DUTY.
- (k) Standardized emergency nursing procedures shall be developed by an appropriate committee of the medical staff.
- (l) A list of referral services shall be available in the basic emergency service. This list shall include the name, address and telephone number of the following:
- (1) Police department.
  - (2) Antivenin service.
  - (3) Burn center.
  - (4) Drug abuse center.
  - (5) Poison control information center.
  - (6) Suicide prevention center.
  - (7) Director of the State Department of Health or his designee.
  - (8) Local health department.
  - (9) Clergy.
  - (10) Emergency psychiatric service.
  - (11) Chronic dialysis service.
  - (12) Renal transplant center.
  - (13) Intensive care newborn nursery.
  - (14) Emergency maternity service.
  - (15) Radiation accident management service.
  - (16) Ambulance transport and rescue service.
  - (17) County coroner or medical examiner.
- (m) The hospital shall have the following service capabilities:
- (1) Intensive care service with adequate monitoring and therapeutic equipment.
  - (2) Laboratory service with the capability of performing blood gas analysis and electrolyte determinations.
  - (3) Radiological service shall be capable of providing the necessary support for the emergency service.
  - (4) Surgical services shall be immediately available for life-threatening situations.
  - (5) Postanesthesia recovery service.
  - (6) The hospital shall have readily available the services of a blood bank containing common types of blood and blood derivatives. Blood storage facilities shall be in or adjacent to the emergency service.
- (n) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70415. Basic Emergency Medical Service, Physician on Duty, Staff.**

- (a) A physician trained and experienced in emergency medical services shall have overall responsibility for the service. He or his designee shall be responsible for:
- (1) Implementation of established policies and procedures.
  - (2) Providing physician staffing for the emergency services 24 hours a day who are experienced in emergency medical care.
  - (3) Development of a roster of specialty physicians available for consultation at all times.

- (b) All physicians, dentists and podiatrists providing services in the emergency room shall be members of the organized medical staff.
- (c) A registered nurse qualified by education and/or training shall be responsible for the nursing care within the service.
- (d) A registered nurse trained and experienced in emergency nursing care shall be on duty at all times.
- (e) There shall be sufficient other licensed nurses and skilled personnel as required to support the services offered.

**§70417. Basic Emergency Medical Service, Physician on Duty, Equipment and Supplies.**

All equipment and supplies necessary for life support shall be available, including but not limited to, airway control and ventilation equipment, suction devices, cardiac monitor defibrillator, pacemaker capability, apparatus to establish central venous pressure monitoring, intravenous fluids and administration devices.

**§70419. Basic Emergency Medical Service, Physician on Duty, Space.**

- (a) The following space provisions and designations shall be provided:
  - (1) Treatment room.
  - (2) Cast room.
  - (3) Nursing station.
  - (4) Medication room.
  - (5) Public toilets.
  - (6) Observation room.
  - (7) Staff support rooms including toilets, showers and lounge.
  - (8) Waiting room.
  - (9) Reception area.
- (b) Observation beds in the emergency medical service shall not be counted in the total licensed bed capacity of the hospital.

**§70421. Burn Center Definition.**

Burn center means an intensive care unit in which there are specially trained physicians, nursing and supportive personnel and the necessary monitoring and therapeutic equipment needed to provide specialized medical and nursing care to burned patients.

**§70423. Burn Center General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the burn center service to the medical staff and administration shall be defined.
- (c) The burn center shall be used solely for the care of patients with burns or similar and related conditions. The center shall contain at least four (4) beds and should treat fifty (50) or more patients per year.
- (d) If clinical or laboratory research projects are conducted, they shall be reviewed annually by an appropriate research committee.
- (e) Data relating to admission, morbidity and mortality shall be kept and reviewed by an appropriate committee of the medical staff at least quarterly.
- (f) The hospital shall have the capability to perform necessary laboratory studies including blood gas analysis and electrolyte determinations twenty-four (24) hours a day.
- (g) A photograph shall be taken of all burns upon admission and upon discharge of the patient.

- (h) The center shall be located to prevent through traffic.
- (i) Respiratory care service and rehabilitation service shall be available to and associated with the burn center.
- (j) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70425. Burn Center Staff.**

- (a) A physician shall have responsibility for the burn service. This physician shall be certified or eligible for certification by the American Board of Surgery or American Board of Plastic Surgery and should be a member of the American Burn Association.
- (b) At least two (2) surgeons, experienced in burn therapy and certified or eligible for certification by the American Board of Surgery or the American Board of Plastic Surgery shall be responsible for the supervision and performance of burn care.
- (c) Continuous in-house physician coverage shall be provided.
- (d) Consultants in the specialties of medicine and surgery shall be available to the center. These specialties shall include, but not be limited to: anesthesia, dermatology, pediatrics, psychiatry, orthopedics, otolaryngology, ophthalmology, nephrology, pulmonary medicine and pathology.
- (e) A registered nurse with at least six months' nursing experience in the treatment of burn patients in a burn center, and with evidence of continuing education in burn care, shall be responsible for the nursing care and nursing management of the burn center.
- (f) A registered nurse with at least three months' nursing experience in the treatment of burn patients in a burn center shall be on duty on each shift.
- (g) Sufficient other nursing personnel shall be provided.
- (h) Psychiatrists, physical therapists, occupational therapists and social workers shall be available on a regular basis to provide needed care and consultation.

**§70427. Burn Center Equipment and Supplies.**

- (a) Equipment and supplies available to the burn center shall include at least:
  - (1) Vertically adjustable beds.
  - (2) Circular rotating electric beds or equivalent.
  - (3) A suitable patient weighing device.
  - (4) Ventilators.
  - (5) Respiratory and cardiac monitoring equipment.
  - (6) Cardiopulmonary resuscitation cart.

**§70429. Burn Center Space.**

- (a) The following spaces, services and equipment shall be provided:
  - (1) Nurses' station as defined in Title 24, California Administrative Code, Section T17-306.
  - (2) Utility rooms as defined in Title 24, California Administrative Code, Section T17-308.
  - (3) Storage space for clean linen.
  - (4) Storage space for soiled linen.
  - (5) Air conditioning system as required in Section T17-104.
  - (6) A piped air/oxygen system and a piped suction system providing outlets at each bed.
  - (7) Window area sufficient to provide patients with an awareness of the outdoors.
  - (8) Cubicle curtains or other means of assuring visual privacy for each patient.
  - (9) A treatment room.
  - (10) A fully equipped operating room within the hospital.
  - (11) Bathing facilities for patients.

- (12) Storage space for equipment and supplies.
- (13) Waiting area adjacent to the center.
- (b) Beds located in the burn center shall be included in the total licensed bed capacity of the hospital.

**§70431. Cardiovascular Surgery Service Definition.**

Cardiovascular surgery service means the performance of laboratory procedures for obtaining physiologic, pathologic and angiographic data on patients, and cardiovascular operative procedures, each supported by appropriate staff, space, equipment and supplies. It is the intent of this definition that the two aspects of this service shall not exist separately.

**§70433. Cardiovascular Surgery Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. These policies and procedures shall include provision for at least:
  - (1) Definitions of qualifications of physicians for privileges to perform cardiovascular laboratory catheterization procedures and/or surgery.
  - (2) Regular review of case management, both preoperatively and postoperatively.
  - (3) Collection, processing and retrieval of data on all patients to include at least: diagnosis, procedure performed, pathophysiologic, angiographic, morbidity and mortality data.
  - (4) Recommendations regarding equipment used, procedures performed and staffing patterns in the catheterization laboratory and cardiovascular surgery units.
- (b) The responsibility and the accountability of the service to the medical staff and administration shall be defined.
- (c) An adequate service base shall support the provision of these services. Recommended minimums are:
  - (1) 260 cardiac catheterizations per year.
  - (2) 150 cardiovascular procedures requiring extra corporeal bypass per year.
- (d) The cardiovascular surgical service shall be available at all times for emergencies.
- (e) Supportive diagnostic services with trained personnel shall be available and include, where appropriate, electrocardiography, vectorcardiography, exercise stress testing, cardiac pacemaker station, echocardiography, phonocardiography and pulse tracings.
- (f) An intensive care service with respiratory care capabilities shall be provided by the hospital.
- (g) An animal laboratory is recommended as support for the cardiovascular surgery service.
- (h) A cardiac rehabilitation program should be integrated with the cardiovascular surgery service for early identification of the patient who can profit thereby.
- (i) All persons operating or supervising the operation of X-ray machines shall comply with the requirements of the Radiologic Technology Regulations, Subchapter 4.5, Chapter 5, Title 17, California Administrative Code.
- (j) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70435. Cardiovascular Surgery Service Staff.**

- (a) Cardiovascular catheterization laboratory.
  - (1) A physician shall have overall responsibility for the service. This physician shall be certified or eligible for certification in cardiology by either the American Board of Internal Medicine or the American Board of Pediatrics or have equivalent experience and training. He shall be responsible for:
    - (A) Implementing established policies and procedures.
    - (B) Supervision and training of all personnel, including in-service training and continuing education.

- (C) Assuring proper safety, function, maintenance and calibration of all equipment.
- (D) Maintaining a record of all angiographic procedures performed.
- (2) A physician who is certified or eligible for certification by the American Board of Radiology with special training or experience in cardiovascular radiology shall be available to the cardiovascular surgery service staff.
- (3) Two persons (registered nurses or cardiovascular technicians) shall assist during the performance of all cardiac catheterization procedures. These personnel shall be trained in the use of all instruments and equipment and shall be supervised by a physician.
- (4) A biomedical engineer shall be available for consultation as required.
- (5) An electronic technician shall be available where required.
- (b) Cardiovascular operative service.
  - (1) A physician shall have overall responsibility for the service. This physician shall be certified or eligible for certification by the American Board of Thoracic Surgery or the American Board of Surgery with training and experience in cardiovascular surgery. He shall be responsible for:
    - (A) Implementing established policies and procedures.
    - (B) Training and supervising the nurses and technicians in special techniques.
    - (C) Training and supervising the clinical perfusionists.
  - (2) A minimum of three surgeons shall constitute a surgical team for the performance of all cardiovascular operative procedures which require extracorporeal bypass. At least one surgeon must meet the requirements outlined in subparagraph (b) (1) above.
  - (3) Anesthesia for cardiovascular procedures shall be administered by a physician who is certified or eligible for certification by the American Board of Anesthesiology.
  - (4) A physician who is certified or eligible for certification in cardiology by the American Board of Internal Medicine should be a member of the surgical team and should assist in monitoring the patient.
  - (5) Clinical perfusionists shall operate the extracorporeal equipment under the immediate supervision of the cardiovascular surgeon or cardiologist.

**§70437. Cardiovascular Surgery Service Equipment and Supplies.**

- (a) Cardiovascular catheterization laboratory equipment and supplies shall include but not be limited to:
  - (1) X-ray machine
  - (2) Image intensifier.
  - (3) Pulse generator.
  - (4) Camera.
  - (5) Spot film device.
  - (6) Videotape viewing equipment of fluoroscopic procedures.
  - (7) Magnetic tape recording and playback equipment.
  - (8) Motor driven cardiac table.
  - (9) Cinefluorography and radiography equipment.
  - (10) Monitoring and recording equipment.
  - (11) Pressure transducers.
  - (12) Equipment for determining cardiac output.
  - (13) Equipment for exercising patients during procedures.
  - (14) Equipment for determining oxygen saturation, hemoglobin, blood gas analysis and pH.
  - (15) Appropriate cardiac catheters and accessory equipment.
  - (16) Resuscitation equipment.
- (b) Cardiovascular operating room equipment and supplies shall include but not be limited to:
  - (1) Monitoring and recording equipment for:
    - (A) Electrocardiograms.

- (B) Pressures.
- (C) Coronary blood flow.
- (D) Cardiac output.
- (E) Patient temperature.
- (2) Blood gas analyzer.
- (3) Heart-lung machine with oxygenator.
- (4) Device for rapid cooling and heating of the patient.
- (5) DC defibrillator.
- (6) Magnetic tape recording equipment.
- (7) Suction outlets, piped in air and oxygen and tanks of gas including mixtures of oxygen and carbon dioxide.
- (8) All other necessary equipment and supplies as required in an operating room.

**§70438. Cardiac Catheterization Laboratory Service.**

Note • History

Cardiac catheterization laboratory service shall be organized to perform laboratory procedures for obtaining physiologic, pathologic and angiographic data on patients with cardiovascular disease.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1255 and 1255.5, Health and Safety Code.

HISTORY

1. New section filed 8-2-85 as an emergency; effective upon filing (Register 85, No. 31). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 12-2-85.

**§70438.1. Cardiac Catheterization Laboratory Service--General Requirements.**

Note • History

The cardiac catheterization laboratory service may be approved in a general acute care hospital which does not provide cardiac surgery provided the following requirements are met:

(a) The hospital shall maintain a current written transfer agreement as specified in Section 1255 of the Health and Safety Code, which shall include all of the following:

- (1) Provisions for emergency and routine transfer of patients.
- (2) Provisions which specify that cardiac surgery staff and facilities shall be immediately available to the patient upon notification of an emergency.
- (3) Provisions which specify that the cardiac catheterization laboratory staff shall have responsibility for arranging transportation to the receiving hospitals.

(b) Only the following diagnostic procedures shall be performed in the catheterization laboratory:

- (1) Right heart catheterization and angiography.
- (2) Right and left heart catheterization and angiography.
- (3) Left heart catheterization and angiography.
- (4) Coronary angiography.
- (5) Electrophysiology studies.
- (6) Myocardial biopsy.

(c) The hospital shall comply with all of the requirements of Sections 70433(a), (b), (c)(1), (e), (i), (j), 70435a) and 70437(a).

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1255 and 1255.5, Health and Safety Code.

HISTORY

1. New section filed 8-2-85 as an emergency; effective upon filing (Register 85, No. 31). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 12-2-85.
2. Certificate of Compliance including amendment transmitted to OAL 11-22-85 and filed 12-12-85 (Register 85, No. 50).

**§70439. Cardiovascular Surgery Service Space.**

(a) Catheterization laboratory space shall include:

- (1) A minimum floor area of 40 square meters (450 square feet) for the procedure room.
- (2) A minimum floor area of 9 square meters (100 square feet) for each of the following:
  - (A) Control, monitoring and recording equipment.
  - (B) X-ray power and controls.
  - (C) Work room.
  - (D) Dressing rooms for doctors and nurses.

(b) Cardiovascular surgery space shall include:

- (1) Operating rooms that comfortably accommodate 12 persons and all necessary equipment with a minimum floor area of 60 square meters (650 square feet).
- (2) Work room.
- (3) Pump work room.
- (4) Adequate storeroom.

**§70441. Chronic Dialysis Service Definition.**

Chronic dialysis service means a specialized unit of a hospital for the treatment of patients with end-stage renal disease who manifest the accumulation of excessive nitrogenous waste products. The scope of services includes hemodialysis per se and may include peritoneal dialysis or other means for removing toxic or excessive waste products from the blood. The service includes supervision of patients undergoing home dialysis.

**§70443. Chronic Dialysis Service General Requirements.**

Note • History

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and the administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the chronic dialysis service to the medical staff and administration shall be defined.
- (c) The hospital shall:
  - (1) Have two or more dialysis stations. A minimum of five dialysis sessions per week should be performed at each station.
  - (2) Work in cooperation with other facilities providing care for patients with end-stage renal disease.
  - (3) Make chronic dialysis services available to patients with end-stage renal disease referred from other facilities which do not provide chronic dialysis serviced.

- (4) Participate in the development and use of a registry of prospective recipient patients.
- (5) Participate in kidney procurement, preservation and transport program.
- (6) Review all patients with end-state renal disease to determine the appropriateness of their treatment modality, including self-dialysis, home dialysis and renal transplantation and cooperate with other facilities for the timely transfer of medical data.
- (d) The hospital shall provide directly:
  - (1) Respiratory therapy.
  - (2) Twenty-four hour laboratory capability of performing, as a minimum, the following determinations: C.B.C., B.U.N., creatinine, platelet count, blood typing and cross matching, blood gas analysis, blood pH, serum glucose, electrolytes, coagulation tests, spinal fluid examination and urinalysis.
  - (3) Chronic dialysis on an outpatient basis.
  - (4) Angiography.
- (e) The hospital shall provide directly or by arrangement:
  - (1) Immunofluorescence studies.
  - (2) Electron microscopy
  - (3) Microbiological studies for rickettsiae, fungi, bacteria and viruses.
  - (4) Tissue culture.
  - (5) Outpatient services.
  - (6) Self-dialysis training program.
  - (7) Home-dialysis training program.
  - (8) Transplantation evaluation of patients with end-stage renal disease.
  - (9) Renal transplantation.
  - (10) Nuclear medicine service.
- (f) There shall be a separate designated area as needed for patients undergoing chronic dialysis who are known to be hepatitis B surface antigen positive.
- (g) The particular requirements for patients on chronic dialysis shall be accommodated in the disaster and fire plans of the hospital,
- (h) There shall be inservice training and continuing education for all medical, nursing and other personnel.
- (i) There shall be a written hepatitis control program.
- (j) Periodically, a committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

- 1. Amendment of subsections (f) and (i) filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
- 2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
- 3. Amendment of subsections (f) and (i) refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
- 4. Certificate of Compliance as to 11-16-89 order including nonsubstantive change of subsections (f) and (i) transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).



**§70445. Chronic Dialysis Service Staff.**

- (a) A physician shall have overall responsibility for the service. This physician shall be certified or eligible for certification by the American Board of Internal Medicine or the American Board of Pediatrics and shall have a minimum of one year's training or experience in the care of patients with end-stage renal disease.
- (b) Surgeons performing the vascular access procedures shall be certified or eligible for certification by the American Board of Surgery and shall have a minimum of one year's training or experience in vascular surgery.
- (c) Children being treated for end-stage renal disease shall be under the care of a physician who is certified or eligible for certification by the American Board of Pediatrics.
- (d) Where appropriate, the hospital shall provide timely evaluation and consultation by the following specialists:
  - (1) Physicians certified or eligible for certification in cardiology, endocrinology, infectious disease or hematology by the American Board of Internal Medicine.
  - (2) A physician certified or eligible for certification in neurology by the American Board of Psychiatry and Neurology.
  - (3) A physician certified or eligible for certification in psychiatry by the American Board of Psychiatry and Neurology.
  - (4) A physician certified or eligible for certification in orthopaedic surgery by the American Board of Orthopaedic Surgery.
  - (5) A physician certified or eligible for certification by the American Board of Pathology.
  - (6) A physician certified or eligible for certification by the American Board of Urology.
- (e) There shall be a registered nurse responsible for the nursing service who has had at least 12 months' general nursing experience or six months' experience in the care of patients with end-stage renal disease.
- (f) There shall be sufficient other licensed nurses and skilled personnel to provide the required patient care.
- (g) A dietitian shall provide diet management and counseling to meet the needs of patients with end-stage renal disease.
- (h) A social worker shall provide social service and counseling to meet the needs of patients with end-stage renal disease.

**§70447. Chronic Dialysis Service Equipment and Supplies.**

- (a) Equipment and supplies shall include at least:
  - (1) A dialysis machine or equivalent (with appropriate monitoring equipment) for each bed or station.
  - (2) Dialysis equipment appropriate for pediatric patients, if treated.

**§70449. Chronic Dialysis Service Space.**

Note • History

- (a) There shall be a minimum of 10 square meters (110 square feet) of floorspace per bed or station.
- (b) The following areas shall be provided and maintained:
  - (1) Patient waiting area.
  - (2) Conference room.
  - (3) Nurses' station.
  - (4) Segregated area for home dialysis training, if provided.
  - (5) Machine storage room.
  - (6) Supplies storage room.
  - (7) Utility room.
- (c) Beds in the chronic dialysis service, unless used for stay of over 24 hours, shall not be included in the total licensed bed capacity of the hospital.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

#### HISTORY

1. Amendment of subsection (b) filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Amendment of subsection (b) refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

#### **§70451. Comprehensive Emergency Medical Service Definition.**

Comprehensive Emergency medical service means the provision of diagnostic and therapeutic services for unforeseen physical and mental disorders which, if not promptly treated, would lead to marked suffering, disability or death. The scope of services is comprehensive with in--house capabilities for managing all medical situations on a definitive and continuing basis.

#### **§70453. Comprehensive Emergency Medical Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the emergency medical service to the medical staff and administration shall be defined.
- (c) The emergency medical service shall be so located in the hospital as to have ready access to all necessary services.
- (d) A communications system employing telephone, radiotelephone or similar means shall be in use to establish and maintain contact with the police department, rescue squads and other emergency services of the community.
- (e) The emergency medical service shall have a defined emergency and mass casualty plan in concert with the hospital's capabilities and the capabilities of the community served.
- (f) The hospital shall require continuing education of all emergency medical service personnel.
- (g) Medical records shall be maintained on all patients presenting themselves for emergency medical care. These shall become part of the patient's hospital medical record. Past hospital records shall be available to the emergency medical service.
- (h) An emergency room log shall be maintained and shall contain at least the following information relating to the patient: name, date, time and means of arrival, age, sex, record number, nature of complaint, disposition and time of departure. The name of those dead on arrival shall also be entered in the log.
- (i) All medications furnished to patients through the emergency service shall be provided by a pharmacist or an individual lawfully authorized to prescribe. Such medications shall be properly labeled and all required records shall be maintained in accordance with state and federal laws.

(j) Each comprehensive emergency medical service shall be identified to the public by an exterior sign, clearly visible from public thoroughfares. The wording of such signs shall state: COMPREHENSIVE EMERGENCY MEDICAL SERVICE PHYSICIAN ON DUTY.

(k) Standardized emergency nursing procedures shall be developed by an appropriate committee of the medical staff.

(l) A list of referral services shall be available in the emergency center. This list shall include the name, address and telephone number of the following:

- (1) Police department.
- (2) Antivenin service.
- (3) Drug abuse center.
- (4) Poison control information center.
- (5) Suicide prevention center.
- (6) Director of State Department of Health or his designee.
- (7) Local health department.
- (8) Clergy.
- (9) County coroner or medical examiner.

(m) The hospital shall have the following additional services which shall be continuously staffed in a manner that permits the performance of all required functions:

- (1) Chronic dialysis service.
- (2) Burn center.
- (3) Respiratory care service.
- (4) Intensive care newborn nursery.
- (5) Coronary care service.
- (6) Intensive care service.
- (7) Pediatric service.
- (8) Psychiatric unit.
- (9) Cardiovascular surgery service.
- (10) Postanesthesia recovery unit.

(n) The radiological service shall have the capability of performing contrast studies including angiography in addition to its usual capabilities.

(o) The clinical laboratory shall be capable of performing blood gas analysis, pH, serum electrolytes and other procedures appropriate for emergency medical care.

(p) Surgical services shall be immediately available for life-threatening situations.

(q) The hospital shall have readily available the service of a blood bank containing common types of blood and blood derivatives. Blood storage facilities shall be in or adjacent to the emergency service.

(r) There shall be affiliation of the emergency medical service with a medical school.

(s) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

#### **§70455. Comprehensive Emergency Medical Service Staff.**

Note • History

(a) A full-time physician trained and experienced in emergency medical service shall have overall responsibility for the service. The physician or her or his designee shall be responsible for:

- (1) Implementation of established policies and procedures.
  - (2) Providing continuous staffing with physicians trained and experienced in emergency medical service.
- Such physicians shall be assigned to and be located in the emergency service area 24 hours a day.

(3) Providing experienced physicians in specialty categories to be available in-house 24 hours a day. Such specialties include but are not limited to medicine, surgery, anesthesiology, orthopedics, neurosurgery, pediatrics and obstetrics-gynecology.

(A) The most senior resident in any of the specialties may be considered an experienced physician.

(4) Maintenance of a roster of specialty physicians immediately available for consultation and/or assistance.

(5) Assurance of continuing education for all emergency service staff including physicians, nurses and other personnel.

(b) All physicians, dentists and podiatrists providing services in the emergency room shall be members of the organized medical staff.

(c) A registered nurse qualified by education and/or training shall be responsible for nursing care within the service.

(d) All registered nurses shall have training and experience in emergency lifesaving and life support procedures.

(e) A registered nurse trained and experienced in emergency nursing care shall be on duty at all times.

(f) There shall be sufficient licensed nurses and other skilled personnel on duty as required to support the services.

NOTE

Authority cited: Sections 1252, 1255(c), 1275, 1276.4 and 100275(a), Health and Safety Code. Reference: Section 1250(a), Health and Safety Code.

HISTORY

1. Amendment of subsection (a), new subsection (e), subsection relettering and new Note filed 9-26-2003; operative 1-1-2004 (Register 2003, No. 39).

#### **§70457. Comprehensive Emergency Medical Service Equipment and Supplies.**

All equipment and supplies necessary for life support shall be available, including but not limited to: airway control and ventilation equipment, suction devices, cardiac monitor, defibrillators, pacemaker capability, apparatus to establish central nervous system monitoring and administration devices.

#### **§70459. Comprehensive Emergency Medical Service Space.**

(a) The following space provisions and designations shall be provided:

(1) Treatment rooms.

(2) Cast rooms.

(3) Operating room fully equipped.

(4) Intensive care in or adjoining the emergency medical service area.

(5) Nursing station.

(6) Medication room.

(7) Clean and dirty utility room.

(8) X-ray spaces.

(9) Laboratory facilities.

(10) Staff support rooms including toilets, showers, lounge and sleeping area.

(11) Public toilets.

(12) Observation room.

(13) Police and press room.

(14) Waiting room.

(15) Reception area.

(b) Observation beds in the emergency medical service shall not be counted in the total licensed bed capacity of the hospital.

**§70461. Coronary Care Service Definition.**

Coronary care service means an intensive care unit in which there are specially trained nursing and supportive personnel with necessary diagnostic, monitoring and therapeutic equipment needed to provide specialized medical and nursing care to patients suspected of or having significant coronary artery disease, heart failure or dysrhythmia.

**§70463. Coronary Care Service General Requirements.**

Note • History

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. The policies and procedures shall include but not be limited to:

- (1) Admission, transfer and discharge policies.
- (2) Staffing requirements.
- (3) Routine procedures.
- (4) Emergency procedures.

(b) The responsibility and the accountability of the coronary care service to the medical staff and administration shall be defined.

(c) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Repealer of subsection (a)(5) filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or subsection (a)(5) will be reinstated its it existed prior to the emergency on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL, on 11-13-89 (Register 89, No. 46).
3. Repealer of subsection (a)(5) refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70465. Coronary Care Service Staff.**

(a) A physician shall have overall responsibility for the service. This physician shall be certified or eligible for certification in cardiovascular disease by the American Board of Internal Medicine. If such a cardiologist is not available, a physician certified or eligible for certification in internal medicine by the American Board of Internal Medicine, with training and experience in cardiovascular disease, may administer the service. In this circumstance, a cardiologist, qualified as above, shall provide consultation at such frequency as to assure high quality service. The physician in charge shall be responsible for:

- (1) Implementation of established policies and procedures.

- (2) Development of a system for assuring physician coverage.
- (3) Conducting education programs in coronary care for physicians.
- (4) Assuring there is a continuing education program for nursing personnel in coronary care.
- (5) Final decision regarding admissions to and discharges from unit.
- (b) A registered nurse with training and experience in coronary care nursing shall be responsible for the nursing care and nursing management of the service.
- (c) All licensed nurses shall have had training and experience in coronary care nursing.
- (d) There shall be not less than two nursing personnel physically present in the coronary care unit when a patient is present. At least one of the nursing personnel shall be a registered nurse.
- (e) The licensed nurse:patient ratio shall be 1:2 or fewer at all times. Licensed vocational nurses may constitute up to 50 percent of the licensed nurses.

**§70467. Coronary Care Service Equipment and Supplies.**

The equipment and supplies required in Section 70497 for intensive care units shall be provided.

**§70469. Coronary Care Service Space.**

The space requirements in Section 70499 for intensive care units shall be provided.

**§70471. Dental Service Definition.**

Dental services means the provision of diagnostic, preventive or corrective procedures performed by dentists with appropriate staff, space, equipment and supplies.

**§70473. Dental Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the dental service to the medical staff and administration shall be defined.
- (c) A physician member of the medical staff shall be responsible for the care of any medical problem arising during the hospitalization of dental patients.
- (d) There shall be a well-defined plan for oral health care, based on patient need, the size of the hospital and the type of service provided.
- (e) There shall be a well-organized plan for emergency dental care.
- (f) There shall be a record of all dental services provided to the patient and this shall be made a part of the patient's medical record.
- (g) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70475. Dental Service Staff.**

- (a) A dentist shall have overall responsibility for the dental service.
- (b) The dental service shall be staffed by a sufficient number of dentist members of the medical staff along with auxiliary personnel to render proper dental care.
- (c) If dental hygienists, dental assistants or dental laboratory technicians are employed, they shall work under the supervision of the director of the dental service.

**§70477. Dental Service Equipment and Supplies.**

- (a) There shall be sufficient equipment, instruments and supplies maintained to meet the needs of the services offered.
- (b) There shall be equipment for sterilization of instruments and supplies.
- (c) The following materials shall be available for immediate use wherever dental treatment is provided:
  - (1) Oxygen.
  - (2) Appropriate drugs.
  - (3) Resuscitation equipment.
- (d) The hospital library shall contain an adequate selection of dental texts, periodicals and the "Index to Dental Literature."
- (e) Radiographic equipment shall meet the requirements of Chapter 5, Part 1, Title 17, California Administrative Code.

**§70479. Dental Service Space.**

- (a) There shall be adequate space maintained for the dental service.
- (b) There shall be facilities for dental radiography.

**§70481. Intensive Care Newborn Nursery Service Definition.**

An intensive care newborn nursery service means the provision of comprehensive and intensive care for all contingencies of the newborn infant. Infant transport services are an indispensable part of an intensive care newborn nursery service.

**§70483. Intensive Care Newborn Nursery Service General Requirements.**

Note • History

- (a) An intensive care newborn nursery service shall provide:
  - (1) Comprehensive care for all life-threatening or disability-producing situations.
  - (2) Consultation service to referring perinatal units.
  - (3) Infant transport services between perinatal units and the intensive care newborn nursery.
  - (4) A transport team consisting of at least a physician and registered nurse or respiratory therapist.
  - (5) Continuing education for staff of the intensive care newborn nursery as well as referring perinatal units.
  - (6) Review an evaluation of service programs of perinatal units.
- (b) There shall be written policies and procedures developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Procedures shall be approved by the medical staff and administration where such is appropriate. Such policies and procedures shall include but not be limited to:
  - (1) Relationships to other services in the hospital.
  - (2) Admission to the intensive care newborn nursery.
  - (3) Consultation to perinatal units.
  - (4) Infection control and relationship to the hospital infection committee.
  - (5) Transfer of infants to and from perinatal units.
  - (6) Provision for family-centered infant care by parent or surrogate.
  - (7) Prevention and treatment of neonatal hemorrhagic disease.
  - (8) Visiting privileges.
  - (9) Resuscitation of the newborn.
  - (10) Administering and monitoring of oxygen and respiratory therapy.
  - (11) Transfusion.
  - (12) PKU screening
  - (13) Rhesus (Rh) hemolytic disease identification, reporting and prevention.

- (14) Management of hyperbilirubinemia.
  - (15) Discharge and continuity of care with referral to community supportive services.
  - (16) Pediatric-pathologic-radiologic conferences.
  - (17) Routine and special care of the infant.
  - (18) Handwashing technique.
  - (19) Individual bassinet technique.
  - (20) Gavage feedings.
  - (21) Intravenous therapy.
  - (22) Formula preparation and storage.
  - (23) Respiratory care procedures.
  - (c) The responsibility and the accountability of the intensive care newborn nursery service to the medical staff and administration shall be defined.
  - (d) The hospital laboratory shall have the capability of performing blood gas analyses, pH and microtechniques.
  - (e) Infants with diarrhea of the newborn as defined in section 2564, Title 17, California Code of Regulations, or who have draining lesions shall be isolated.
  - (f) Infants suspected of having airborne infections shall be separated from other infants in the nursery.
  - (g) All infections shall be reported to the hospital infection control committee promptly.
  - (h) Social services shall be available.
  - (i) There shall be discharge planning and provisions for follow-up care.
  - (j) Oxygen shall be administered to newborn infants only on the written order of a physician. The order shall include the concentration (volume percent) or desired arterial partial pressure of oxygen and be reviewed, modified or discontinued after 24 hours.
  - (k) The intensive care newborn nursery is considered an electrically sensitive area and shall meet the requirements of section 70853 of these regulations.
  - (l) An air-conditioned transport vehicle shall be provided which has an intercommunication system between the driver and the transport team and radio communication between the transport team and the intensive care newborn nursery.
  - (m) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.
- NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

#### HISTORY

1. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).



**§70485. Intensive Care Newborn Nursery Service Staff.**

(a) A physician shall have overall responsibility for the service. The physician shall be certified or eligible for certification by the American Board of Pediatrics and have additional training and experience in neonatology.

(1) The pediatrician shall be responsible for:

(A) Providing in-hospital pediatric service.

(B) Maintaining working relationships with referring perinatal units.

(C) Providing for joint staff conferences and continuing education of respective medical specialties.

(D) Providing transport team availability at all times.

(2) A physician who is certified or eligible for certification by the American Board of Anesthesiology shall be available to the service.

(3) A surgeon experienced in neonatal surgery and a pediatric cardiologist shall be available to the service.

(b) A registered nurse who has had training and experience in intensive care of the newborn shall be responsible for the nursing care in the intensive care newborn nursery.

(c) A registered nurse trained in intensive care of the newborn shall be on duty on each shift.

(d) A ratio of one registered nurse to two or fewer intensive care infants shall be maintained.

(e) There shall be evidence of continuing education and training programs for the nursing staff in intensive care newborn nursing.

(f) A registered nurse trained in intensive care of the newborn shall be available to serve on the transport team.

(g) A respiratory therapist trained in the respiratory care of the newborn shall be available to the service.

**§70487. Intensive Care Newborn Nursery Service Equipment and Supplies.**

(a) The intensive care newborn nursery shall include at least the following:

(1) A separate bassinet or equivalent for each infant.

(2) Enclosed storage unit for clean supplies.

(3) Diaper receptacles with a cover, foot control and disposable liner.

(4) A hamper with a disposable liner for soiled linen.

(5) A wall thermometer and hygrometer.

(6) Accurate beam scales or the equivalent.

(7) Thermostatically controlled incubators or radiant heating devices to maintain proper ambient temperature.

(8) Two oxygen and one compressed air outlets per infant station with regulating devices and administration equipment.

(9) Resuscitation equipment and supplies to include at least:

(A) Glass trap suction device with catheter or a device which serves this function.

(B) Pharyngeal airways, assorted sizes.

(C) Laryngoscope, including a blade for premature infants.

(D) Endotracheal catheters, assorted sizes with malleable stylets.

(E) Arterial catheters, assorted sizes.

(F) Ventilatory assistance bag and infant mask.

(G) Bulb syringe.

(H) Stethoscope.

(I) Syringes, needles and appropriate drugs.

(10) Suction equipment.

(11) DC defibrillator (within the hospital).

(12) Cardiac monitor.

(13) Blanket warmer.

- (14) Blood gas analyzer (within the hospital).
- (15) Umbilical blood vessel catheterization tray.
- (16) Portable incubator with power pack to provide continuous temperature control and monitoring.
- (17) Ventilatory equipment designed for the care of newborn infants.
- (18) Ten or more electrical outlets for each infant bed equivalent.
- (19) One handwashing sink with controls not requiring direct contact of the hand for operation (wrist or elbow blade handle are not acceptable) for each four bassinets.
- (b) Infant transport equipment shall include at least the following:
  - (1) Infant transport incubator with self-contained power supply to maintain a neutral thermal environment.
  - (2) Oxygen supply with fail-safe monitor humidifier.
  - (3) Oxygen analyzer.
  - (4) Compressed air supply.
  - (5) Temperature monitoring equipment.
  - (6) Cardiopulmonary monitoring equipment.
  - (7) Suction device.
  - (8) Infusion pump.
  - (9) Resuscitation equipment and supplies.
  - (10) Intravenous fluids and supplies.

**§70489. Intensive Care Newborn Nursery Service Space.**

- (a) Sufficient floor area shall be provided so that there is at least 7.2 square meters (80 square feet) per bassinet.
- (b) A work room or control station shall be maintained which shall provide for handwashing, gowning and charting.
- (c) There shall be 100 foot candles of light at each bassinet.
- (d) A waiting room shall be maintained adjacent to the intensive care newborn nursery.
- (e) A treatment area with temperature control.
- (f) Bassinets in the intensive care newborn nursery shall be included in the total licensed bed capacity of the hospital.

**§70491. Intensive Care Service Definition.**

An intensive care service is a nursing unit in which there are specially trained nursing and supportive personnel and diagnostic, monitoring and therapeutic equipment necessary to provide specialized medical and nursing care to critically ill patients.

**§70493. Intensive Care Service General Requirements.**

Note • History

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. Policies and procedures shall include, but not be limited to:
  - (1) Admission, discharge and transfer policies.
  - (2) Staffing requirements.
  - (3) Routine procedures.
  - (4) Emergency procedures.
- (b) The responsibility and the accountability of the intensive care service to the medical staff and administration shall be defined.

(c) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

(d) Intensive care units are classified as electrically sensitive areas and shall meet the requirements of section 70853 of these regulations.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Repealer of subsection (a)(5) filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or subsection (a)(5) will be reinstated as it existed prior to the emergency on 10-13-89.

2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).

3. Repealer of subsection (a)(5) refilled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.

4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70495. Intensive Care Service Staff.**

(a) A physician with training in critical care medicine shall have overall responsibility for the intensive care service. This physician or his designated alternate shall be responsible for:

(1) Implementation of established policies and procedures.

(2) Development of a system for assuring physician coverage.

(3) Final decision regarding admissions to and discharges from the unit.

(4) Assuring there is continuing education for the medical staff and nursing personnel.

(b) A registered nurse with training and experience in intensive care nursing shall be responsible for the nursing care and nursing management of the intensive care unit when a patient is present.

(c) All licensed nurses shall have training and experience in intensive care nursing.

(d) There shall be not less than two nursing personnel physically present in the intensive care unit when a patient is present. At least one of the nursing personnel shall be a registered nurse.

(e) The nurse:patient ratio shall be 1:2 or fewer at all times. Licensed vocational nurses may constitute up to 50 percent of the licensed nurses.

(f) An inhalation therapist, physical therapist and other supportive service staff shall be available depending upon the requirements of the service.

**§70497. Intensive Care Service Equipment and Supplies.**

(a) In addition to the construction requirements of Section T17-316, Title 24, California Administrative Code, the following requirements shall be met:

(1) Individual bed area lighting which is controlled by a dimmer in the patient care unit shall be provided. Special lights should be provided for patient examinations.

(2) Isolated power systems, if installed, shall be provided with a continuously operating line isolation monitor to warn of possible leakage or faulty current. The monitor shall contain a red signal lamp and audible warning signal activated when total current reaches a value of two (2) milliamperes. All other receptacles shall be located at least 2.4 meters (8 feet) away.

(3) A minimum of four (4) duplex or eight (8) single receptacles shall be provided at the head of each bed and served by at least two separate circuits used for no other purpose.

(b) General equipment shall include but not be limited to:

(1) Electrocardiographic oscilloscopic monitor with writer at each bed. If a central nurses' station is equipped with a writer, a writer is not required at each bedside.

(2) DC defibrillator.

(3) Positive pressure breathing apparatus.

(4) Oxygen mask with accessory equipment.

(5) Transvenous cardiac pacemaker.

(6) Emergency cart containing drugs and emergency supplies.

(7) Sterile trays for parenteral therapy.

(8) Tracheostomy tray.

(9) Thoracentesis tray.

(10) Venesection tray.

(11) Irrigation equipment.

(12) Intravenous fluids and plasma expanders or plasma.

(13) Refrigerated storage for drugs and biologicals.

(14) Laryngoscope and cuffed endotracheal tubes.

(15) Equipment for blood gas analysis, immediately available.

(c) Other equipment that is to be provided at each bed unless otherwise indicated:

(1) Devices for holding intravenous solutions.

(2) Wall clock with sweep second hand visible to each patient.

(3) Wall-mounted interval clock with sweep second hand which may be activated at time of cardiac arrest.

(4) A sphygmomanometer.

(5) Two oxygen outlets or a single outlet with a "Y" connection with sufficient oxygen delivery capability.

(6) One air outlet.

(7) Two piped suction inlets or a single inlet with a "Y" connection with sufficient suction capability.

(d) An intercommunication system shall be provided which includes the following:

(1) A call outlet at each bed which communicates to the nurses' control desk.

(2) An intercommunication system connected to the nearest continuously staffed nurses' station, which will enable the nurse or physician to contact the nearby unit without leaving the intensive care unit.

(3) An alarm system or other method for summoning physicians or cardiac arrest teams.

#### **§70499. Intensive Care Service Space.**

(a) In addition to the construction requirements in Section T17-316, Title 24, the following requirement shall be met:

(1) An intensive care unit shall consist of not less than four (4) nor more than twelve (12) patient beds, including at least one isolation room. Multiple, interconnected units may be approved by the Department.

(2) Beds in the intensive care unit shall be included in the total licensed bed capacity.

(3) Each patient bed area shall contain at least 11.9 square meters (132 square feet) with no dimension less than 3.3 meters (11 feet) and with 1.2 meters (4 feet) of clearance at each side and the foot of the bed and with a minimum 2.4 meters (8 feet) between beds.

(4) 1.2 meters (4 feet) shall be provided around the nurses' desk.

(5) All beds shall be placed in relation to the nurses' station or work area to obtain maximum observation of patients.

(6) A visitor's waiting area nearby to the unit shall be provided.

**§70501. Intermediate Care Service Definition.**

Intermediate care service means the provision of inpatient care to patients who have need for skilled nursing supervision and supportive care but who do not require continuous skilled nursing care.

**§70503. Intermediate Care Service General Requirements.**

(a) The regulations for Intermediate Care Facilities, Chapter 4, Division 5, Title 22, California Administrative Code, shall be met with the following exceptions:

(1) The administrator of the hospital does not need to possess a license as a nursing home administrator and his services may be shared between the hospital and the intermediate care service.

(2) The functions of the director of nurses may be shared between the hospital and the intermediate care service. The registered nurse requirement, referred to as the director of the nursing service in Section 73323 of the regulations for Intermediate Care Facilities, shall be met.

(b) There shall be written policies and procedures relating to the transfer of patients between the hospital and intermediate care service that are approved by the medical staff.

(c) The intermediate care services shall be provided in a distinct part.

**§70505. Nuclear Medicine Service Definition.**

Nuclear medicine service means those measures using internal radionuclides for the diagnosis and treatment of patients, employing specially trained personnel and providing appropriate space, equipment and supplies.

**§70507. Nuclear Medicine General Requirements.**

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The responsibility and the accountability of the nuclear medicine service to the medical staff and administration shall be defined.

(c) The storage, use and disposal of radionuclides shall meet the safety standards of California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.

(d) Nuclear medicine patients shall be subject to periodic followup on completion of their treatment in coordination with the referring physician.

(e) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make recommendations to the executive committee of the medical staff and administration.

**§70509. Nuclear Medicine Service Staff.**

(a) A physician shall have overall responsibility for the service. This physician shall be certified or eligible for certification by the appropriate specialty board, as follows: the conjoint American Board of Nuclear Medicine or one of its parent boards: American Board of Radiology, American Board of Pathology or American Board of Internal Medicine.

(b) Where appropriate, technologists with training and experience in handling radionuclides in either of the three disciplines of radiology, nuclear medicine or pathology shall be employed in sufficient number to accomplish the mission of the service.

(c) A radiological physicist should be available to the nuclear medicine service.

**§70511. Nuclear Medicine Equipment and Supplies.**

Equipment and supplies shall be sufficient to meet the needs of the patients and the scope of services offered.

**§70513. Nuclear Medicine Space.**

The space required will be dependent upon services offered. Where radiotherapy is provided from a radionuclide source, construction requirements shall meet the standards of Subchapter 4, Chapter 5, Title 17, California Administrative Code and Part 6, Division T17, Part 6, Subchapter 4, Chapter 5, Title 24, California Administrative Code.

**§70515. Occupational Therapy Service Definition.**

(a) Occupational therapy services means those services provided to a patient by or under the supervision of an occupational therapist with appropriate staff, space, equipment and supplies. These services are used to restore the functional capacity of those individuals whose abilities to cope with tasks of daily living are threatened or impaired by developmental deficits, the aging process, physical illness or injury or psychosocial disabilities. Occupational therapy services include but are not limited to:

- (1) Providing the physician with an initial evaluation of the patient's level of function by diagnostic and prognostic testing.
- (2) Intervention in acute stages of illness or injury to minimize or prevent disfunction.
- (3) Use of professionally selected self-care skills, daily living tasks and tests and therapeutic exercises to improve function.
- (4) Training in the performance of tasks modified to the patient's level of physical and emotional tolerance.
- (5) Provision of preventive and corrective equipment to promote function and to prevent deformity.
- (6) Reevaluating the patient as changes occur and modifying treatment goals consistent with these changes.
- (7) Psychological conditioning of the patient to prepare him for reentry and integration into his community.
- (8) Use of tests to determine patient's ability in areas of concentration, attention, thought organization, preception and problem solving.
- (9) Prevocational evaluation through the use of specific tasks to determine the patient's potential for vocational performance.

**§70517. Occupational Therapy Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the occupational therapy service to the medical staff and administration shall be defined.
- (c) Occupational therapy shall be given only on the signed order of a person lawfully authorized to give such an order.
- (d) Patients shall be evaluated by the occupational therapist and a treatment program shall be established to include the modalities, the frequency and duration of treatments. This program and any modifications shall be approved in writing by the referring physician.
- (e) Signed notes shall be entered into the record each time occupational therapy service has been performed.
- (f) Progress notes shall be written and signed at least weekly by the occupational therapist and summarized upon completion of the treatment program.
- (g) Occupational therapy staff shall be involved in orientation and in-service training of hospital employees.
- (h) There shall be staff representation at the multidisciplinary conferences in order to plan and review patient treatment.
- (i) Procedures shall be established for outpatient treatment, home visits and referrals to appropriate community agencies.

(j) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70519. Occupational Therapy Service Staff.**

- (a) An occupational therapist shall have overall responsibility for the service.
- (b) The occupational therapy director shall be responsible for the coordination of activity therapies which may include but not be limited to recreation, dance, art, music, poetry and drama.
- (c) There shall be sufficient staff to meet the needs of the patients and scope of the services offered. The staff shall consist of occupational therapist(s) and may additionally consist of occupational therapy assistants, occupational therapy aides and other supportive personnel.
- (d) The occupational therapist shall supervise treatment rendered by aides and occupational therapy assistants. When occupational therapy aides are providing treatment, an occupational therapist shall provide direct supervision of the treatment rendered.

**§70521. Occupational Therapy Service Equipment and Supplies.**

- (a) There shall be sufficient equipment and supplies appropriate to the needs of the services offered. In addition there shall be:
  - (1) A telephone.
  - (2) A handwashing sink in the treatment area.
  - (3) Equipment made accessible to patients in wheelchairs, on crutches, or when using other adaptive equipment. This shall include but not be limited to:
    - (A) Adequate width of door openings.
    - (B) Toilets with grab bars on both sides of the commode.
    - (C) Over-sink mirrors.
    - (D) Drinking fountains.
    - (E) Adjustable tables.

**§70523. Occupational Therapy Service Space.**

- (a) Adequate space shall be maintained for the equipment and supplies necessary to provide occupational therapy service. The minimum floor area for occupational therapy service shall be 28 square meters (300 square feet), no dimension of which shall be less than 4 meters (12 feet).
- (b) Office space, separate from the treatment area, shall be provided.
- (c) There shall be adequate ventilation and lighting, and sufficient power outlets, both 110 V and 220 V, for equipment.
- (d) Floor finishes shall be of a nonslip variety to minimize hazard.
- (e) Architectural barriers, as defined by the American National Standards, A117.1, 1961 (reaffirmed 1971), including thresholds and stairways shall be provided with alternate means of access such as ramps.
- (f) Suitable waiting space shall be provided.

**§70525. Outpatient Service Definition.**

Outpatient service means the rendering of nonemergency health care services to patients who remain in the hospital less than 24 hours with the appropriate staff, space, equipment and supplies.

**§70527. Outpatient Service General Requirements.**

Note • History

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the outpatient service to the medical staff and administration shall be defined.
- (c) If outpatient surgery is performed, the written policies and procedures shall make provision for at least the following:
  - (1) The types of operative procedures that may be performed.
  - (2) Types of anesthesia that may be used.
  - (3) Preoperative evaluation of the patient, meeting the same standards as apply to inpatient surgery.
  - (4) Informed operative consent.
  - (5) The delivery of all anatomical parts, tissues and foreign objects removed to a pathologist designated by the hospital and a report of findings to be filed in the patient's medical record.
  - (6) Written preoperative instructions to patients covering:
    - (A) Applicable restrictions upon food and drugs before surgery.
    - (B) Any special preparations to be made by the patient.
    - (C) Any postoperative requirements.
    - (D) An understanding that admission to the hospital may be required in the event of an unforeseen circumstance.
  - (7) Examination of each patient by a licensed practitioner whose scope of licensure permits prior to discharge.
- (d) A medical record shall be maintained for each patient receiving care in the outpatient service. The completed medical record shall include the following, if applicable:
  - (1) Identification sheet to include but not be limited to the following patient information:
    - (A) Name.
    - (B) Address.
    - (C) Identification number (if applicable).
      - 1. Hospital number.
      - 2. Social Security.
      - 3. Medicare.
      - 4. Medi-Cal.
    - (D) Age.
    - (E) Sex.
    - (F) Marital status.
    - (G) Religious preference.
    - (H) Date and time of arrival.
    - (I) Date and time of departure.
    - (J) Name, address and telephone number of person or agency responsible for the patient.
    - (K) Initial diagnostic impression.
    - (L) Discharge or final diagnosis.
  - (2) Medical history including:
    - (A) Immunization record.
    - (B) Screening tests.
    - (C) Allergy record.
    - (D) Nutritional evaluation.
    - (E) Neonatal history for pediatric patients.
  - (3) Physical examination report.



- (4) Consultation reports.
- (5) Clinical notes including dates and time of visits.
- (6) Treatment and instructions, including:
  - (A) Notations of prescriptions written.
  - (B) Diet instructions, if applicable.
  - (C) Self-care instructions.
- (7) Reports of all laboratory tests performed.
- (8) Reports of all X-ray examinations performed.
- (9) Written record of preoperative and postoperative instructions.
- (10) Operative report on outpatient surgery including preoperative and postoperative diagnosis, description of findings, techniques used and tissue removed or altered, if appropriate.
- (11) Anesthesia record including preoperative diagnosis, if anesthesia is administered.
- (12) Pathology report, if tissue or body fluid was removed.
- (13) Clinical data from other providers.
- (14) Referral information from other agencies.
- (15) All consent forms.
- (e) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275, Health and Safety Code; and Section 2725, Business and Professions Code.

HISTORY

1. Amendment of subsection (c)(7) and adoption of Note filed 4-15-93; operative 5-17-93 (Register 93, No. 16).

#### **§70529. Outpatient Service Staff.**

Note • History

- (a) The outpatient service shall have a person designated to direct and coordinate the service.
- (b) All physicians, dentists and podiatrists providing services in the outpatient unit shall be members of the organized medical staff. All other health care professionals providing services in outpatient settings shall meet the same qualifications as those professionals providing services in inpatient services.
- (c) A registered nurse shall be responsible for the nursing service in the outpatient service.
- (d) There shall be sufficient nursing and other personnel to provide the scope of services offered.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsection (b) and adoption of Note filed 4-15-93; operative 5-17-93 (Register 93, No. 16).

#### **§70531. Outpatient Service Equipment and Supplies.**

There shall be sufficient and appropriate equipment and supplies related to the scope and nature of the anticipated needs and services.

**§70533. Outpatient Service Space.**

- (a) The number of examination and treatment rooms shall be adequate in relation to the volume and nature of work performed.
- (b) Waiting areas shall be readily accessible to patients and personnel. Rest rooms, drinking fountain and a public telephone shall be provided.
- (c) Laboratory, radiology and pharmacy services shall be readily available to the outpatient service.
- (d) If outpatient surgery is performed in the outpatient service area, the basic facilities shall include:
  - (1) Appropriately equipped and staffed operating room and postanesthesia recovery area.
  - (2) Appropriate means of control against the hazards of infection, electrical or mechanical failure, fire and explosion.
  - (3) Provision for sterilizing equipment and supplies and for maintaining sterile technique.
  - (4) Appropriate equipment and instrumentation for anesthesia, emergency cardiopulmonary resuscitation and other life support systems.
  - (5) The operating room shall be so located that it does not directly connect with a corridor used for general through traffic. Entry and exit shall be controlled with respect to personnel, patients and materials handling.
  - (6) Construction of the operating room shall be in conformity with provisions of Division T17, Title 24, California Administrative Code.
- (e) If beds are provided in the outpatient unit, they shall not be included in the licensed bed capacity.
  - (1) Inpatients shall not be allowed to occupy an outpatient bed.
  - (2) Outpatients shall not be allowed to remain over 24 hours in outpatient beds.

**§70535. Pediatric Service Definition.**

Pediatric service means the observation, diagnosis and treatment (including preventive treatment) of children and their illnesses, injuries, diseases and disorders by appropriate staff, space, equipment and supplies.

**§70537. Pediatric Service General Requirements.**

- (a) There shall be written policies and procedures developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. These policies and procedures shall be based upon the standards and recommendations of the American Academy of Pediatrics (Care of Children in Hospitals, 1971). Policies shall be approved by the governing body. Procedures shall be approved by the medical staff and administration where such is appropriate. These policies and procedures shall include but not be limited to:
  - (1) Admission policies.
  - (2) Visiting privileges and parent participation.
  - (3) Accidents.
  - (4) Patient emergencies.
  - (5) Reporting of child abuse or neglect.
  - (6) Consultation requirements.
  - (7) Infection control and isolation procedures.
  - (8) Drug reactions and interactions.
- (b) The responsibility and the accountability of the pediatric service to the medical staff and administration shall be defined.
- (c) A pediatric nursing unit shall be provided if the hospital has eight or more licensed pediatric beds.
- (d) Patients beyond the age of 13 shall not be admitted to or cared for in spaces approved for pediatric beds unless approved by the pediatrician in unusual circumstances and the reason documented in the patient's medical record.

- (e) An activity program appropriate to the needs of the patients and the scope of the service shall be provided. Participation in such program shall be with the approval of the attending physician. The activity program shall be under the direction of a designated member of the hospital staff.
- (f) The hospital shall inform the parent or guardian as soon as possible of any accident affecting the child.
- (g) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70539. Pediatric Service Staff.**

- (a) A physician shall have overall responsibility for the pediatric service. This physician shall be certified or eligible for certification by the American Board of Pediatrics. If such a pediatrician is not available, a physician with training and experience in pediatrics may administer the service. In this circumstance, a pediatrician, qualified as above, shall provide consultation at a frequency which will assure high quality service.
- (b) A registered nurse who has had training and experience in pediatric nursing shall be responsible for the nursing care and nursing management in the pediatric service.
- (c) In addition to the above, there shall be a registered nurse present on each shift with responsibility for patient care.
- (d) There shall be sufficient other staff to provide adequate care.
- (e) There shall be evidence of continuing education and training for the nursing staff in pediatric nursing.

**§70541. Pediatric Service Equipment and Supplies.**

Sufficient equipment and supplies shall be provided to adequately care for pediatric patients. This shall include a full range of sizes and modifications suitable for use with infants and small children.

**§70543. Pediatric Service Space.**

Note • History

- (a) Beds in the pediatric unit, including bassinets, cribs and youth beds, shall be included in the total licensed bed capacity of the hospital.
- (b) The rooms for pediatric patients shall be located to provide adequate observation by nursing and other personnel.
- (c) Rooms for infants under the age of three years shall be separate from those of older children.
- (d) A private room shall be available for any pediatric patient in need of physical separation as defined by the infection control committee.
- (e) An examination and treatment room shall be located in or adjacent to the pediatric unit.
- (f) A play area of sufficient size should be provided.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsection (d) filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate Of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).

3. Amendment of subsection (d) refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70545. Perinatal Unit Definition.**

A perinatal unit means a maternity and newborn service of the hospital for the provision of care during pregnancy, labor, delivery, postpartum and neonatal periods with appropriate staff, space, equipment and supplies.

**§70547. Perinatal Unit General Requirements.**

Note • History

(a) A perinatal unit shall provide:

- (1) Care for the patient during pregnancy, labor, delivery and the postpartum period.
- (2) Care for the normal infant and the infant with abnormalities which usually do not impair function or threaten life.
- (3) Care for mothers and infants needing emergency or immediate life support measures to sustain life up to 12 hours or to prevent major disability.
- (4) Formal arrangements for consultation and/or transfer of an infant to an intensive care newborn nursery, or a mother to a hospital with the necessary services, for problems beyond the capability of the perinatal unit.
- (b) There shall be written policies and procedures developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. These policies and procedures shall reflect the standards and recommendations of the American College of Obstetricians and Gynecologists "Standard for Obstetric-Gynecologic Hospital Services," 1969, and the American Academy of Pediatrics "Hospital Care of Newborn Infants," 1971. Policies shall be approved by the governing body. Procedures shall be approved by the medical staff and administration where such is appropriate. Such policies and procedures shall include but not be limited to:
  - (1) Relationships to other services in the hospital.
  - (2) Admission policies, including infants delivered prior to admission and infants transferred from an intensive care newborn nursery.
  - (3) Arrangements for maternity patient overflow.
  - (4) Consultation from an intensive care newborn nursery.
  - (5) Infection control and relationship to the hospital infection committee.
  - (6) Transfer of mothers to appropriate care services and/or infants to and from an intensive care newborn nursery.
  - (7) Provision, where deemed necessary, for family centered perinatal care, including rooming-in and care of infants by parent or surrogate.
  - (8) Prevention and treatment of neonatal hemorrhagic disease.
  - (9) Care of the premature or low birth weight infant.
  - (10) Visiting privileges.
  - (11) Resuscitation of newborn.
  - (12) Administering and monitoring of oxygen and respiratory therapy.
  - (13) Transfusion.
  - (14) PKU screening.
  - (15) Rhesus (Rh) hemolytic disease identification, reporting and prevention.
  - (16) Management of hyperbilirubinemia.

- (17) Induction of labor and administration of oxytocic drugs.
- (18) Provision for parent education regarding childbirth, child care and family planning.
- (19) Discharge and continuity of care with referral to community supportive services.
- (20) Obstetric-pediatric-pathologic-radiologic conferences.
- (21) Patient identification system.
- (22) Care routines for the mother and infant.
- (23) Handwashing technique.
- (24) Individual bassinet technique.
- (25) Credo treatment of eyes of newborn.
- (26) Breast feeding.
- (27) Gavage feedings.
- (28) Formula preparation and storage.
- (c) The responsibility and the accountability of the perinatal service to the medical staff and administration shall be defined.
- (d) The hospital laboratory should have the capability of performing blood gas analyses, pH and microtechniques.
- (e) The hospital shall have the capability for operative delivery including caesarean section at all times.
- (f) The Infection Control Committee shall develop and implement policies for the management, including physical separation from other infants, of infants with diarrhea of the newborn or draining lesions.
- (g) All infections shall be reported to the hospital infection control committee promptly.
- (h) All persons in the delivery room shall wear clean gowns, caps and masks during a delivery.
- (i) Oxygen shall be administered to newborn infants only on the written order of a physician. The order shall include the concentration (volume percent) or desired arterial partial pressure of oxygen and be reviewed, modified, or discontinued after 24-hours.
- (j) All patients shall be attended by a physician or licensed nurse when under the effect of anesthesia or regional analgesia, when in active labor, during delivery or in the immediate postpartum period.
- (k) Rooming-in should be permitted if requested by the family.
- (l) Smoking shall be prohibited in delivery rooms and nurseries.
- (m) The delivery room is considered an electrically sensitive area and shall meet the requirements of section 70853 of these regulations.
- (n) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of medical staff and administration.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order including amendment of subsection (f) transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

5. Editorial correction of subsection (a) (Register 95, No. 25).

**§70549. Perinatal Unit Staff.**

(a) A physician shall have overall responsibility of the unit. This physician shall be certified or eligible for certification by the American Board of Obstetrics and Gynecologists or the American Board of Pediatrics. If a physician with one of the above qualifications is not available, a physician with training and experience in obstetrics and gynecology or pediatrics may administer the service. In this circumstance, a physician with the above qualifications shall provide consultation at a frequency which will assure high quality service. He shall be responsible for:

- (1) Providing continuous obstetric, pediatric, anesthesia, laboratory and radiologic coverage.
- (2) Maintaining working relationships with intensive care newborn nursery.
- (3) Providing for joint staff conferences and continuing education of respective medical specialties.

(b) A physician who is certified or eligible for certification by the American Board of Pediatrics shall be responsible for the nursery.

(c) There shall be one registered nurse on duty on each shift assigned to the labor and delivery suite. In addition, there shall be sufficient trained personnel to assist the family, monitor and evaluate labor and assist with the delivery.

(d) There shall be one registered nurse on duty for each shift assigned to the antepartum and postpartum areas. In addition, there shall be sufficient trained personnel to assess and provide care, assist the family and provide family education.

(e) A registered nurse who has had training and experience in neonatal nursing shall be responsible for the nursing care in the nursery.

(1) A registered nurse trained in infant resuscitation shall be on duty on each shift.

(2) A ratio of one licensed nurse to eight or fewer infants shall be maintained for normal infants.

(f) There shall be evidence of continuing education and training programs for the nursing staff in perinatal nursing and infection control.

**§70551. Perinatal Unit Equipment and Supplies.**

(a) General equipment shall include at least the following:

- (1) Amniocentesis tray.
- (2) DC defibrillator immediately available.
- (3) Blanket warmer.
- (4) Solutions and supplies for intravenous fluids, blood, plasma and blood substitutes or fractions.

(b) A fetal heart rate monitor should be available.

(c) Labor rooms shall contain at least the following equipment:

- (1) Oxygen and suction outlets.
- (2) A labor bed with adjustable side rails.
- (3) Foot stool.

(4) One or more comfortable chairs.

(5) Handwashing facilities.

(6) Toilet and handwashing facilities shall be in or immediately adjacent to labor room and shall be shared by no more than two patients.

(7) Adjustable examination light.

(8) Sphygmomanometer.

(9) Regular and fetal stethoscope.

(d) Delivery rooms shall have at least the following equipment:

- (1) Adjustable delivery table.
- (2) Surgical light.

- (3) Equipment for inhalation anesthesia and regional analgesia.
- (4) Clock with sweep second hand.
- (5) An elapsed time clock.
- (6) Emergency supplies such as packings, syringes, needles and drugs.
- (7) Emergency call button.
- (8) Provision for oxygen and suction for mother and infant.
- (9) Thermostatically controlled incubator or radiant heating device.
- (10) Sterile one percent silver nitrate and irrigating solutions for prophylactic Crede treatment of the eyes.
- (11) Sterile clamps or ties for umbilical cord.
- (12) Resuscitation equipment and supplies to include at least:
  - (A) Glass trap suction device with catheter.
  - (B) Pharyngeal airways, assorted sizes.
  - (C) Laryngoscope, including a blade for premature infants.
  - (D) Endotracheal catheters, assorted sizes with malleable stylets.
  - (E) Arterial catheters, assorted sizes.
  - (F) Ventilatory assistance bag and infant mask.
  - (G) Bulb syringe.
  - (H) Stethoscope.
  - (I) Syringes, needles and appropriate drugs.
- (e) Nursery equipment shall include at least the following:
  - (1) A separate bassinet for each infant made of easily cleanable material such as metal or clear plastic.
  - (2) Enclosed storage unit for clean supplies for each infant.
  - (3) Diaper receptacles with a cover, foot control and disposable liner.
  - (4) A hamper with a disposable liner for soiled linen.
  - (5) A wall thermometer and hygrometer.
  - (6) Accurate beam scales or the equivalent.
  - (7) Thermostatically controlled incubators or radiant heating devices to maintain proper ambient temperature.
  - (8) Oxygen and compressed air supply, regulating devices and administration equipment.
  - (9) Resuscitation equipment as required in delivery rooms.
  - (10) Suction equipment.
  - (11) At least one duplex electrical outlet for every two bassinets.
  - (12) One handwashing sink with controls not requiring direct contact of the hands for operation (wrist or elbow blade handles are not acceptable) for each six bassinets.

**§70553. Perinatal Unit Space.**

- (a) General:
  - (1) A storage room for supplies and equipment used in labor and delivery areas shall be maintained.
  - (2) Dressing room for staff personnel should be provided.
- (b) Labor rooms:
  - (1) At least one labor room, having a minimum of 9.3 square meters (100 square feet) of floor space shall be provided.
  - (2) Labor room beds shall not be included in the licensed bed capacity of the hospital.
  - (3) A labor room shall contain no more than two beds.
- (c) Delivery rooms:
  - (1) Delivery rooms shall be provided which are used for no other purpose. The operating room may serve as the delivery room in rural area hospitals having a licensed bed capacity of 25 or less.

(2) Delivery rooms shall have a minimum floor area of 30 square meters (324 square feet) with no dimension less than 5.5 meters (18 feet).

(d) Nurseries:

(1) Sufficient floor area shall be provided so that there is at least 2.3 square meters (25 square feet) per bassinet with at least 1 meter (3 feet) between bassinets.

(2) A workroom or control station shall be maintained which shall provide for handwashing, gowning and charting.

(3) There shall be 100 foot candles of light at each bassinet.

(4) Bassinets in the normal newborn nursery are not included in the total licensed bed capacity of the hospital.

#### **§70555. Physical Therapy Service Definition.**

(a) Physical therapy service means those services to a patient by or under the supervision of a physical therapist to achieve and maintain the highest functional level with appropriate staff, space, equipment and supplies. Physical therapy services include but are not limited to:

(1) Providing the physician with an initial written evaluation of the patient's rehabilitation potential.

(2) Applying muscle, nerve, joint and functional ability tests.

(3) Treating patients to relieve pain, develop or restore function.

(4) Assisting patients to achieve and maintain maximum performance using physical means such as exercise, massage, heat, sound, water, light, ice, and electricity.

#### **§70557. Physical Therapy Service General Requirements.**

Note • History

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The responsibility and the accountability of the physical therapy service to the medical staff and administration shall be defined.

(c) Physical therapy shall be given only on the signed order of a person lawfully authorized to give such an order.

(d) When physical therapy is ordered, the patient shall be evaluated by the physical therapist and a treatment program shall be established to include the modalities, frequency and duration of treatments. This program and any modifications shall be approved by the person who signed the order for service.

(e) Signed notes shall be entered into the record each time physical therapy service has been performed.

(f) Progress notes shall be written and signed at least weekly by the physical therapist and summarized upon completion of the treatment program.

(g) Physical therapy service staff shall be involved in orientation and in-service training of hospital employees.

(h) There shall be written techniques for cleaning and culturing of hydrotherapy equipment.

(i) Procedures shall be established for outpatient treatment, home visits and referrals to appropriate community agencies.

(j) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.



## HISTORY

1. Amendment of subsections (c) and (d) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

### **§70559. Physical Therapy Service Staff.**

- (a) A physical therapist shall have overall responsibility for the physical therapy service.
- (b) There shall be sufficient staff to meet the needs of the patients and scope of the services offered. The staff shall consist of physical therapists and may additionally consist of physical therapist assistants, physical therapy aides and other supportive personnel.
- (c) The physical therapist shall supervise treatment rendered by aides and assistants. When physical therapy aides are providing treatment, a physical therapist shall provide direct supervision of the treatment rendered.

### **§70561. Physical Therapy Service Equipment and Supplies.**

- (a) There shall be sufficient equipment and supplies appropriate to the needs and the services offered. In addition there shall be:
  - (1) A telephone.
  - (2) A handwashing sink in the treatment area.
  - (3) Equipment accessible to patients in wheelchairs, on crutches, or when using other adaptive equipment. This shall include but not be limited to:
    - (A) Adequate width of door openings.
    - (B) Toilets with grab bars on both sides of the commode.
    - (C) Over sink mirrors.
    - (D) Drinking fountains.
    - (E) Adjustable tables.

### **§70563. Physical Therapy Service Space.**

- (a) Adequate space shall be maintained for the equipment and supplies necessary to provide physical therapy service. The minimum floor area for physical therapy service shall be 28 square meters (300 square feet), no dimension of which shall be less than 4 meters (12 feet).
- (b) Office space, separate from the treatment area, shall be provided.
- (c) Floor finishes shall be of a nonslip variety to minimize hazard.
- (d) Architectural barriers as defined in Specifications for Making Buildings and Facilities Accessible and Usable by the Physically Handicapped, A-117.1 1961 (reaffirmed 1971) by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018, shall have alternate means of access such as ramps.
- (e) A suitable waiting area shall be provided.

### **§70565. Podiatric Service Definition.**

Podiatric service means the diagnosis and treatment of disorders of the foot by podiatrists with the appropriate staff, space, equipment and supplies.

### **§70567. Podiatric Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

- (b) The responsibility and the accountability of the podiatric service to the medical staff and administration shall be defined.
- (c) A physician member of the medical staff shall be responsible for the care of any medical problem arising during the hospitalization of podiatric patients.
- (d) There shall be a record of all podiatric services provided for the patient and this shall be made a part of the patient's medical record.
- (e) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70569. Podiatric Service Staff.**

A podiatrist shall have overall responsibility for the service.

**§70571. Podiatric Service Equipment and Supplies.**

There shall be sufficient equipment, instruments, and supplies for the scope of services provided.

**§70573. Podiatric Service Space.**

There shall be adequate space maintained to meet the needs of the service.

**§70575. Psychiatric Unit Definition.**

A psychiatric unit means a service, department or division of a hospital which is organized, staffed and equipped to provide inpatient and outpatient care for mentally disordered or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with 6000) of the Welfare and Institutions Code.

**§70577. Psychiatric Unit General Requirements.**

Note • History

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the psychiatric service to the medical staff and administration shall be defined.
- (c) The psychiatric unit shall be used for patients with the diagnosis of a mental disorder requiring hospital care. For purposes of these regulations "mental disorder" is defined as any psychiatric illness or disease, whether functional or of organic origin.
- (d) Medical services.
  - (1) Psychiatrists or clinical psychologists within the scope of their licensure and subject to the rules of the facility, shall be responsible for the diagnostic formulation for their patients and the development and implementation of each patient's treatment plan.
  - (2) Medical examinations shall be performed as often as indicated by the medical needs of the patient as determined by the patient's attending psychiatrist. Reports of all medical examinations shall be on file in the patient's medical record.
  - (3) A psychiatrist shall be available at all times for psychiatric emergencies.
  - (4) An appropriate committee of the medical services shall:
    - (A) Identify and recommend to administration the equipment and supplies necessary for emergency medical problems.
    - (B) Develop a plan for handling and/or referral of patients with emergency medical problems.
    - (C) Determine the circumstances under which electroconvulsive therapy may be administered.

(D) Develop guidelines for the administration of a drug when given in unusually high dosages or for purposes other than those for which the drug is customarily used.

(e) Psychological services shall be provided by clinical psychologists within the scope of their licensure and subject to the provisions of Section 1316.5 of the Health and Safety Code

(1) Facilities which permit clinical psychologists to admit patients shall do so only if there are staff physicians who will provide the necessary medical care to the patients.

(2) Only staff physicians shall assume responsibility for those aspects of patient care which may be provided only by physicians.

(f) Provision shall be made for the rendering of social services by social workers at the request of a patient's attending physician.

(g) Therapeutic activity program.

(1) Every unit shall provide and conduct organized programs of therapeutic activities in accordance with the interests, abilities and needs of the patients.

(2) Individual evaluation and treatment plans which are correlated with the total therapeutic program shall be developed and recorded for each patient.

(h) Education.

(1) No hospital shall accept children of school age who are educable or trainable and who are expected to be a patient in the unit for one month or longer unless an educational or training program can be made available for such children in accordance with their needs and conditions.

(2) Educational programs provided in the facility shall follow those programs established by law, and shall be under the direction of teachers with California teaching credentials.

(3) If children attend community schools, supervision to and from school shall be provided in accordance with the needs and conditions of the patients.

(4) Transportation to and from school shall be provided where indicated.

(i) The medical records of all patients admitted to the unit shall contain a legal authorization for admission. Release of information or medical records concerning any patient shall be only as authorized under the provisions contained in Article 7 (commencing with Section 5325; and Section 5328 in particular) Part 1, Division 5 of the Welfare and Institutions Code.

(j) Restraint of patients.

(1) Restraint shall be used only when alternative methods are not sufficient to protect the patient or others from injury.

(2) Patients shall be placed in restraint only on the written order of the physician. This order shall include the reason for restraint and the type of restraint to be used. In a clear case of emergency, a patient may be placed in restraint at the discretion of a registered nurse and a verbal or written order obtained thereafter. If a verbal order is obtained it shall be recorded in the patient's medical record and be signed by the physician on his next visit.

(3) Patients in restraint by seclusion or mechanical means shall be observed at intervals not greater than 15 minutes.

(4) Restraints shall be easily removable in the event of fire or other emergency.

(5) Record of type of restraint including time of application and removal shall be in the patient's medical record.

(k) Patients' rights.

(1) All patients shall have rights which include, but are not limited to, the following:

(A) To wear his own clothes, to keep and use his own personal possessions including his toilet articles; and to keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases.

(B) To have access to individual storage space for his private use.

(C) To see visitors each day.

- (D) To have reasonable access to telephones, both to make and receive confidential calls.
  - (E) To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
  - (F) To refuse shock treatment.
  - (G) To refuse lobotomy.
  - (H) To be informed of the provisions of law regarding complaints and of procedures for registering complaints confidentially, including but not limited to, the address and telephone number of the complaint receiving unit of the Department.
  - (I) All other rights as provided by law or regulations.
  - (2) The physician who has overall responsibility for the unit or his designee, may for good cause, deny a person any of the rights specified in (1) above, except those rights specified in subsections (F), (G) and (I) above and the rights under subsection (F) may be denied only under the conditions specified in Section 5326.4, Welfare and Institutions Code. The denial, and the reasons therefor, shall be entered in the patient's medical record.
  - (3) These rights, written in English and Spanish, shall be prominently posted.
  - (l) Psychiatric unit staff shall be involved in orientation and in-service training of hospital employees.
  - (m) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.
- NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1255, 1276 and 1316.5, Health and Safety Code.

#### HISTORY

1. Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).
2. Amendment of subsection (d)(1) filed 11-1-85 as an emergency; effective upon filing (Register 85, No. 44). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 3-3-86.
3. Certificate of Compliance transmitted to OAL 2-28-86 and filed 3-26-86 (Register 86, No. 13).

#### **§70579. Psychiatric Unit Staff.**

Note • History

- (a) If a psychiatrist is not the administrative director of the psychiatric unit, a psychiatrist who is certified or eligible for certification in psychiatry by the American Board of Psychiatry and Neurology, shall be responsible for the medical care and services of the unit, including all those acts of diagnosis, treatment, or prescribing or ordering of drugs which may only be performed by a licensed physician.
- (b) A clinical psychologist shall be available on a full-time, part-time or consulting basis. The clinical psychologist shall function on such terms and conditions as the facility shall establish.
- (c) A registered nurse with two years experience in psychiatric nursing shall be responsible for the nursing care and nursing management of the psychiatric unit.
- (d) There shall be registered nurses with training and experience in psychiatric nursing on duty in the unit at all times.
- (e) There shall be sufficient nursing staff, including registered nurses, licensed vocational nurses, licensed psychiatric technicians and mental health workers to meet the needs of the patients.
- (f) A qualified therapist should be employed to conduct the therapeutic activity program. Therapists that may be involved in the program include occupational, music, art, dance and recreation therapist.
- (g) A social worker shall be employed on a full-time, regular part-time or consulting basis.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1255, 1276 and 1316.5, Health and Safety Code.

#### HISTORY

Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

#### **§70581. Psychiatric Unit Equipment and Supplies.**

- (a) Sufficient equipment and supplies shall be provided to meet the needs of the patients, including that necessary for the rehabilitative therapy program.
- (b) Resuscitative and cardiac monitoring equipment shall be in or readily available to the unit.

#### **§70583. Psychiatric Unit Space.**

- (a) A psychiatric unit shall meet the following space requirements:
  - (1) Consultation room for interviewing patients.
  - (2) Facilities for physical examination and a treatment room for medical procedures.
  - (3) At least one observation room for acutely disturbed patients. This room shall have facilities for visual observation and be located near the nursing station and a bathroom.
  - (4) Separate dining room.
  - (5) Facilities for occupational therapy.
  - (6) Indoor and outdoor facilities for therapeutic activities.
  - (7) A separate nursing station for the psychiatric unit. No beds for patients on the unit shall be located more than 90 feet away from the nursing station.
  - (8) Windows, modified to prevent patients from leaving the unit by way of a window.
  - (9) There shall be a principal entrance to the unit which could be locked if necessary.
- (b) A unit which treats children of school age over a substantial period of time (one month or more) shall have physical facilities for an educational program, such as a classroom and an office for the teacher.
- (c) Beds in a psychiatric unit shall be counted in the total licensed bed capacity of the hospital.

#### **§70585. Radiation Therapy Service Definition.**

Radiation therapy service means the use of external ionizing radiation including X-rays and teletherapy and brachytherapy using sealed sources of radioactive material in the treatment of human illnesses with appropriate staff, space, equipment and supplies.

#### **§70587. Radiation Therapy Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the radiation therapy service to the medical staff and administration shall be defined.
- (c) Radiation therapy shall be given only under the direction of a radiation therapist.
- (d) All cancer cases accepted for curative radiation shall have adequate histologic substantiation of diagnosis unless convincing alternative evidence for diagnosis is presented.
- (e) Documentation of the initial evaluation, treatment plan, dosimetry, and clinical, technical and follow-up notes shall be maintained.
- (f) Adequate communication shall be maintained with referring physicians.
- (g) There should be periodic review of case management, complications and treatment results.

- (h) There shall be a tumor board, a tumor registry, and/or cancer committee in which the radiation therapy staff shall participate.
- (i) There shall be provided:
  - (1) Continuing radiological physics support for radiation therapy in cancer management.
  - (2) Calibration and operation of radiation therapy equipment according to California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.
  - (3) Appropriate radiation treatment localization, simulation and verification.
  - (4) Isodose treatment planning with complex analyses generated in appropriate cases.
  - (5) Treatment record quality control through independent review of records of patients undergoing treatment. The record shall be signed by the reviewer.
  - (6) Radiation protection for patients and staff in accordance with requirements of California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.
- (j) Periodic follow-up of patients following completion of treatment shall be coordinated with the referring physician.
- (k) The hospital shall have on file and open to inspection by the Department evidence of any and all affiliations currently in effect. These may include but are not limited to:
  - (1) Joint directorship and/or physician collaboration and coordination among several institutions.
  - (2) Interhospital collaboration for professional and administrative management.
- (l) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70589. Radiation Therapy Service Staff.**

- (a) A physician shall have overall responsibility for the service. This physician shall be certified or eligible for certification in therapeutic radiology by the American Board of Radiology or be certified or eligible for certification in radiology by the American Board of Radiology and have two (2) years of additional full-time experience in radiation therapy.
- (b) In remote communities where the population and number of cancer cases are insufficient to require a full-time radiation therapist, a general radiologist may provide radiation treatment of limited scope for those patients whose transportation to larger centers would be undesirable. He shall have an established mechanism to provide the consultation, physics and treatment planning support and referral availability of a radiation therapist.
- (c) Other personnel who shall be available full-time, part-time or on a consultative basis, depending upon the activity of the department are:
  - (1) A radiological physicist who is either certified in radiological physics or in therapeutic radiological physics by the American Board of Radiology.
  - (2) A dosimetrist (treatment plan technologist) who is a qualified and experienced radiation therapy technologist with a minimum of one year of additional clinical training in dosimetry under the direction of an experienced dosimetrist and a physicist.
  - (3) A certified therapeutic radiological technologist.
  - (4) Appropriate support personnel including licensed nurses, where patient load requires.

**§70591. Radiation Therapy Service Equipment and Supplies.**

- (a) Equipment and supplies shall include:
  - (1) Megavoltage (supervoltage) treatment unit capable of delivering x or gamma rays of effective energy 500 KeV or more and conforming to the requirements of California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.
  - (2) Access to medium voltage or superficial treatment unit delivering 500 KeV or less, but otherwise having the same functional characteristics as the above megavoltage units and conforming to the requirements of

California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.

(3) Access to brachytherapy equipment which shall meet the requirements of California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.

(4) Appropriate examination room equipment.

(5) Emergency trays and medications.

(6) Access to radiation measurement and calibration equipment including a calibration constancy instrument and access to a secondary standard dose meter.

**§70593. Radiation Therapy Service Space.**

(a) Rooms accommodating radiation therapy machines shall be of adequate size to permit easy use of stretcher patients. Shielding of the rooms shall meet the requirements of California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.

(b) Sufficient examination rooms of adequate size.

(c) Patient reception, waiting and dressing areas with conveniently located toilets shall be provided.

(d) Space sufficient for medical and physics staff functions shall be provided.

Rehabilitation center means a functional unit for the provision of those rehabilitation services that restore an ill or injured person to the highest level of self-sufficiency or gainful employment of which he is capable in the shortest possible time, compatible with his physical, intellectual and emotional or psychological capabilities and in accord with planned goals and objectives.

**§70595. Rehabilitation Center Definition.**

Rehabilitation center means a functional unit for the provision of those rehabilitation services that restore an ill or injured person to the highest level of self-sufficiency or gainful employment of which he is capable in the shortest possible time, compatible with his physical, intellectual and emotional or psychological capabilities and in accord with planned goals and objectives.

**§70597. Rehabilitation Center General Requirements.**

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. These policies and procedures shall include but not be limited to:

(1) Goals and objectives.

(2) General eligibility and admission criteria.

(3) Geographic area to be served.

(4) Scope of services to be provided.

(5) Rehabilitation staff eligibility requirements.

(6) Relationships between the hospital and other health facilities in the community.

(7) Sources and forms used for referral of patients.

(b) The responsibility and the accountability of the rehabilitation service to the medical staff and administration shall be defined.

(c) As a minimum, physical therapy, occupational therapy and speech therapy shall be provide and the requirements for these individual services, as stated elsewhere in these regulations, shall be met.

(d) There shall be preadmission patient screening done by an appropriate individual who may be the director of the service or his designee. Such screening shall include but not be limited to:

(1) Medical review.

(2) Rehabilitative potential evaluation.

(3) Review of future placement resources.

(e) An outpatient service shall be part of the rehabilitation center. This service shall provide continuity of care to patients who have completed inpatient rehabilitation care and will provide comprehensive, integrated care for patients not requiring hospitalization. This service shall have available all of the resources of the rehabilitation center.

(1) A coordinated system of patient scheduling and appointments that serves to minimize waiting time shall be established.

(2) An outpatient medical record shall be maintained for each patient receiving care in the outpatient service. The completed medical record shall include the information required for treatment of all hospital outpatients (Section 70367).

(f) There shall be a written utilization review plan that outlines the:

(1) Organization and composition of the utilization review committee, which shall include at least two physicians who shall be responsible for the utilization review functions.

(2) Requirement that the committee shall meet at least once each month.

(3) Selection of cases, both inpatient and outpatient, for review on a scientifically selected basis.

(4) Summary of the number and types of cases reviewed and the findings on each.

(5) Actions to be taken by the rehabilitation center based on the findings and recommendations of the utilization review committee.

(g) Staff conferences shall be held regularly and include representation and participation by all disciplines involved in the program to assist in the organization and coordination of services offered.

(h) Patient case conferences shall be held regularly to determine need for modification of treatment plans.

(1) There shall be a case conference plan and written minutes of each case conference held.

(2) One member of the rehabilitation service team shall be designated as the patient service coordinator.

(i) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

#### **§70599. Rehabilitation Center Staff.**

(a) A physician experienced in rehabilitation medicine shall have overall responsibility for the service.

(b) A registered nurse with training and at least one year of experience in rehabilitation nursing shall be responsible for nursing care and nursing management of rehabilitation services.

(c) Sufficient registered nurses experienced in rehabilitation nursing shall be employed to meet the needs of the service.

(d) Other personnel experienced in rehabilitation shall be provided to meet the needs of the service and shall include but not be limited to the following:

(1) Full-time physical therapists.

(2) Full-time occupational therapists.

(3) Speech pathologists.

(4) The following personnel shall be available on a consultation or referral basis:

(A) Audiologist.

(B) Orthotist.

(C) Prosthetist.

(D) Vocational rehabilitation counselor.

(E) Recreational therapist.

(F) Psychiatrist.

(G) Psychologist.

(H) Registered nurse with public health nursing certificate.

(I) Learning disability specialist.

(J) Social worker.



**§70601. Rehabilitation Center Equipment and Supplies.**

- (a) There shall be sufficient equipment and supplies to fulfill the needs of the services provided.
- (b) The equipment shall be of a type, quantity and quality that will provide safe and effective patient care.

**§70603. Rehabilitation Center Space.**

- (a) Rehabilitation beds shall be in a designated area of the hospital and shall be included in the licensed bed capacity of the hospital.
- (b) The following structural features shall be provided in the rehabilitation service area:
  - (1) Flooring in rehabilitation areas, while selected for appearance, durability and ease of cleaning and maintenance, shall also be selected and maintained to minimize slipping hazards.
  - (2) Architectural barriers as defined in Specifications for Making Buildings and Facilities Accessible and Usable by the Physically Handicapped, A-117.1 1961 (reaffirmed 1971) by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018, shall have alternate means of access such as ramps.
  - (3) Sturdy handrails shall be provided on both sides of ramps and stairs in areas used by physically handicapped patients.
  - (4) Grab bars on both sides of toilets and supports shall be provided in patient bathrooms so that physically disabled patients may use toilet, handwashing and bathing facilities with minimal or no assistance.
  - (5) Doors and doorways.
    - (A) Doors to be used by ambulatory and wheelchair patients shall be at least 1.1 meters (three feet, eight inches) wide. Doors 0.9 meter (three feet) wide may be permitted at individual toilet rooms adjacent to patient bedrooms.
    - (B) Thresholds at doorways shall be flush with the floor.
  - (C) There should be at least two doors of entry and exit from group activity areas, i.e., craft and workshops. All such exit doors shall be equipped with panic bars.
  - (D) Doors shall not obstruct wheelchair patients' access to toilets and other patient areas.
- (6) Bathing facilities.
  - (A) Bathtubs shall be of standard height. There shall be access on both sides and one end of bathtub to allow personnel to work on either side or end of tub.
  - (B) Shower stalls shall have minimum dimensions of at least 1.2 meters (four feet), be equipped with handrails and curtains and be designed for easy accessibility. The floor shall be sloped to provide drainage.
- (7) There shall be at least one training toilet area in each patient unit with minimum dimensions of 1.5 meters (five feet) and 1.8 meters (six feet).
- (8) Drinking fountains shall be located conveniently in nursing units, treatment areas and the lobby. Fountains shall be usable by wheelchair patients.
- (9) Telephones shall be accessible to and usable by wheelchair patients.
- (10) All rooms shall contain a minimum of 10 square meters (110 square feet) of usable floor space per bed with greater space provided for special needs such as circ-o-lectric beds.
- (11) Beds of adjustable height, preferably electrically operated, adequate to the needs of the service shall be provided. Beds shall be adjustable to the heights of wheelchair seats for use in patient transfer.
- (12) A mirror with overhead light, so arranged as to be easily usable by handicapped patients in wheelchairs, shall be provided in patient rooms.
- (13) Dining and lounge or recreation area.
  - (A) Space for group dining shall be provided in a minimum amount of at least 2 square meters (20 square feet) per licensed bed for adults and/or children beyond the crib age.
  - (B) Space for group recreation or patients lounge shall be provided in the same space ratio as the dining area.

(C) Dining and recreation areas shall be equipped with appropriate height tables to accommodate patients in wheelchairs.

(14) Suitable space shall be provided for staff conferences, patient evaluation and progress reports.

(15) Classroom space.

(16) An examining room equipped with furnishings, equipment and supplies adjacent or readily accessible to the office of the physician in charge of the outpatient service.

(17) A waiting room area with coat or locker space, drinking fountain, telephone and men and women toilet facilities in or adjacent to the rehabilitation outpatient service area.

(18) Access to an outside area to be used in therapeutic procedures for patients.

#### **§70605. Renal Transplant Center Definition.**

Renal transplant center means a specialized unit of a hospital for the treatment of patients with end-stage renal disease who manifest the accumulation of excessive nitrogenous waste products. The scope of services offered is comprehensive and includes acute dialysis, renal transplantation and may include peritoneal dialysis or other means for removing toxic or excessive waste products from the blood.

#### **§70607. Renal Transplant Center General Requirements.**

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and the administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The responsibility and the accountability of the renal transplant center to the medical staff and administration shall be defined.

(c) The hospital shall:

(1) Perform a sufficient number of transplants per annum to demonstrate a capability to perform with high quality. Fifteen (15) transplants should be performed per annum.

(2) Offer both living related donor and cadaver donor transplant services.

(3) Contribute to a coordinated system of care by arrangements with other facilities providing care for patients with end-stage renal disease.

(4) Make renal transplant services available to patients with end-stage renal disease referred from facilities that do not provide renal transplant services.

(5) Participate in the development and use of a registry of prospective recipient patients.

(6) Participate in kidney procurement, preservation and transport program.

(7) Cooperate with other facilities for the timely transfer of medical data on patients with end-stage renal disease.

(d) There shall be a written hepatitis control program incorporating the recommendations of Report 33, January 1971, of the Hepatitis Surveillance Program of the Center for Disease Control, Public Health Services, Atlanta, GA 30333.

(e) There shall be in-service training and continuing education for all medical, nursing and other personnel.

(f) The particular requirements for renal transplant and acute dialysis patients shall be accommodated in the disaster and fire plans of the hospital.

(g) The hospital shall provide directly:

(1) Inpatient acute dialysis.

(2) Respiratory therapy.

(3) Angiography.

(4) Nuclear medicine.

- (5) Twenty-four hour laboratory capability of performing, as a minimum, the following determinations: C.B.C., B.U.N., creatinine, platelet count, blood typing and cross matching, blood gas analysis, blood pH, electrolytes, serum glucose, coagulation tests, spinal fluid examination, and urinalysis.
- (6) Immunofluorescence studies.
- (h) The hospital shall provide directly or by arrangement:
  - (1) Microbiological studies for rickettsiae, fungi, bacteria and viruses.
  - (2) Electron microscopy.
  - (3) Outpatient follow-up care of patients with renal transplants.
  - (4) Tissue culture.
  - (5) Tissue typing and immunologic testing.
  - (6) Cadaver kidney preservation.
  - (7) Chronic dialysis.
- (i) Periodically, a committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70609. Renal Transplant Center Staff.**

- (a) A physician shall have overall responsibility for the center. This physician shall be certified or eligible for certification by the American Board of Surgery, American Board of Urology, American Board of Internal Medicine or American Board of Pediatrics and shall have a minimum of one year's training or experience in the care of patients with renal transplantation.
- (b) The surgeons performing the transplantation procedures shall be certified or eligible for certification by the American Board of Surgery or American Board of Urology and shall have at least one year's training or experience in renal transplantation.
- (c) Children (13 years of age or under) receiving transplant services shall be under the care of a physician who is certified or eligible for certification by the American Board of Pediatrics.
- (d) Where appropriate, the hospital shall provide timely evaluation and consultation for its patients with renal transplants by the following specialists:
  - (1) Physicians certified or eligible for certification in cardiology, endocrinology, hematology, or infectious disease by the American Board of Internal Medicine.
  - (2) A physician certified or eligible for certification in neurology by the American Board of Psychiatry and Neurology.
  - (3) A physician certified or eligible for certification in psychiatry by the American Board of Psychiatry and Neurology.
  - (4) A physician certified or eligible for certification in orthopaedic surgery by the American Board of Orthopaedic Surgery.
  - (5) A physician certified or eligible for certification by the American Board of Pathology.
  - (6) A physician certified or eligible for certification by the American Board of Urology.
- (e) There shall be a registered nurse responsible for the nursing service who has had at least 12 months' general nursing experience or six months' experience in the care of patients with renal transplants.
- (f) There shall be sufficient other licensed nurses and skilled personnel to provide the required patient care.
- (g) A dietician shall provide diet management and counseling to meet the needs of patients with renal transplants.
- (h) A social worker shall provide the social services and counseling needs of patients with renal transplants.

**§70611. Renal Transplant Center Equipment and Supplies.**

- (a) Equipment and supplies shall include at least the following if chronic dialysis is provided:
  - (1) A dialysis machine or equivalent (with appropriate monitoring equipment) for each bed or station.
  - (2) Dialysis equipment appropriate for pediatric patients, if treated.

- (3) Cardiac monitoring equipment.
- (4) Resuscitative equipment.

**§70613. Renal Transplant Center Space.**

- (a) There shall be a minimum of 10 square meters (110 square feet) of floor space per bed. Beds in the renal transplant center shall be included in the total licensed bed capacity of the hospital.
- (b) The following areas shall be provided and maintained if chronic dialysis is provided:
  - (1) Patient waiting area.
  - (2) Conference room.
  - (3) Nurses' station.
  - (4) Isolation room.
  - (5) Segregated area for home dialysis training.
  - (6) Machine storage room.
  - (7) Supplies storage room.
  - (8) Utility room.

**§70615. Respiratory Care Service Definition.**

- (a) Respiratory care service means those diagnostic and therapeutic procedures for ventilatory support and associated services to patients with appropriate staff, space, equipment and supplies. These diagnostic and therapeutic procedures include but are not limited to:
  - (1) Measurement of pulmonary function testing and blood gas analyses.
  - (2) Procedures to reverse or prevent further physiological abnormalities.
  - (3) Treatment or prevention of airway problems of respiratory therapy origin.
  - (4) Positive pressure ventilatory therapy.
  - (5) Respiratory monitoring.
  - (6) Cardiopulmonary resuscitation.
  - (7) Physical therapy of the chest including bronchial drainage and percussion.
  - (8) Patient instruction.
  - (9) Care of the intubated and tracheostomy patient.
  - (10) Constant consideration of infection control.

**§70617. Respiratory Care Service General Requirements.**

Note • History

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the respiratory care service to the medical staff and administration shall be defined.
- (c) There shall be clear delineation as to who may perform the various procedures, under what circumstances and under whose supervision, with the important undesirable side effects noted if an emergency arises.
- (d) All services shall be provided on the order of a person lawfully authorized to give such an order and shall specify the type, frequency of treatment, the dose and type of medication, appropriate dilution ratios and which diagnostic procedures are requested.
- (e) A copy of the order shall be available within the respiratory care files in addition to the patient's health record.

(f) Diagnostic studies and treatment modalities shall be recorded in the patient's medical record including the type of diagnostic or therapeutic procedures, the dates and times of their occurrence and their effects including any adverse reactions.

(g) Normal range and acceptable deviations from normal will be clearly delineated. Reactions outside the acceptable usual disease range shall be brought to the attention of the referring physician and the nursing service.

(h) Respiratory care staff shall be involved in orientation and in-service training of hospital employees.

(i) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsections (d) and (e) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

**§70619. Respiratory Care Service Staff.**

(a) A physician shall have overall responsibility for the service. This physician should be certified or eligible for certification by the American Board of Internal Medicine or the American Board of Anesthesiology. His responsibilities shall include:

- (1) Coordinating with other services.
- (2) Making services available.
- (3) Assuring the quality of respiratory care personnel.
- (4) Developing measures to control nosocomial infections.

(b) The day-to-day operation of the service shall be under the immediate supervision of a technical director who shall be a respiratory therapist, respiratory therapy technician, cardiopulmonary or pulmonary technologist or a registered nurse with specialized training and/or advanced experience in respiratory care, who shall be responsible for:

- (1) Supervising the clinical application of respiratory care.
- (2) Supervising the technical procedures used in pulmonary function testing and blood gas analysis.
- (3) Supervising the maintenance of equipment.
- (4) Assuring that national and local safety standards are met.

(c) Other personnel may include registered nurses, licensed vocational nurses and physical therapists trained in respiratory care, respiratory therapists, respiratory therapy technicians, cardiopulmonary or pulmonary technologists and students.

**§70621. Respiratory Care Service Equipment and Supplies.**

(a) There shall be sufficient types and quantity of equipment to provide the appropriate inhalation of the several gases, aerosols and such other modalities required for the anticipated nature and variety of procedures.

(b) Equipment shall be calibrated in accordance with manufacturer's instructions and records of such calibrations shall be kept.

**§70623. Respiratory Care Service Space.**

(a) There shall be sufficient space maintained for:

- (1) Storage of necessary equipment.

- (2) Work areas for cleaning, sterilizing and repairing equipment.
- (3) Pulmonary function studies and blood gas analysis, if performed in the unit.
- (4) Office space.

**§70625. Skilled Nursing Service Definition.**

Skilled nursing service means the provision of skilled nursing care and supportive care to patients whose primary need is for the availability of skilled nursing care on a long-term basis. There is provision for 24-hour inpatient care and as a minimum includes medical, nursing, dietary, pharmaceutical services and an activity program.

**§70627. Skilled Nursing Service General Requirements.**

(a) The regulations for Skilled Nursing Facilities, Chapter 3, Division 5, Title 22, California Administrative Code, shall be met with the following exceptions:

- (1) The administrator of the hospital does not need to possess a license as a nursing home administrator and his services may be shared between the hospital and the skilled nursing service.
- (2) The functions of the director of nurses may be shared between the hospital and the skilled nursing service. The registered nurse requirement, referred to as director of the nursing service, in Section 72323 of regulations for Skilled Nursing Facilities.
- (b) There shall be written policies and procedures relating to the transfer of patients between the hospital and skilled nursing service that are approved by the medical staff.
- (c) The skilled nursing service shall be provided in a distinct part.

**§70629. Social Service Definition.**

Social service means assisting patients and their families to understand and cope with the emotional and social problems which affect their health status, with appropriately organized staff, space, equipment and supplies. problems of patients.

**§70631. Social Service General Requirements.**

- (a) The social service to be provided shall be planned and developed in consultation with the administration, medical staff, nursing staff and other staff as appropriate.
- (b) The responsibility and the accountability of the social service to administration and medical staff shall be defined.
- (c) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (d) When the patient receives social service appropriate entries and progress notes shall be included in the patient's medical record.
- (e) Social service staff shall be involved in orientation and in--service training of the staff to assist in identifying social and emotional problems of patients.
- (f) Periodically, an appropriate committee of the medical staff shall evaluate the service provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70633. Social Service Staff.**

- (a) A social worker shall have overall responsibility for the service.
- (b) The social service staff shall be sufficient in number and qualifications to effectively provide the service needed. Such personnel may include social work assistants, social work aides and support staff.

**§70635. Social Service Equipment and Supplies.**

Equipment and supplies shall be provided as needed for performance of social service.

**§70637. Social Service Space.**

There shall be sufficient office space and privacy for interviewing and conducting social service.

**§70639. Speech Pathology and/or Audiology Service Definition.**

Speech pathology and/or audiology service means diagnostic evaluation, screening, testing and rehabilitation services for individuals with speech, hearing and/or language disorders with appropriate staff, space, equipment and supplies.

**§70641. Speech Pathology and/or Audiology Service General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and accountability of the speech pathology and/or audiology service to the medical staff and administration shall be defined.
- (c) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70643. Speech Pathology and/or Audiology Service Staff.**

- (a) A speech pathologist, audiologist or otolaryngologist shall have overall responsibility for the service.
- (b) There shall be sufficient trained staff to meet the needs of the patients and the scope of the services provided.
- (c) All unlicensed personnel shall work under the direct supervision of a speech pathologist or audiologist.
- (d) There shall be arrangements for consultation with the patient's physician, a physician who is certified or eligible for certification by the American Board of Otolaryngology or other physician specialists as deemed appropriate.

**§70645. Speech Pathology and/or Audiology Service Equipment and Supplies.**

- (a) At least the following equipment shall be provided:
  - (1) An appropriate clinical audiometer.
  - (2) Diagnostic tests and materials.
  - (3) Other equipment and materials deemed necessary by the person having overall responsibility for the service.
- (b) Audiometric equipment shall be calibrated in accordance with Standard S-3.6, 1969, Specifications for Audiometer, of the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018. Evidence of such calibration shall be available on request.

**§70647. Speech Pathology and/or Audiology Service Space.**

- (a) There shall be at least one two-room testing suite that meets Standard S-3.1, 1960 (R-1971), Criteria for Background Noise in Audiometer Rooms, of the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018.
- (b) There shall be the space necessary for the tables and chairs to conduct interviews, consultations, treatment and to accommodate patients in wheelchairs or on stretchers.

**§70649. Standby Emergency Medical Service, Physician on Call, Definition.**

Standby emergency medical service, physician on call, means the provision of emergency medical care in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time.

**§70651. Standby Emergency Medical Service, Physician on Call, General Requirements.**

- (a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (b) The responsibility and the accountability of the emergency medical service to the medical staff and administration shall be defined.
- (c) There shall be a roster of names of physicians and their telephone numbers who are available to provide emergency service.
- (d) A communication system employing telephones, radiotelephone or similar means shall be in use to establish and maintain contact with the police department, rescue squads and other emergency services of the community.
- (e) The emergency medical service shall have a defined emergency and mass casualty plan in concert with the hospital's capabilities and the capabilities of the community served.
- (f) The hospital shall require continuing education of all emergency medical service personnel.
- (g) Medical records shall be maintained on all patients presenting themselves for emergency medical care. These shall become part of the patient's hospital medical record. Past hospital records shall be available to the emergency medical service.
- (h) An emergency room log shall be maintained and shall contain at least the following information relating to the patient: name, date, time and means of arrival, age, sex, record number, nature of complaint, disposition and time of departure. The name of those dead on arrival shall also be entered in the log.
- (i) Each standby emergency medical service shall be identified to the public by an exterior sign, clearly visible from public thoroughfares. The wording of such signs shall state STANDBY EMERGENCY MEDICAL SERVICE, PHYSICIAN ON CALL.
- (j) Standardized emergency nursing procedures shall be developed by an appropriate committee of the medical staff.
- (k) A list of referral services shall be available in the emergency service. This list shall include the name, address and telephone number of the following:
  - (1) Police department
  - (2) Blood bank
  - (3) Antivenin service
  - (4) Burn center
  - (5) Drug abuse center
  - (6) Poison control information center
  - (7) Suicide prevention center
  - (8) Director of the State Department of Health or his designee
  - (9) Local health department
  - (10) Clergy
  - (11) Emergency psychiatric service
  - (12) Chronic hemodialysis service
  - (13) Renal transplant center
  - (14) Intensive care newborn nursery
  - (15) Emergency maternity service



- (16) Radiation accident management service
- (17) Ambulance transport and rescue services
- (18) County coroner or medical examiner

(l) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§70653. Standby Emergency Medical Service, Physician on Call, Staff.**

(a) A physician shall have overall responsibility for the service. He or his designee shall be responsible for:

- (1) Implementation of established policies and procedures.
- (2) Development of a system for assuring physician coverage on call 24 hours a day to the emergency medical service.
- (3) Assurance that physician coverage is available within a reasonable length of time, relative to the patient's illness or injury.
- (4) Development of a roster of specialty physicians available for consultation at all times.
- (5) Assurance of continuing education for the medical and nursing staff.
- (b) All physicians, dentists and podiatrists providing services in the emergency room shall be members of the organized medical staff.
- (c) A registered nurse shall be immediately available within the hospital at all times to provide emergency nursing care.
- (d) There shall be sufficient other personnel to support the services offered.

**§70655. Standby Emergency Medical Service, Physician on Call, Equipment and Supplies.**

All equipment and supplies necessary for life support shall be available. Equipment shall include, but need not be limited to, airway control and ventilation equipment, suction devices, cardiac monitor defibrillator, intravenous fluids and administering devices and including blood expanders.

**§70657. Standby Emergency Medical Service, Physician on Call, Space.**

(a) The following space provisions and designations shall be met:

- (1) Designated emergency room area
- (2) Reception area
- (3) Observation room

(b) Observation beds in the emergency medical service shall not be counted in the total licensed bed capacity of the hospital.

**Article 7. Administration**

**§70701. Governing Body.**

Note • History

(a) The governing body shall:

- (1) Adopt written bylaws in accordance with legal requirements and its community responsibility which shall include but not be limited to provision for:
  - (A) Identification of the purposes of the hospital and the means of fulfilling them.
  - (B) Appointment and reappointment of members of the medical staff.
  - (C) Appointment and reappointment of one or more dentists, podiatrists, and/or clinical psychologists to the medical staff respectively, when dental, podiatric, and/or clinical psychological services are provided.
  - (D) Formal organization of the medical staff with appropriate officers and bylaws.
  - (E) Membership on the medical staff which shall be restricted to physicians, dentists, podiatrists, and clinical psychologists competent in their respective fields, worthy in character and in professional ethics. No

hospital shall discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his/her licensure, or against a licensed physician and surgeon or podiatrist on the basis of whether the physician and surgeon or podiatrist holds an M.D., D.O. or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American medical board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.

(F) Self-government by the medical staff with respect to the professional work performed in the hospital, periodic meetings of the medical staff to review and analyze at regular intervals their clinical experience and requirement that the medical records of the patients shall be the basis for such review and analysis.

(G) Preparation and maintenance of a complete and accurate medical record for each patient.

(2) Appoint an administrator whose qualifications, authority and duties shall be defined in a written statement adopted by the governing body.

(3) The Department shall be notified in writing whenever a change of administrator occurs.

(4) Provide appropriate physical resources and personnel required to meet the needs of the patients and shall participate in planning to meet the health needs of the community.

(5) Take all reasonable steps to conform to all applicable federal, state and local laws and regulations, including those relating to licensure, fire inspection and other safety measures.

(6) Provide for the control and use of the physical and financial resources of the hospital.

(7) Require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices including provision that all members of the medical staff be required to demonstrate their ability to perform surgical and/or other procedures competently and to the satisfaction of an appropriate committee or committees of the staff, at the time of original application for appointment to the staff and at least every two years thereafter.

(8) Assure that medical staff by-laws, rules and regulations are subject to governing body approval, which approval shall not be withheld unreasonably.

(9) These by-laws shall include an effective formal means for the medical staff, as a liaison, to participate in the development of all hospital policy.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

HISTORY

1. Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

2. Editorial correction of subsection (a)(7) filed 8-31-83; effective thirtieth day thereafter (Register 83, No. 36).

### **§70703. Organized Medical Staff.**

Note • History

(a) Each hospital shall have an organized medical staff responsible to the governing body for the adequacy and quality of the medical care rendered to patients in the hospital.

(1) The medical staff shall be composed of physicians and, where dental or podiatric services are provided, dentists or podiatrists.

(2) Where clinical psychological services are provided, clinical psychologists may be appointed to the medical staff subject to the by-laws, rules and regulation of the hospital.

(b) The medical staff, by vote of the members and with the approval of the governing body, shall adopt written by-laws which provide formal procedures for the evaluation of staff applications and credentials,

appointments, reappointments, assignment of clinical privileges, appeals mechanisms and such other subjects or conditions which the medical staff and governing body deem appropriate. The medical staff shall abide by and establish a means of enforcement of its by-laws. Medical staff by-laws, rules and regulations shall not deny or restrict within the scope of their licensure, the voting right of staff members or assign staff members to any special class or category of staff membership, based upon whether such staff members hold an M.D., D.O., D.P.M., OR D.D.S. degree or clinical psychology license.

(c) The medical staff shall meet regularly. Minutes of each meeting shall be retained and filed at the hospital.

(d) The medical staff by-laws, rules, and regulations shall include, but shall not be limited to, provision for the performance of the following functions: executive review, credentialing, medical records, tissue review, utilization review, infection control, pharmacy and therapeutics, and assisting the medical staff members impaired by chemical dependency and/or mental illness to obtain necessary rehabilitation services. These functions may be performed by individual committees, or when appropriate, all functions or more than one function may be performed by a single committee. Reports of activities and recommendations relating to these functions shall be made to the executive committee and the governing body as frequently as necessary and at least quarterly.

(e) The medical staff shall provide in its by-laws, rules and regulations for appropriate practices and procedures to be observed in the various departments of the hospital. In this connection the practice of division of fees, under any guise whatsoever, shall be prohibited and any such division of fees shall be cause for exclusion from the staff.

(f) The medical staff shall provide for availability of staff physician for emergencies among the in-hospital population in the event that the attending physician or his alternate is not available.

(g) The medical staff shall participate in a continuing program of professional education. The results of retrospective medical care evaluation shall be used to determine the continuing education needs. Evidence of participation in such programs shall be available.

(h) The medical staff shall develop criteria under which consultation will be required. These criteria shall not preclude the requirement for consultations on any patient when the director of the service, chairman of a department or the chief of staff determines a patient will benefit from such consultation.

#### NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

#### HISTORY

1. Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).
2. Amendment of subsection (d) filed 10-3-88; operative 11-2-88 (Register 88, No. 41).
3. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
4. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No 46).
5. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
6. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

§70705. Medical Staff, Residents, Interns and Students.

Note • History

(a) The hospital shall not permit any physician, dentist, podiatrist, or clinical psychologist or any medical, dental, podiatric or clinical psychology resident, intern or student to perform any service for which a license, certificate of registration or other form of approval is required unless such person is licensed, registered, approved or is exempted therefrom under the provisions of the State Medical Practice Act, the State Dental Practice Act, the State Podiatric Practice Act, or the State Psychology Licensing Law and, further, unless such services are performed under the direct supervision of licensed practitioner whenever so required by law.

(b) If patient care is provided by residents, interns and medical students, such care shall be in accordance with the provisions of a program approved by and in conformity with: the Council on Education of the American Medical Association, the American Osteopathic Association Board of Trustees through the Committee on postdoctoral training and the Bureau of Professional Education, the American Dental Association, the American Podiatry Association, or the Education and Training Board of the American Psychological Association and/or the residency training programs of the respective specialty boards.

(c) Except in an emergency, all other patient care by interns, house officers, residents or persons with equivalent titles, not provided as specified in subdivision (b) of this section, must be provided by a practitioner with a current license to practice in California.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.

HISTORY

1. Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

**§70706. Interdisciplinary Practice and Responsibility for Patient Care.**

Note • History

(a) In any facility where registered nurses will perform functions requiring standardized procedures pursuant to Section 2725 of the Business and Professions Code, or in which licensed or certified healing arts professionals who are not members of the medical staff will be granted privileges pursuant to Section 70706.1 there shall be a Committee on Interdisciplinary Practice established by and accountable to the Governing Body, for establishing policies and procedures for interdisciplinary medical practice.

(b) The Committee on Interdisciplinary Practice shall include, as a minimum, the director of nursing, the administrator or designee and an equal number of physicians appointed by the Executive Committee of the medical staff, and registered nurses appointed by the director of nursing. Licensed or certified health professionals other than registered nurses who are performing or will perform functions as in (a) above shall be included in the Committee.

(c) The Committee on Interdisciplinary Practice shall establish written policies and procedures for the conduct of its business. Policies and procedures shall include but not be limited to:

(1) Provision for securing recommendations from members of the medical staff in the medical specialty, or clinical field of practice under review, and from persons in the appropriate nonmedical category who practice in the clinical field or specialty under review.

(2) Method for the approval of standardized procedures in accordance with Sections 2725 of the Business and Professions Code in which affirmative approval of the administrator or designee and a majority of the physician members and a majority of the registered nurse members would be required and that prior to such approval, consultation shall be obtained from facility staff in the medical and nursing specialties under review.

(3) Providing for maintaining clear lines of responsibility of the nursing service for nursing care of patients and of the medical staff for medical services in the facility.

(4) Intended line of approval for each recommendation of the Committee.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. New section filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

#### **§70706.1. Granting of Nonphysician Privileges.**

Note • History

(a) Registered Nurses. The Committee on Interdisciplinary Practice shall be responsible for recommending policies and procedures for the granting of expanded role privileges to registered nurses, whether or not employed by the facility, to provide for the assessment, planning, and direction of the diagnostic and therapeutic care of a patient in a licensed health facility. These policies and procedures will be administered by the Committee on Interdisciplinary Practice which shall be responsible for reviewing credentials and making recommendations for the granting and/or rescinding of such privileges.

(b) Physician's Assistant. A physician's assistant who practices in a licensed facility shall be supervised by a physician approved by the Division of Allied Health Professions of the Board of Medical Quality Assurance who is a member of the active medical staff of that facility. Physician's assistants shall apply to and be approved by the Executive Committee of the medical staff of the facility in which the physician's assistant wishes to practice.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. New section filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

#### **§70706.2. Standardized Procedures.**

Note • History

(a) The Committee on Interdisciplinary Practice shall be responsible for:

(1) Identifying functions and/or procedures which require the formulation and adoption of standardized procedures under Section 2725 of the Business and Professions Code in order for them to be performed by registered nurses in the facility, and initiating the preparation of such standardized procedures in accordance with this section.

(2) The review and approval of all such standardized procedures covering practice by registered nurses in the facility.

(3) Recommending policies and procedures for the authorization of employed staff registered nurses to perform the identified functions and/or procedures. These policies and procedures may be administered by the Committee on Interdisciplinary Practice or by delegation to the director of nursing.

(b) Each standardized procedure shall:

(1) Be in writing and show date or dates of approval including approval by the Committee on Interdisciplinary Practice.

- (2) Specify the standardized procedure functions which registered nurses are authorized to perform and under what circumstances.
- (3) State any specific requirements which are to be followed by registered nurses in performing all or part of the functions covered by the particular standardized procedure.
- (4) Specify any experience, training or special education requirements for performance of the functions.
- (5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform the functions.
- (6) Provide for a method of maintaining a written record of those persons authorized to perform the functions.
- (7) Specify the nature and scope of review and/or supervision required for the performance of the standardized procedure functions; for example, if the function is to be performed only under the immediate supervision of a physician, that limitation must be clearly stated. If physician supervision is not required, that fact should be clearly stated.
- (8) Set forth any specialized circumstances under which the registered nurse is to communicate immediately with a patient's physician concerning the patient's condition.
- (9) State any limitations on settings or departments within the facility where the standardized procedure functions may be performed.
- (10) Specify any special requirements for procedures relating to patient recordkeeping.
- (11) Provide for periodic review of the standardized procedure.
- (c) If nurses have been approved to perform procedures pursuant to a standardized procedure, the names of the nurses so approved shall be on file in the office of the director of nursing.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. New section filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

**§70707. Patients' Rights.**

Note • History

- (a) Hospitals and medical staffs shall adopt a written policy on patients' rights.
- (b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:
  - (1) Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status, or the source of payment for care.
  - (2) Considerate and respectful care.
  - (3) Knowledge of the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and nonphysicians who will see the patient.
  - (4) Receive information about the illness, the course of treatment and prospects for recovery in terms that the patient can understand.
  - (5) Receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or nontreatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.

- (6) Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
- (7) Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
- (8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.
- (9) Reasonable responses to any reasonable requests made for service.
- (10) Leave the hospital even against the advice of physicians.
- (11) Reasonable continuity of care and to know in advance the time and location of appointment as well as the identity of persons providing the care.
- (12) Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse to participate in such research projects.
- (13) Be informed of continuing health care requirements following discharge from the hospital.
- (14) Examine and receive an explanation of the bill regardless of source of payment.
- (15) Know which hospital rules and policies apply to the patient's conduct while a patient.
- (16) Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- (17) Designate visitors of his/her choosing, if the patient has decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
  - (A) No visitors are allowed.
  - (B) The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
  - (C) The patient has indicated to the health facility staff that the patient no longer wants this person to visit.
- (18) Have the patient's wishes considered for purposes of determining who may visit if the patient lacks decision-making capacity and to have the method of that consideration disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any person living in the household.
- (19) This section may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.
- (c) A procedure shall be established whereby patient complaints are forwarded to the hospital administration for appropriate response.
- (d) All hospital personnel shall observe these patients' rights.

NOTE

Authority cited: Sections 1275 and 100275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsection (b) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).
2. Amendment of subsection (b)(1), new subsections (b)(17)-(b)(19), and amendment of Note filed 1-30-97; operative 3-1-97 (Register 97, No. 5).

**§70707.1. Criteria for the Performance of Sterilization.**

Note • History

- (a) A sterilization shall be performed only if the following conditions are met:

- (1) The individual is at least 18 years old at the time the consent is obtained, or the individual is under 18 and:
- (A) Has entered into a valid marriage, whether or not such marriage was terminated by dissolution; or
  - (B) Is on active duty with the United States armed services; or
  - (C) Is over 15 years old, lives apart from his or her parents or guardian(s) manages, his or her own financial affairs; or
  - (D) Has received a declaration of emancipation pursuant to Section 64 of the Civil Code.
- (2) The individual is able to understand the content and nature of the informed consent process as specified in 70707.3.
- (3) The individual has voluntarily given informed consent in accordance with all the requirements prescribed in Sections 70707.1 through 70707.6.
- (4) At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of the sterilization, except in the following instances.
- (A) Sterilization may be performed at the time of emergency abdominal surgery if the following requirements are met:
- 1. The written informed consent to be sterilized was given at least 30 days before the individual intended to be sterilized.
  - 2. At least 72 hours have passed after written informed consent to be sterilized was given.
- (B) Sterilization may be performed at the time of premature delivery if the following requirements are met:
- 1. The written informed consent was given at least 30 days before the expected date of the delivery.
  - 2. At least 72 hours have passed after written informed consent to be sterilized was given.
- (C) The patient voluntarily requests in writing that the procedure be performed in less than 30 days. However, in no case shall a sterilization be performed in less than 72 hours following the signing of the consent form.

NOTE

Authority cited: Sections 208, 1275, 1276, Health and Safety Code. Reference: Sections 1250 et seq., Health and Safety Code; Sections 25.6, 25.7, 34.6, and 63,

**§70707.2. Requirements for Sterilization Other Than Emergency Sterilization.**

Note • History

NOTE

Authority cited: Sections 208, 1275, 1276, Health and Safety Code. Reference: Sections 1250 et seq., Health and Safety Code.

HISTORY

- 1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).
- 2. Repealer filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).

**§70707.3. Informed Consent Process for Sterilization.**

Note • History

- (a) An individual has given informed consent only if:
- (1) The person who obtained consent for the sterilization procedure:
    - (A) Offered to answer any questions the individual to be sterilized may have concerning the procedure.
    - (B) Provided the individual with a copy of the consent form and the booklet on sterilization published by the Department.
    - (C) Provided orally all of the following to the individual to be sterilized:



1. Advice that the individual is free to withhold or withdraw consent to the procedure at any time before the sterilization without affecting the right to future care or treatment and without loss or withdrawal of any federally funded program benefits to which the individual might be otherwise entitled.
  2. A full description of available alternative methods of family planning and birth control.
  3. Advice that the sterilization procedure is considered to be irreversible.
  4. A thorough explanation of the specific sterilization procedure to be performed.
  5. A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used.
  6. A full description of the benefits or advantages that may be expected as a result of the sterilization.
  7. Approximate length of hospital stay.
  8. Approximate length of time for recovery.
  9. Financial cost to the patient.
  10. Information that the procedure is established or new.
  11. Advice that the sterilization will not be performed for at least 30 days, except under the circumstances specified in Section 70707.1.
  12. The name of the physician performing the procedure. If another physician is to be substituted, the patient shall be notified, prior to administering pre-anesthetic medication of the physician's name and the reason for the change in physician.
- (2) Suitable arrangements were made to ensure that the information specified in (a)(1) was effectively communicated to any individual who is blind, deaf, or otherwise handicapped.
  - (3) An interpreter was provided if the individual to be sterilized did not understand the language used on the consent form or the language used by the person obtaining consent.
  - (4) The individual to be sterilized was permitted to have a witness of the individual's choice present when consent was obtained.
  - (5) The sterilization operation was requested without fraud, duress, or undue influence.
  - (6) The consent form requirements of Section 70707.4 were met.
- (b) Informed consent may not be obtained while the individual to be sterilized is:
    - (1) In labor or within 24 hours postpartum or postabortion.
    - (2) Seeking to obtain or obtaining an abortion.
  - (A) Seeking to obtain means that period of time during which the abortion decision and the arrangement for the abortion are being made.
  - (B) Obtaining an abortion means that period of time during which the individual is undergoing the abortion procedure, including any period during which preoperative medication is administered.
  - (3) Under the influence of alcohol or other substances that affect the individual's state of awareness.
- (c) The informed consent process may be conducted either by a physician or by the physician's designee.
  - (d) A copy of the signed consent form shall be:
    - (1) Provided to the patient.
    - (2) Retained by the physician and the hospital in the patient's medical records.
  - (e) No person shall by reason of mental retardation alone be prevented from consenting to sterilization under this section.

NOTE

Authority cited: Sections 208(a), 1275, and 1276, Health and Safety Code. Reference: Section 1250, Health and Safety Code.

HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).
2. Repealer and new section filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).

3. New subsections (b)(2)(A) and (B) filed 7-1-83; effective thirtieth day thereafter (Register 83, No. 27).

**§70707.4. Certification of Informed Consent for Sterilization.**

Note • History

(a) The Consent Form, provided by the Department in English and Spanish, shall be the only approved form and shall be signed and dated by the:

- (1) Individual to be sterilized.
- (2) Interpreter, if one is provided.
- (3) Person who obtained the consent.
- (4) Physician who performed the sterilization procedure, or an alternate physician.

(b) The person securing consent shall certify, by signing the Consent Form, that he or she:

- (1) Advised the individual to be sterilized before the individual to be sterilized signed the Consent Form, that no federal benefits may be withdrawn because of the decision not to be sterilized.
- (2) Explained orally the requirements for informed consent to the individual to be sterilized as set forth on the Consent Form and in Section 70707.3.
- (3) Determined to the best of his/her knowledge and belief that the individual to be sterilized appeared to understand the content and nature of the informed consent process as specified in 70707.3 and knowingly and voluntarily consented to be sterilized.

(c) The physician performing the sterilization, or an alternate physician shall certify, by signing the Consent Form, that:

- (1) The physician or an alternate physician, shortly before the performance of the sterilization, advised the individual to be sterilized that federal benefits shall not be withheld or withdrawn because of a decision not to be sterilized.
- (2) The physician or an alternate physician explained orally the requirements for informed consent as set forth on the Consent Form.
- (3) To the best of the physician's or an alternate physician's knowledge and belief, the individual to be sterilized appeared to knowingly and voluntarily consent to be sterilized.
- (4) At least 30 days have passed between the date of the individual's signature on the Consent Form and the date upon which the sterilization was performed, except in the following instances:
  - (A) Sterilization may be performed at the time of emergency abdominal surgery if the physician:
    1. Certifies that the written informed consent to be sterilized was given at least 30 days before the individual intended to be sterilized.
    2. Certifies that at least 72 hours have passed after written informed consent to be sterilized was given.
    3. Describes the emergency on the Consent Form.
  - (B) Sterilization may be performed at the time of premature delivery if the physician certifies that:
    1. The written informed consent was given at least 30 days before the expected date of the delivery. The physician shall state the expected date of the delivery on the Consent Form.
    2. At least 72 hours have passed after written informed consent to be sterilized was given.
  - (C) The patient voluntarily requests in writing that the procedure be performed in less than 30 days. However, in no case shall a sterilization be performed in less than 72 hours following the signing of the Consent Form.

(d) The interpreter, if one is provided, shall certify that he or she:

- (1) Transmitted the information and advice presented orally to the individual to be sterilized.
- (2) Read the Consent Form and explained its contents to the individual to be sterilized.
- (3) Determined to the best of his/her knowledge and belief that the individual to be sterilized understood that the interpreter told the individual.

(e) The person who obtains consent shall provide the individual to be sterilized with a copy of the booklet on sterilization, provided by the Department in English and Spanish before obtaining consent.

(f) For the purposes of this section, shortly before means a period within 72 hours prior to the time the patient receives any preoperative medication.

NOTE

Authority cited: Sections 208(a), 1275 and 1276, Health and Safety Code. Reference: Section 1250, Health and Safety Code.

HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).
2. Repealer and new section filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).
3. Amendment of subsections (a)(4) and (c) filed 7-1-83; effective thirtieth day thereafter (Register 83, No. 27).

#### **§70707.5. Hysterectomy.**

Note • History

(a) Except for a previously sterile woman, a hysterectomy may be performed or arranged for by a physician only if:

(1) The person who secures the authorization to perform the hysterectomy has informed the individual and the individual's representatives, if any, orally and in writing, that the hysterectomy will render the individual permanently sterile.

(2) The individual and the individual's representative, if any, has signed a written acknowledgement of receipt of the information in (1).

(3) The individual has been informed of the rights to consultation with a second physician.

(b) A copy of the signed statement shall be:

(1) Provided to the patient.

(2) Retained by the physician and the hospital in the patient's medical records.

(c) For previously sterile women the physician shall discuss with the patient her pre-existing sterility and certify in the patient's health record that the individual was previously sterile and the cause of sterility.

NOTE

Authority cited: Sections 208, 1275 and 1276, Health and Safety Code. Reference: Sections 1275, 1276 and 1294, Health and Safety Code.

HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).
2. Repealer and new section filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).
3. Amendment of subsection (a) and new subsection (c) filed 2-25-86; effective thirtieth day thereafter (Register 86, No. 9).

#### **§70707.6. The Additional Requirements for Informed Consent Process When Specified Federal Funds Are Used.**

Note • History

Pursuant to Title 22, California Administrative Code Sections 51163 and 51305.1 through 51305.7 the following Additional Requirements for Informed Consent Process shall be met When Specified Federal Funds are Used:

(a) When Medi-Cal funds are used:

(1) Sterilization shall be performed only if the following conditions are met:

(A) The individual is at least twenty-one years old at the time consent is obtained.

(B) The individual is not a mentally incompetent individual.

(C) The individual is not an institutionalized individual.

(2) A hysterectomy shall not be covered if:

(A) Performed solely for the purpose of rendering an individual permanently sterile.

(B) There is more than one purpose to the procedure, and the hysterectomy would not be performed except for the purpose of rendering the individual permanently sterile.

(3) The hospital may not honor any request that the sterilization be performed earlier than 30 days as may non-Medi-Cal patients under Sections 70707.1(4)(C) and 70707.4(4)(C).

(b) For the purposes of this section the following definitions apply:

(1) Mentally incompetent individual means an individual who has been declared mentally incompetent by a Federal, State, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes which include the ability to consent to sterilization.

(2) Institutionalized individual means an individual who is:

(A) Involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness.

(B) Confined, under a voluntary commitment, in a mental hospital or other facility for the care and treatment of mental illness.

NOTE

Authority cited: Sections 208, 1275, 1276, Health and Safety Code. Reference: Sections 1250 et seq. , Health and Safety Code.

HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).

2. Repealer and new section filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).

#### **§70707.7. Verification of Informed Consent.**

Note • History

(a) For the purposes of the hospital in complying with these regulations, signature of the patient, physician, physician's designee (if any) and auditor-witness (if applicable) on the Sterilization Consent Document shall be sufficient evidence that the informed consent procedure has taken place.

NOTE

Authority cited: Sections 208, 1275, 1276, Health and Safety Code. Reference: Sections 1250 et seq. , Health and Safety Code.

HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).

2. Amendment filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).

#### **§70707.8. Noncompliance.**

Note • History

Noncompliance with Sections 70707.1 through 70707.7 may result in a revocation or an involuntary suspension of the hospital's license as delineated in Section 70135.

The facility shall report to the Board of Medical Quality Assurance the name of any physician who performs a sterilization procedure which was not in compliance with Sections 70707.1 through 70707.7 of this chapter.

NOTE

Authority cited: Sections 208, 1275, 1276, Health and Safety Code. Reference: Sections 1250 et seq. , Health and Safety Code.

HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).

**§70707.9. Effective Date.**

Note • History

NOTE

Authority cited: Sections 208, 1275 and 1276, Health and Safety Code. Reference: Sections 1250 et seq., Health and Safety Code.

HISTORY

1. New section filed 6-27-77 as an emergency; effective upon filing (Register 77, No. 27).
2. Amendment filed 8-3-77 as an emergency; effective upon filing (Register 77, No. 32).
3. Certificate of Compliance filed 11-30-77 (Register 77, No. 49).
4. Repealer filed 4-17-81; effective thirtieth day thereafter (Register 81, No. 16).

**§70708. Clinical Research.**

Research projects involving human subjects shall have the prior approval of a broadly represented committee which shall assure maximum patient safety and understanding.

**§70709. Emotional and Attitudinal Support.**

Note • History

Hospitals shall have a written plan for the provision of those components of total patient care that relate to the spiritual, emotional and attitudinal health of the patient, patients' families, visitors designated by patients pursuant to Section 70707(b)(17) and hospital personnel.

NOTE

Authority cited: Sections 1275 and 100275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of section and new Note filed 1-30-97; operative 3-1-97 (Register 97, No. 5).
- §70711. Social Services.

(a) Hospitals shall have a written plan for providing social services to those patients with social problems. This service may be provided through:

- (1) An organized social service within the hospital, or
- (2) A social worker employed on a part-time basis, or
- (3) Social work consultant services from a community agency.

**§70713. Use of Outside Resources.**

If a hospital does not employ a qualified professional person to render a specific service to be provided by the hospital, there shall be arrangements for such a service through a written agreement with an outside resource--which meets the standards and requirements of these regulations. The responsibilities, functions, objectives and terms of agreement, including financial arrangements and charges of each such outside resource, shall be delineated in writing and signed by an authorized representative of the hospital and the person or the agency providing the service. The agreement shall specify that the hospital retains professional and administrative responsibility for the services rendered. The outside resource, when acting as a consultant, shall apprise the administrator of recommendations, plans for implementation and continuing assessment through dated and signed reports which shall be retained by the administrator for follow-up action and evaluation of performance.

**§70715. Nondiscrimination Policies.**

(a) No hospital shall discriminate against any person based on sex, race, color, religion, ancestry or national origin, except as provided herein. This provision shall apply to the appointment of the medical staff, hiring of hospital employees and the admission, housing or treatment of patients.

(b) Any bona fide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this section may establish admission policies limiting or giving preference to their own members or adherents. Such policies shall not be construed as a violation of the first paragraph of this section. Any admission of nonmembers or nonadherents shall be subject to the first paragraph of this subsection.

(c) No hospital which permits sterilization operations for contraceptive purposes nor any member of its medical staff shall require of the patient any special nonmedical qualifications which are not imposed upon individuals seeking other types of operations. Prohibited nonmedical qualifications shall include, but not be limited to, age, marital status and number of natural children. This prohibition does not affect requirements relating to the physical or mental condition of the patient, physician counselling of the patient or existing law pertaining to individuals below the age of majority.

**§70717. Admission, Transfer and Discharge Policies.**

Note • History

(a) Each hospital shall have written admission, transfer and discharge policies which encompass the types of clinical diagnoses for which patients may be admitted, limitations imposed by law or licensure, staffing limitations, rules governing emergency admissions, advance deposits, rates of charge for care, charges for extra services, terminations of services, refund policies, insurance agreements and other financial considerations, discharge of patients and other related functions.

(b) Hospitals offering emergency and/or outpatient services shall make available, upon request of a patient, a schedule of hospital charges.

(c) Patients shall be admitted only upon the order and under the care of a member of the medical staff of the hospital who is lawfully authorized to diagnose, prescribe and treat patients. The patient's condition and provisional diagnosis shall be established at time of admission by the member of the medical staff who admits the patient, subject to the rules and regulations of the hospital, and the provisions of Section 70705(a).

(1) Patients admitted to the hospital for podiatric services shall receive the same basic medical appraisal as patients admitted for other services. This shall include the performance and recording of the findings in the health record of an admission history and physical examination which shall be performed by persons lawfully authorized to do so by their respective practice acts.

(d) Within 24 hours after admission, or immediately before, every patient shall have a complete history and physical examination performed providing the condition of the patient permits.

(e) No mentally competent adults shall be detained in a hospital against their will. Emancipated minors shall not be detained in a hospital against their will. Unemancipated minors shall not be detained against the will of their parents or legal guardians. In those cases where law permits unemancipated minors to contract for medical care without the consent of their parents or legal guardians, the minors shall not be detained in the hospital against their will. This provision shall not be construed to preclude or prohibit attempts to persuade a patient to remain in the hospital in the patient's own interest nor the detention of mentally disordered patients for the protection of themselves or others under the provisions of the Lanterman-Petris-Short Act (Welfare and Institutions Code, Section 5000, et seq.,) if the hospital has been designated by the county as a treatment facility pursuant to said act nor to prohibit minors legally capable of contracting for medical care from assuming responsibility for their discharge. However, in no event shall a patient be detained solely for nonpayment of a hospital bill.

(f) No patient shall be transferred or discharged solely for the purposes of effecting a transfer from a hospital to another health facility unless:

(1) Arrangements have been made in advance for admission to such health facility.

(2) A determination has been made by the patient's physician that such a transfer or discharge would not create a medical hazard to the patient.

(3) The patient or the person legally responsible for the patient has been notified, or attempts have been made over the 24-hour period prior to the patient's transfer and the legally responsible person cannot be reached.

(g) Minors shall be discharged only to the custody of their parents or legal guardians or custodians, unless such parents or guardians shall otherwise direct in writing. This provision shall not be construed to preclude minors legally capable of contracting for medical care from assuming responsibility for themselves upon discharge.

(h) Each patient upon admission shall be provided with a wristband identification tag or other means of identification unless the patient's condition will not permit such identification. Minimum information shall include the name of the patient, the admission number and the name of the hospital.

(i) No patients shall be admitted routinely to a distinct part of a hospital unless it is appropriate for the level of care required by those patients.

(j) Patients with critical burns shall be treated in a burn center unless transfer of the patient to the burn center is contraindicated in the judgment of the attending physician.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1285, 1315 and 1316.5, Health and Safety Code.

HISTORY

1. Amendment of subsection (d) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).
2. Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

**§70719. Personnel Policies.**

(a) Each hospital shall adopt written personnel policies concerning qualifications, responsibilities and conditions of employment for each type of personnel, which shall be available to all personnel. Such policies shall include but not be limited to:

(1) Wage scales, hours of work and all employee benefits.

(2) A plan for orientation of all personnel to policies and objectives of the hospital and for on-the-job training where necessary.

(3) A plan for at least an annual evaluation of employee performance.

(b) Personnel policies shall require that employees and other persons working in or for the hospital familiarize themselves with these and such other regulations as are applicable to their duties.

(c) Hospitals shall furnish written evidence of a plan for growth and development of the hospital staff through:

(1) Designation of a staff member qualified by training and experience who shall be responsible for staff education.

(2) Reference material relevant to the services provided by the hospital which shall be readily accessible to the staff.

#### **§70721. Employees.**

(a) The hospital shall recruit qualified personnel and provide initial orientation of new employees, a continuing in-service training program and competent supervision designed to improve patient care and employee efficiency.

(b) If language or communication barriers exist between hospital staff and a significant number of patients, arrangements shall be made for interpreters or for the use of other mechanisms to insure adequate communications between patients and personnel.

(c) The hospital shall designate a member of the staff as a patient discharge planning coordinator.

(d) All employees of the hospital having patient contact, including students, interns and residents, shall wear an identification tag bearing their name and vocational classification.

(e) Appropriate employees shall be given training in methods of hospital infection control and cardiopulmonary resuscitation.

(f) Uniform rules shall be established for each classification of employees concerning the conditions of employment. A written statement of all such rules shall be provided each employee upon commencing employment.

#### **§70723. Employee Health Examinations and Health Records.**

Note • History

(a) Personnel evidencing signs or symptoms indicating the presence of an infectious disease shall be medically screened prior to having patient contact. Those employees determined to have infectious potential as defined by the Infection Control Committee shall be denied or removed from patient contact until it has been determined that the individual is no longer infectious.

(b) A health examination, performed by a person lawfully authorized to perform such an examination, shall be required as a requisite for employment and must be performed within one week after employment.

Written examination reports, signed by the person performing the examination, shall verify that employees are able to perform assigned duties.

(1) Initial examination for tuberculosis shall include a tuberculin skin test using the Mantoux method using a 5 Tuberculin Unit dose of PPD tuberculin stabilized with Tween-80, the result of which is read and recorded in millimeters of induration. If the result is positive, a chest film shall be obtained. A skin test need not be done on a person with a documented positive reaction to PPD but a baseline chest X-ray shall be obtained.

(2) Policies and Procedures that address the identification, employment utilization and medical referral of persons with positive skin tests including those who have converted from negative to positive shall be written and implemented.

(3) An annual skin test for tuberculosis shall be performed on those individuals with a previously documented negative tuberculin skin test. If an individual with a previously documented negative skin test has a subsequent positive reaction, a chest X-ray shall be obtained.

(4) Less frequent testing for tuberculosis, but never less than every four years, may be adopted as hospital policy when documented in writing as approved by the Infection Control Committee, the medical staff and the health officer of the health jurisdiction in which the facility is located.



(c) Employee health records shall be maintained by the hospital and shall include the records of all required health examinations. Such records shall be kept a minimum of three years following termination of employment.

(d) Personnel shall be made aware of recommended vaccinations for preventable diseases that can be prevented by vaccination.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsection (b) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).
2. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
3. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
4. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
5. Certificate of Compliance as to 11-16-89 order including amendment of subsections (a), (b) and (d) transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70725. Employee Personnel Records.**

All hospitals shall maintain personnel records of all employees. Such records shall be retained for at least three years following termination of employment. The record shall include the employee's full name, Social Security number, the license or registration number, if any, brief resume of experience, employment classification, date of beginning employment and date of termination of employment. Records of hours and dates worked by all employees during at least the most recent six-month period shall be kept on file at the place of employment.

**§70727. Job Descriptions.**

Job descriptions detailing the functions of each classification of employee shall be written and shall be available to all personnel.

**§70729. Advertising.**

No hospital shall make or disseminate any false or misleading statement or advertise by any manner or means any false claims regarding services provided by the hospital.

**§70731. Alcoholic and/or Tubercular Patients.**

(a) Any licensee who holds out or advertises, by any means, the capability of providing specialized treatment of alcoholics and/or tubercular patients shall:

- (1) Establish a distinct part for each type of patient treated.
- (2) Obtain Department approval.

**§70733. Records and Reports.**

(a) Each hospital shall maintain copies of the following applicable documents on file in the administrative offices of the hospital:

- (1) Articles of incorporation or partnership agreement.
  - (2) Bylaws or rules and regulations of the governing body.
  - (3) Bylaws and rules and regulations of the medical staff.
  - (4) Minutes of the meetings of the governing body and the medical staff.
  - (5) Reports of inspections by local, state and federal agents.
  - (6) All contracts, leases and other agreements required by these regulations.
  - (7) Patient admission roster.
  - (8) Reports of unusual occurrences for the preceding two years.
  - (9) Personnel records.
  - (10) Policy manuals.
  - (11) Procedure manuals
  - (12) Minutes and reports of the hospital Infection Control Committee.
  - (13) Any other records deemed necessary for the direct enforcement of these regulations by the Department.
- (b) The records and reports mentioned or referred to above shall be made available for inspection by any duly authorized officer, employee or agent of the Department.

**§70735. Annual Reports.**

All hospitals shall submit annual reports to the Department on forms supplied by the Department and by the date specified on the form.

**§70736. Sterilization Reporting Requirements.**

Note • History

- (a) All hospitals performing tubal ligations, vasectomies, and hysterectomies shall submit to the Department a quarterly report containing the following information:
- (1) The total number of such sterilizations performed, including diagnoses and types of procedures employed.
  - (2) The number and type of such sterilizations performed by each physician on the medical staff preserving the anonymity of the physicians and patient.
  - (3) Demographic and medical data as required by the Department.

NOTE

Authority cited: Sections 208, 1275, 1276, Health and Safety Code. Reference: Sections 1250 et seq. , Health and Safety Code.

HISTORY

1. New section filed 5-27-77; effective thirtieth day thereafter (Register 77, No. 22).

**§70737. Reporting.**

- (a) Reportable Disease or Unusual Occurrences. All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors shall be reported as soon as reasonably practical, either by telephone or by telegraph, to the local health officer and to the Department. The hospital shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require.
- (b) Testing for Phenylketonuria. Hospitals to which maternity patients or infants 30 days of age or under may be admitted shall comply with the requirements governing testing for phenylketonuria (PKU) contained in Section 6500 of Title 17, California Administrative Code.

(c) Rhesus (Rh) Hemolytic Disease of the Newborn. Hospitals to which maternity patients may be admitted shall comply with the requirements for the determination and reporting of the rhesus (Rh) blood type of maternity patients and the reporting of rhesus (Rh) hemolytic disease of the newborn contained in Section 6510 of Title 17, California Administrative Code.

(d) Child Placement. Hospitals shall report to the Department on forms supplied by them, within 48 hours, the name and address of any person other than a parent or relative by blood or marriage, or the name and address of the organization or institution into whose custody a child is given on discharge from the hospital. The release of children for adoption shall be in conformity with the state law regulating adoption procedure.

#### **§70738. Infant Security.**

Note • History

Written policies and procedures shall be adopted and implemented to accurately identify infants and to protect infants from removal from the facility by unauthorized persons. The policies and procedures shall be reviewed and updated by the facility every two years.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. New section filed 1-24-90 as an emergency; operative 1-24-90 (Register 90, No. 5). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 5-24-90.
2. Certificate of Compliance as to 1-24-90 order transmitted to OAL 5-24-90 and filed 6-21-90 (Register 90, No. 33).

#### **§70739. Infection Control Program.**

Note • History

(a) A written hospital infection control program for the surveillance, prevention and control of infections shall be adopted and implemented. The program shall include policies and procedures that:

(1) Define and require methods to handle all patients, all blood and body fluids and all materials that are soiled with blood and/or body fluids from all patients. The methods prescribed shall be designed to reduce the risk of transmission of potentially infectious etiologic agents from patient to patient and between patient and healthcare worker. The methods shall include handwashing, the use of gloves, the use of other barriers, the handling of needles/sharps and the disposal of materials that are soiled with or contain blood and/or body fluids.

(2) Define practices to reduce the risk of transmission of airborne infectious etiologic agents including tuberculosis and addressing the assignment of rooms and/or roommates.

(3) Provide for and document the education of all personnel.

(A) Each new employee shall receive training appropriate to his/her job classification and work activities to acquaint him/her with infection control policies and procedures of the healthcare facility.

(B) Training material shall be kept current and conform to new information pertaining to the prevention and control of infectious diseases. Revised training material shall be presented to all healthcare workers.

(4) Provide a plan for the surveillance and control of nosocomial infections including procedures for the investigation and management of outbreaks.

(5) Define the equipment, instruments, utensils and disposable materials that are to be identified as biohazardous.

(b) The oversight of the infection surveillance, prevention and control program shall be vested in a multi-disciplinary committee which shall include representatives from the medical staff, administration, nursing department and infection control personnel. This committee shall provide advice on all proposed construction and shall be responsible for the provision of current, updated information on infection control policy and procedures for the facility.

(c) Hospitals having a licensed bed capacity of 200 or more shall have a full-time infection control employee who shall coordinate the activities of the program.

(d) Hospitals having a licensed bed capacity of 199 or less shall have a designated part-time infection control employee who shall coordinate activities of the program.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.

2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).

3. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.

4. Certificate of Compliance as to 11-16-89 order including amendment of subsections (a)-(d) transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70741. Disaster and Mass Casualty Program.**

(a) A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the California Emergency Plan of October 10, 1972 developed by the State Office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974 developed by the Office of Emergency Services, Department of Health. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

(b) The program shall cover disasters occurring in the community and widespread disasters. It shall provide for at least the following:

(1) Availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials.

(2) An efficient system of notifying and assigning personnel.

(3) Unified medical command.

(4) Conversion of all usable space into clearly defined areas for efficient triage, for patient observation and for immediate care.

(5) Prompt transfer of casualties, when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definite care.

(6) A special disaster medical record, such as an appropriately designed tag, that accompanies the casualty as he is moved.

(7) Procedures for the prompt discharge or transfer of patients already in the hospital at the time of the disaster who can be moved without jeopardy.

- (8) Maintaining security in order to keep relatives and curious persons out of the triage area.
- (9) Establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance arrangements with communications media will be made to provide organized dissemination of information.
- (c) The program shall be brought up-to-date, at least annually, and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files, e.g., orientation checklist or elsewhere, indicating that all new employees have been oriented to the program and procedures within a reasonable time after commencement of their employment.
- (d) The disaster plan shall be rehearsed at least twice a year. There shall be a written report and evaluation of all drills. The actual evacuation of patients to safe areas during the drill is optional.

**§70743. Fire and Internal Disasters.**

- (a) A written fire and internal disaster program, incorporating evacuation procedures, shall be developed with the assistance of fire, safety and other appropriate experts. A copy of the program shall be available on the premises for review by the Department.
- (b) The written program shall include at least the following:
  - (1) Plans for the assignment of personnel to specific tasks and responsibilities.
  - (2) Instructions relating to the use of alarm systems and signals.
  - (3) Information concerning methods of fire containment.
  - (4) Systems for notification of appropriate persons.
  - (5) Information concerning the location of fire fighting equipment.
  - (6) Specification of evacuation routes and procedures.
  - (7) Other provisions as the local situation dictates.
- (c) Fire and internal disaster drills shall be held at least quarterly for each shift of hospital personnel and under varied conditions. The actual evacuation of patients to safe areas during a drill is optional.
- (d) The evacuation plan shall be posted throughout the facility and shall include at least the following:
  - (1) Evacuation routes.
  - (2) Location of fire alarm boxes.
  - (3) Location of fire extinguishers.

**§70745. Fire Safety.**

All hospitals shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the prevention of fire and for the protection of life and property against fire and panic. All hospitals shall secure and maintain a clearance relative to fire safety from the State Fire Marshal.

**§70746. Disruption of Services.**

- (a) Each hospital shall develop a written plan to be used when a discontinuance or disruption of services occurs.
- (b) The administrator shall be responsible for informing the Department, via telephone, immediately upon being notified of the intent of the discontinuance or disruption of services or upon the threat of a walkout of a substantial number of employees, or earthquake, fire, power outage or other calamity that causes damage to the facility or threatens the safety or welfare of patients or clients.

**§70747. Medical Records Service.**

- (a) The hospital shall maintain a medical record service which shall be conveniently located and adequate in size and equipment to facilitate the accurate processing, checking, indexing and filing of all medical records.

(b) The medical records service shall be under the supervision of a registered records administrator or accredited records technician. The registered record administrator or accredited record technician shall be assisted by such qualified personnel as are necessary for the conduct of the service.

**§70749. Patient Health Record Content.**

Note • History

(a) Each inpatient medical record shall consist of at least the following items:

(1) Identification sheets which include but are not limited to the following:

(A) Name.

(B) Address on admission.

(C) Identification number (if applicable).

1. Social Security.

2. Medicare

3. Medi-Cal

(D) Age.

(E) Sex.

(F) Martial status.

(G) Religion.

(H) Date of admission.

(I) Date of discharge.

(J) Name, address and telephone number of person or agency responsible for patient.

(K) Name of patient's admitting physician.

(L) Initial diagnostic impression.

(M) Discharge or final diagnosis.

(2) History and physical examination.

(3) Consultation reports.

(4) Order sheet including medication, treatment and diet orders.

(5) Progress notes including current or working diagnosis.

(6) Nurses' notes which shall include but not be limited to the following:

(A) Concise and accurate record of nursing care administered.

(B) Record of pertinent observations including psychosocial and physical manifestations as well as incidents and unusual occurrences, and relevant nursing interpretation of such observations.

(C) Name, dosage and time of administration of medications and treatment. Route of administration and site of injection shall be recorded if other than by oral administration.

(D) Record of type of restraint and time of application and removal. The time of application and removal shall not be required for soft tie restraints used for support and protection of the patient.

(7) Vital sign sheet.

(8) Reports of all laboratory tests performed.

(9) Reports of all X-ray examinations performed.

(10) Consent forms, when applicable.

(11) Anesthesia record including preoperative diagnosis, if anesthesia has been administered.

(12) Operative report including preoperative and postoperative diagnosis, description of findings, technique used, tissue removed or altered, if surgery was performed.

(13) Pathological report, if tissue or body fluid was removed.

(14) Labor record, if applicable.

(15) Delivery record, if applicable.

(16) A discharge summary which shall briefly recapitulate the significant findings and events of the patient's hospitalization, his condition on discharge and the recommendations and arrangements for future care.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

**§70751. Medical Record Availability.**

Note • History

(a) Records shall be kept on all patients admitted or accepted for treatment. All required patient health records, either as originals or accurate reproductions of the contents of such originals, shall be maintained in such form as to be legible and readily available upon the request of:

- (1) The admitting physician.
- (2) The nonphysician granted privileges pursuant to Section 70706.1.
- (3) The hospital or its medical staff or any authorized officer, agent or employee of either.
- (4) Authorized representatives of the Department.
- (5) Any other person authorized by law to make such a request.

(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.

(c) Patient records including X-ray films or reproduction thereof shall be preserved safely for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.

(d) If a hospital ceases operation, the Department shall be informed within 48 hours of the arrangements made for safe preservation of patient records as above required.

(e) If ownership of a licensed hospital changes, both the previous licensee and the new licensee shall, prior to the change of ownership, provide the Department with written documentation that:

- (1) The new licensee will have custody of the patients' records upon transfer of the hospital and that the records are available to both the new and former licensee and other authorized persons; or
- (2) Arrangements have been made for the safe preservation of patient records, as above required, and that the records are available to both the new and former licensees and other authorized persons.

(f) Medical records shall be filed in an easily accessible manner in the hospital or in an approved medical record storage facility off the hospital premises.

(g) Medical records shall be completed promptly and authenticated or signed by a physician, dentist or podiatrist within two weeks following the patient's discharge. Medical records may be authenticated by a signature stamp or computer key, in lieu of a physician's signature, only when that physician has placed a signed statement in the hospital administrative offices to the effect that he is the only person who:

- (1) Has possession of the stamp or key.
- (2) Will use the stamp or key.

(h) Medical records shall be indexed according to patient, disease, operation and physician.

(i) By July 1, 1976 a unit medical record system shall be established and implemented with inpatient, outpatient and emergency room records combined.

(j) The medical record shall be closed and a new record initiated when a patient is transferred to a different level of care within a hospital which has a distinct part skilled nursing or intermediate care service.

NOTE

Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

**HISTORY**

1. Amendment of subsection (a) filed 3-13-80; effective thirtieth day thereafter (Register 80, No. 11).

**§70753. Transfer Summary.**

A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part skilled nursing or intermediate care service unit of the hospital. The transfer summary shall include essential information relative to the patient's diagnosis, hospital course, medications, treatments, dietary requirement, rehabilitation potential, known allergies and treatment plan and shall be signed by the physician.

**§70754. Special Hospital Transfer Agreement.**

Note • History

A special hospital shall have an effective written agreement with a general acute care hospital in the same geographic area for the provision of surgical and anesthesia services and any other service which may be required and which the special hospital does not provide.

**NOTE**

Authority cited: Section 208 and 1250, Health and Safety Code. Reference: ACR 67, Chapter 83, Statutes of 1977.

**HISTORY**

1. New section filed 7-28-78; effective thirtieth day thereafter (Register 78, No. 30).

**§70755. Patients' Monies and Valuables.**

(a) No licensee shall use patients' monies or valuables as his own or mingle them with his own. Patients' monies and valuables shall be separate, intact and free from any liability the licensee incurs in the use of his own or the institutions' funds and valuables.

(b) Each licensee shall maintain adequate safeguards and accurate records of patients' monies and valuables entrusted to his care.

(1) Records of patients' monies which are maintained as a drawing account shall include a control account for all receipts and expenditures, an account for each patient and supporting vouchers filed in chronological order. Each account shall be kept current with columns for debits, credits and balance.

(2) Records of patients' monies and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the patient or to the person responsible for the patient.

(c) Patients' monies not kept in the hospital shall be deposited in a demand trust account in a local bank authorized to do business in California, the deposits of which are insured by the Federal Deposit Insurance Corporation. A county hospital may deposit such funds with the county treasurer.

(d) When the amount of money entrusted to a licensee for patients exceeds \$500, all money in excess of \$500 shall be deposited in a demand trust account as specified in (c) above, unless a fireproof safe is provided on the premises for the protection of monies and valuables. If a fireproof safe is kept and the licensee desires the protection accorded by Civil Code Section 1860, he shall give notice as provided by that section.



(e) Upon discharge of the patient, all refunds due and all money and valuables of that patient which have been entrusted to the licensee shall be surrendered to the patient or the person responsible for the patient in exchange for a signed receipt. Money and valuables kept within the hospital must be surrendered upon demand and those kept in a demand trust account or with the county treasurer must be made available within three normal banking days.

(f) Following the death of a patient, except in a coroner or medical examiner's case, all money and valuables of that patient which have been entrusted to the licensee shall be surrendered to the person responsible for the patient, the executor or the administrator of the estate in exchange for a signed receipt, within 30 days. Immediate written notice of the death of a patient without an agent or known heirs shall be given to the public administrator of the county as specified by Section 1145 of the Probate Code.

(g) Upon change of ownership of a hospital, a written verification by a public accountant of all patients' monies which are being transferred to the custody of the new owners shall be obtained by the new owner in exchange for a signed receipt.

#### **§70757. First Aid and Referrals.**

(a) If a hospital does not maintain an emergency medical service, its employees shall exercise reasonable care to determine whether an emergency exists, render necessary lifesaving first aid and shall direct the persons seeking emergency care to the nearest hospital which can render the needed services and shall assist the persons seeking emergency care in obtaining such services, including transportation services, in every way reasonable under the circumstances.

(b) Hospitals not providing emergency medical service shall not advertise or make any other representation to the public that may convey or connote the availability of such service. The posting of signs to designate entrances for use by outpatients and ambulances such as ambulance entrance, referred patients, outpatient service or other words of similar connotation is not prohibited. Such hospitals may represent to the public in any form or manner and only in its entirety, the phrase first aid and referral service.

#### **§70759. Exercise Stress Testing.**

Where exercise stress testing is performed, there shall be appropriate monitoring and resuscitative equipment and persons trained in cardiopulmonary resuscitative techniques physically present.

#### **§70761. Medical Library.**

(a) Each hospital shall maintain a medical library consistent with the needs of the hospital.

(b) The medical library shall be located in a convenient location, and its contents shall be organized, easily accessible and available through authorized personnel at all times.

(c) The library shall contain modern textbooks in basic sciences and other current textbooks, journals and magazines pertinent to the clinical services maintained in the hospital.

#### **§70763. Medical Photography.**

The hospital shall have a policy regarding the obtaining of consent for medical photography.

#### **§70765. Conference Room.**

Suitable space for conferences shall be provided in the hospital.

### **Article 8. Physical Plant**

#### **§70801. Alterations to Existing Buildings or New Construction.**

(a) Alterations to existing buildings licensed as hospitals or new constructions shall be in conformance with Chapter 1, Division T17, Part 6, Title 24, California Administrative Code.

(b) Hospitals licensed and in operation prior to the effective date of changes in these regulations shall not be required to institute corrective alterations or construction to comply with such changes except where specifically required or where the Department determines that a definite hazard to health and safety exists. Any hospital for which preliminary or working drawings and specifications have been approved by the Department prior to the effective date of changes to these regulations shall not be required to comply with such changes provided substantial, actual construction is commenced within one year after the effective date of such changes.

**§70803. Application for Architectural Plan Review.**

(a) Drawings and specifications for alterations to existing buildings or new construction shall be submitted to the Department for approval and shall be accompanied by an application for plan review on forms furnished by the Department. The application shall:

- (1) Identify and describe the work to be covered by the plan review for which the application is made.
- (2) Describe the land on which the proposed work is to be done, by lot, block, tract or house and street address or similar description that will readily identify and definitely locate the proposed building or work.
- (3) Show the present and proposed use or occupancy of all parts of the building or buildings.
- (4) State the number of square meters (feet) of floor area involved in new construction and in alterations.
- (5) Give such other information as may be required by the Department for unusual design circumstances.
- (6) Be signed by the person designing the work or the owner of the work.

(b) The application for plan review shall also include a written statement that a description of the proposed work has been submitted to the Area Comprehensive Health Planning Agency approved by the State Advisory Health Council pursuant to Section 437.7 of the Health and Safety Code.

**§70805. Space Conversion.**

Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of the Department.

**§70807. Notice to Department.**

The licensee shall notify the Department in writing not later than ten days after the date when construction of a new hospital is commenced or when construction involving an increase in bed capacity or change of services of an existing hospital is commenced.

**§70809. Patient Accommodations.**

History

(a) No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the Director or his designee. Beds not used for overnight stay such as labor room beds, recovery beds, beds used for admission screening or beds used for diagnostic purposes in X-ray or laboratory departments are not included in the approved licensed bed capacity.

(b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.

(c) Patients shall not be housed in areas which have not been approved by the Department for patient housing and which have not been granted a fire clearance by the State Fire Marshal, except as provided in paragraph (a) above.

(d) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

**§70811. Patient Rooms.**

- (a) Patients shall be accommodated only in rooms with the following minimum floor area:
- (1) Single rooms: 10.2 square meters (110 square feet) of floor area, except for private rooms in pediatric units which shall have at least 9.3 square meters (100 square feet).
  - (2) Multi-patient rooms: 7.4 square meters (80 square feet) of floor area per bed with one meter (three feet) between beds, except in specialized units.
- (b) Each patient room shall be labeled with a number, letter or combination of the two for identification.
- (c) Patient rooms which are approved for ambulatory patients only shall not accommodate nonambulatory patients. Before patients are accommodated in ambulatory sections, they shall demonstrate that they are ambulatory, and this shall be noted in the patient's medical record. The hospital shall transfer patients from the ambulatory section when their condition becomes nonambulatory. The ambulatory status of patients shall be demonstrated upon request of the Department.
- (d) Patient rooms approved for use by ambulatory patients only shall be identified as follows: the words Reserved for Ambulatory Patients, in letters at least one and one-half centimeters (one-half inch) high shall be posted on the outside of the door or on the wall alongside the door where they are visible to persons entering the room.
- (e) Except in rooms approved by the Department for detention and for psychiatric patients, patients' rooms shall not be kept locked when occupied.
- (f) Any exit door, corridor or perimeter fence may be locked for egress only upon the written approval of the Department.

**§70813. Patient Property Storage.**

Patients shall be provided with closet or locker space for clothing, toilet articles and other personal belongings. Bedside tables or the equivalent shall be provided for each patient.

**§70815. Patient Room Furnishings.**

A bed with a suitable mattress and a chair shall be provided for each patient. In hospitals all beds, except cribs and bassinets, shall be adjustable.

**§70817. Provisions for Emptying Bedpans.**

Note • History

Bedpans shall be emptied and cleaned in utility rooms or in toilets adjoining patients' rooms when such toilets are equipped with flushing attachments and vacuum breakers.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70819. Provision for Privacy.**

A method of assuring visual privacy for each patient shall be maintained in patient rooms and in tub, shower and toilet rooms.

**§70821. Public Telephone.**

Each floor accommodating patients shall have a telephone installed for patient use. Such telephones shall be readily accessible to patients who are limited to wheel chairs and stretchers. This may not be required in separate buildings having six (6) or fewer beds which are restricted to occupancy by ambulatory patients.

**§70823. Isolation Facilities.**

Note • History

A private room shall be available for any patient in need of physical separation as defined by the infection control committee. Private toilet facilities shall be immediately adjacent to this room.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70825. Laundry Service.**

Note • History

(a) Laundry and linen.

(1) An adequate supply of clean linen shall be provided for at least three complete bed changes for the hospital's licensed bed capacity.

(2) There shall be written policies and procedures developed and implemented pertaining to the handling, storage, transportation and processing of linens.

(3) If the hospital operates its own laundry, such laundry shall be:

(A) Located in such relationship to other areas that steam, odors, lint and objectionable noises do not reach patient or personnel areas.

(B) Well-lighted and ventilated and adequate in size for the needs of the hospital and for the protection of employees.

(C) Maintained in a sanitary manner and kept in good repair.

(D) Not part of a storage area.

(4) Hospital linens shall be washed according to the following method:

All linens shall be washed using an effective soap or detergent and thoroughly rinsed to remove soap or detergent and soil. Linens shall be exposed to water at a minimum temperature of 71oC (160oF) for at least 24 minutes during the washing process.

(5) Separate rooms shall be maintained in the hospital for storage of clean linen and for storage of soiled linen. Linen storage rooms shall not be used for any other purpose. Storage shall not be permitted in attic spaces, corridors or plenums (air distribution chambers) of air conditioning or ventilating systems.

(6) Handwashing and toilet facilities for laundry personnel shall be provided at locations convenient to the laundry.

(7) Soiled and clean linen carts shall be so labeled and provided with covers made of washable materials which shall be laundered or suitably cleaned daily. Linen carts used for the storage or transportation of dirty linen shall be washed before being used for the storage and transportation of clean linen.

(8) If the hospital does not maintain a laundry service, the commercial laundry utilized shall meet the standards of this section.

(b) Soiled linen.

(1) Soiled linen shall be handled, stored and processed in a safe manner that will prevent the spread of infection and will assure the maintenance of clean linen.

(2) Policies and procedures shall be developed and implemented pertaining to linen soiled with chemotherapeutic agents or radioactive substances.

(3) Soiled linen shall be sorted in a separate enclosed room by a person instructed in methods of protection from contamination. This person shall not have responsibility for immediately handling clean linen until protective attire worn in the soiled linen area is removed and hands are washed.

(4) Soiled linen shall be bagged or covered for transport.

(5) If chutes are used for transporting soiled linen, the chutes shall be maintained in a clean, sanitary state.

(c) Clean linen.

(1) Persons processing clean linen shall be dressed in clean garments at all times while on duty shall not handle soiled linen.

(2) Clean linen from a commercial laundry shall be delivered to the hospital completely wrapped and delivered to a designated clean area.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment of subsection (a) filed 10-15-85; effective thirtieth day thereafter (Register 85, No. 42).

2. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.

3. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).

4. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
5. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

#### **§70827. Housekeeping.**

Note • History

- (a) Each hospital shall make provision for the routine cleaning of articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures with a detergent/disinfectant.
- (b) There shall be written policies and procedures developed and implemented to include but not be limited to the following:
  - (1) Cleaning of occupied patient areas, nurses' stations, work areas, halls, entrances, storage areas, rest rooms, laundry, pharmacy, offices, etc.
  - (2) Cleaning of specialized areas such as nursery, operating and delivery rooms.
  - (3) Cleaning of isolation areas.
  - (4) Cleaning of kitchen and associated areas.
  - (5) Cleaning of walls and ceilings.
  - (6) Terminal cleaning of patient unit upon discharge of patient.
- (c) Housekeeping cleaning supplies and equipment provided.
- (d) Housekeeping personnel shall maintain the interior of the hospital in a safe, clean, orderly, attractive manner free from offensive odors. One person shall be designated to be in charge of the housekeeping service.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

#### **§70829. Morgue.**

- (a) Hospitals with a licensed bed capacity of 50 or more shall maintain a well-ventilated morgue with autopsy facilities unless adequate morgue and autopsy facilities are available in the local community.
- (b) Hospitals with a licensed bed capacity of 100 or more shall maintain a well-ventilated morgue with autopsy facilities.
- (c) Refrigerated compartments shall be maintained if human remains are held unembalmed. The air temperature shall not be higher than 7oC (45oF).

**§70831. Central Sterile Supply.**

Note • History

- (a) Each hospital shall provide, prepare, sterilize and store sufficient sterile supplies and medical and surgical equipment and shall dispense them to all services in the hospital. The operation of this service shall be carried out in an area designated, equipped and staffed for this purpose.
- (b) A person shall be designated to be in charge of the central sterile supply.
- (c) There shall be written procedures developed and maintained pertaining to the cleaning, preparation, disinfection and sterilization of utensils, instruments, solutions, dressings and other articles.
- (d) There shall be effective separation of soiled or contaminated supplies and equipment from the clean and sterilized supplies and equipment.
- (e) Sterile supplies and equipment shall be stored in clean cabinets, cupboards or other satisfactory spaces. An orderly system of rotation of supplies shall be used so that supplies stored first will be used first.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

- 1. Amendment filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-13-89.
- 2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
- 3. Amendment refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
- 4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70833. Autoclaves and Sterilizers.**

- (a) Autoclaves and sterilizers shall be maintained in operating condition at all times.
- (b) Instructions for operating autoclaves and sterilizers shall be posted in the area where the autoclaves and sterilizers are located.
- (c) Written procedures shall be developed, maintained and available to personnel responsible for sterilization of supplies and equipment that include, but are not limited to the following:
  - (1) Time, temperature and pressure for sterilizing the various bundles, packs, dressings, instruments, solutions, etc.
  - (2) Cleaning, packaging, storing and issuance of supplies and equipment.
  - (3) Dating and outdating of materials sterilized.
  - (4) Loading of the sterilizer.
  - (5) Daily checking of recording and indicating thermometers and filing for one year of recording thermometer charts.
  - (6) Monthly bacteriological test, the bacterial organism used and filing for one year of the test results.
  - (7) Length of aeration time for materials gas-sterilized.

**§70835. Disinfecting.**

Note • History

NOTE

Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

#### HISTORY

1. Repealer filed 6-15-89 as an emergency; operative 6-15-89 (Register 89, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 10-13-89.
2. Certificate of Compliance as to 6-15-89 order transmitted to OAL on 10-13-89 and disapproved by OAL on 11-13-89 (Register 89, No. 46).
3. Repealer refiled 11-16-89 as an emergency; operative 11-16-89 (Register 89, No. 46). A Certificate of Compliance must be transmitted to OAL within 120 days or the section will be reinstated as it existed prior to the emergency on 3-16-90.
4. Certificate of Compliance as to 11-16-89 order transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

#### **§70837. General Safety and Maintenance.**

- (a) The hospital shall be clean, sanitary and in good repair at all times. Maintenance shall include provision and surveillance of services and procedures for the safety and well-being of patients, personnel and visitors.
- (b) Hospital buildings and grounds shall be maintained free of such environmental pollutants and such nuisances as may adversely affect the health or welfare of patients to the extent that such conditions are within the reasonable control of the hospital.
- (c) All hospitals shall maintain in operating condition all buildings, fixtures and spaces in the numbers and types as specified in construction requirements under which the hospital or unit was first licensed.
- (d) A written manual on maintenance of heating, air conditioning and ventilation systems shall be adopted by each hospital and a maintenance log shall be maintained.
- (e) Equipment provided must meet any and all applicable California Occupational Safety and Health Act requirements in effect as of the time of purchase. All portable electrical equipment using 110-120 volt 60 hertz current shall be equipped with a three-wire grounded power cord with an Underwriters Laboratories approved hospital grade three-prong plug. The cord grip shall be an integral part of the plug.
- (f) All gauging and measuring equipment shall be regularly calibrated as specified by the manufacturer and records of such testing kept for at least two years.

#### **§70839. Air Filters.**

- (a) The licensee shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning and ventilating systems, as necessary to maintain the systems in normal operating condition. The efficiency of the replacement filters shall be equal to the efficiency rating of the replaced filters.
- (b) A written record of inspection, cleaning or replacement including static pressure drop shall be regularly maintained and available for inspection. The record shall include a description of the filters originally installed, the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) atmospheric dust spot test efficiency rating and the criteria established by the manufacturer or supplier to determine when replacement or cleaning is necessary.
- (c) Following filter replacement or cleaning, the installation shall be visually inspected for torn media and bypass in filter frames by means of a flashlight or equivalent, both with fans in operation and stopped. Tears in filter media and bypass in filter frames shall be eliminated in accordance with the manufacturer's directions and as required by the Department.



- (d) Where filter maintenance is performed by an equipment service company, a certification shall be provided to the licensee that the requirements listed in Section 70839 (a) and (b) have been accommodated.
- (e) If filter maintenance as required in Section 70839 (a) and (b) is performed by employees of the hospital, a written record shall be maintained by the licensee.

**§70841. Emergency Lighting and Power System.**

- (a) Auxiliary lighting and power facilities shall be readily available at all times.
- (1) The emergency lighting and power system shall be maintained in operating condition to provide automatic restoration of power for emergency circuits within ten seconds after normal power failure.
- (2) Emergency generators installed in hospitals shall be tested under load conditions for at least 30 minutes at intervals of not more than 7 days.
- (b) The licensee shall provide and maintain an emergency electrical system in compliance with Section E702-7 and E702-20, Part 3, Title 24, California Administrative Code. The system shall serve all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the hospital for a minimum of 24 hours.
- (c) The Department may require the licensee to submit a report of evaluation of the emergency electrical system by a registered electrical engineer to substantiate compliance with Subarticle E702-7, Part 3, Title 24, California Administrative Code. Essential engineering data, including load calculations, assumptions and tests and, where necessary, plans and specifications acceptable to the Department shall be included in the report.
- (d) Where alteration of the emergency electrical system is determined to be necessary, the work shall comply with Sections E702-20 and E702-24, Part 3, Title 24, California Administrative Code.
- (e) A written record of inspection, performance, exercising period and repairs shall be maintained and available.

**§70843. Storage and Disposal of Solid Wastes.**

Note • History

- (a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source for either.
- (b) Solid waste containers shall be stored and located in a manner that will protect against odors.
- (c) Syringes and needles shall be disposed of safely as biohazardous waste in puncture proof containers.
- NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Certificate of Compliance as to 11-16-89 order including amendment of subsection (c) transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**§70845. Solid Waste Containers.**

Note • History

- (a) All containers, except movable bins used for storage of solid wastes, shall have tight-fitting covers in good repair, external handles and be leakproof and rodent proof.
- (b) Movable bins, when used for storing or transporting solid wastes from the premises, shall have approval of the local health department and meet the following requirements:
- (1) Have tight-fitting covers.

- (2) Be in good repair.
- (3) Be leakproof.
- (4) Be rodent proof unless stored in a room or screened enclosure.
- (c) All containers receiving putrescible wastes shall be emptied at least every four days, or more often if necessary.
- (d) Solid waste containers, including movable bins, shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste. Each movable bin should provide for suitable access and a drainage device to allow complete cleaning at the storage area.

NOTE

Authority cited: Sections 208(a) and 1254, Health and Safety Code. Reference: Sections 1250, 1275 and 25157.3, Health and Safety Code.

HISTORY

- 1. Repealer of subsection (e) filed 12-30-83 as an emergency; effective upon filing (Register 84, No. 3). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 4-29-84.
- 2. Certificate of Compliance transmitted to OAL 4-30-84 and withdrawn 5-30-84 (Register 84, No. 24).
- 3. Repealer of subsection (e) filed 5-30-84 as an emergency; effective upon filing (Register 84, No. 24). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-27-84.
- 4. Certificate of Compliance transmitted to OAL 9-26-84 and filed 10-16-84 (Register 84, No. 42).

**§70847. Infectious Waste.**

Note • History

Infectious waste, as defined in Health and Safety Code Section 25117.5, shall be handled and disposed of in accordance with the Hazardous Waste Control Law, Chapter 6.5, Division 20, Health and Safety Code (beginning with Section 25100) and the regulations adopted thereunder (beginning with Section 66100 of this Title).

NOTE

Authority cited: Sections 208, 1254, 25150 and 25157.3, Health and Safety Code. Reference: Sections 1250, 25117 and 25117.5, Health and Safety Code.

HISTORY

- 1. Repealer and new section filed 12-30-83 as an emergency; effective upon filing (Register 84, No. 3). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 4-29-84.
- 2. Certificate of Compliance transmitted to OAL 4-30-84 and withdrawn 5-30-84 (Register 84, No. 24).
- 3. Repealer and new section filed 5-30-84 as an emergency; effective upon filing (Register 84, No. 24). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-27-84.
- 4. Certificate of Compliance transmitted to OAL 9-26-84 and filed 10-16-84 (Register 84, No. 42).

**§70849. Gases for Medical Use.**

- (a) Provision shall be made for safe handling and storage of medical gas cylinders.

(b) Transfer of gas by hospital personnel from one cylinder to another is prohibited except when approved by the Department.

(c) Gases for medical use include carbon dioxide, cyclopropane, ethylene, helium, nitrous oxide, oxygen, helium-oxygen mixtures and carbon dioxide-oxygen mixtures.

(d) All anesthesia machines and related equipment shall be so constructed that connections for different gases are not interchangeable.

This requirement shall be accomplished by installing permanent fittings as indicated below:

(1) Yoke connections of anesthesia machines and flush outlet valves for small compressed gas cylinders (Style E and smaller) shall conform with the pin index safety system contained in pamphlet B57.1

Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 Edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018.

(2) Valve outlet connections for large cylinders (Style F and larger) for oxygen and nitrous oxide shall conform with the standards contained in pamphlet B57.1, Compressed Gas Cylinder Valve Outlet and Inlet Connections, 1965 Edition, by the American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018. Standard connection No. 540 shall be used with oxygen cylinders and standard connection No. 1320 shall be used with nitrous oxide cylinders. Cylinders for medical gases, other than oxygen and nitrous oxide, used with anesthesia machines shall be limited to Style E and smaller.

(3) Removable exposed threaded connections, where employed in medical gas piping systems and equipment used in conjunction with resuscitators and oxygen therapy apparatus, shall be provided with noninterchangeable connections which conform with pamphlet V-5, Diameter-Index Safety System, May 1970 printing, by the Compressed Gas Association, Inc., 500 Fifth Avenue, New York, NY 10036.

(4) Station outlets from piped oxygen and nitrous oxide systems shall conform with the standards contained in bulletin NFPA No. 560F, Nonflammable Medical Gas Systems, 1973, by the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210.

(5) Removable connection hoses from station outlets or cylinders to yokes of anesthesia machines shall be fitted with permanently connected fittings to match the standards listed above in paragraphs (1), (2), (3) and (4).

(e) The piped oxygen or nitrous oxide system(s) shall be tested in accordance with the National Fire Protection Association Bulletin NFPA No. 56F, referred to above, and a written report shall be maintained in each of the following instances:

(1) Upon completion of initial installation.

(2) Whenever changes are made to a system.

(3) Whenever the integrity of a system has been breached.

(4) At least annually.

(f) Oxygen Equipment.

(1) Vaporizer bottles shall be sterilized after each use.

(2) Only sterile fluids shall be used in vaporizer bottles.

(3) Vaporizer bottles shall be changed at least every 24 hours.

#### **§70851. Lighting.**

(a) All rooms, attics, basements, passageways and other spaces shall be illuminated.

(b) Adequate illumination shall be maintained for the comfort of patients and personnel.

(c) All patient rooms shall have a minimum of 30 foot candles of light delivered to reading or working surfaces and not less than 10 foot candles of light in the remainder of the room.

(d) All corridors, storerooms, stairways, ramps, exits and entrances shall have a minimum of five foot candles of light measured in the darkest corner.

(e) Except in closets, storage spaces, attic spaces, equipment rooms and similar areas, lighting fixtures shall have suitable enclosures to control fixture brightness and to prevent accidental breakage. Where exposed

lamp fixtures are permitted, suitable guards shall be maintained in locations where breakage could be hazardous to personnel.

(f) Emergency lighting facilities shall be maintained for use during electrical power failure. In addition, flashlights shall be available at all times. Open flame lights shall not be used.

**§70853. Electrically Sensitive Areas.**

(a) Electrically sensitive patient areas are those areas of the hospital where patients with invasive instrumentation (that can provide electrically conductive pathways directly to the heart) are usually located. These patients are particularly vulnerable to accidental electrocution from contact with equipment or other conducting surfaces bearing electrical potentials that would not normally be considered hazardous. These patient care areas must be provided with additional electrical safeguards. Such areas include but are not limited to:

- (1) Coronary care units.
- (2) Intensive care units.
- (3) Cardiac catheterization laboratories.
- (4) Operating rooms.
- (5) Portions of emergency rooms.
- (6) Postoperative recovery rooms.

(b) All circuits serving electrically sensitive patient care areas shall have equipotential bonding.

(c) Each patient bed shall be served by receptacles from two separate circuits and, as a minimum, one of the circuits shall be from a separate emergency power source. A portion of the receptacles should be located other than at the head of the bed.

(d) All circuits from the same source shall be in the same phase.

(e) To protect instrumented patients who are vulnerable to electric shock hazards, all conducting surfaces, that are or could be located within six feet of a patient shall be tested regularly and shown to meet the requirements set forth below. The measurements shall be made using a standard test load to simulate the conducting pathway provided by the patient. The standard test load and test conditions shall meet the requirements in Safe Current Limits: AAMI Safety Standard for Electromedical Apparatus, published April 1974 by the Association for the Advancement of Medical Instrumentation, 1500 Wilson Boulevard, Suite 417, Arlington, VA 22209.

(1) Electromedical equipment with patient leads or other connections intended to be attached directly to the heart or to an invasive conductive pathway to the heart or great vessels shall be provided with special electrically isolated leads or connections by optical coupling or some other technical provision. The current limits for such an isolated patient connection shall not exceed 20 microamperes at the patient end of the lead and shall not exceed 10 microamperes at the junction between the patient lead and the equipment.

(2) The current limit for electromedical equipment with an electrical or conductive patient contact, other than defined in (1) above, shall not exceed 50 microamperes.

(3) The limit for currents arising from metal parts associated with electromedical equipment, other than the cases defined in (1) and (2) above, shall not exceed 100 microamperes.

(f) All electrical service outlets and grounding circuits shall be inspected at least quarterly.

(1) Records of this inspection shall include at least the following information:

(A) Confirmation that the contact tension of each blade of each wall receptacle is not less than 225 grams (8 oz.) per blade.

(B) Confirmation of the presence and correct polarity of the hot and neutral connections in each wall receptacle.

(C) Verification of the continuity of the grounding circuit in each wall receptacle.

(D) Physical condition of each receptacle.

(E) Physical condition of any male plugs and line cords of equipment in use in the areas at the time of each inspection.

(F) Verification that the resistance between all exposed metal surfaces and each patient reference grounding point, or a selected wall receptacle ground, is less than 0.15 ohms.

(g) All portable (minor movable) electromedical equipment that is used in electrically sensitive patient areas shall be included in an appropriate preventive maintenance program.

(1) Records of the maintenance shall include at least the following information. These measurements and inspections shall be made at least once every three months.

(A) Determination of the leakage current levels for all electrically powered diagnostic, monitoring or therapeutic equipment, including electrically powered beds.

(B) Verification of the integrity of the power cords, including continuity of the conductors and adequacy of the strain relief device.

#### **§70855. Mechanical Systems.**

Heating, air conditioning and ventilating systems shall be maintained in operating condition to provide a comfortable temperature and to meet the new construction requirements in effect at the time plans were approved for the facility.

#### **§70857. Screens.**

To protect against insects, screens of 6 mesh per centimeter (16 mesh per inch) shall be provided on doors and openable windows. Screen doors shall be of a type approved by the State Fire Marshal.

#### **§70859. Signal Systems.**

(a) A call system shall be maintained in operating order in all nursing units. Call systems shall be maintained to provide visible and audible signal communication between nursing personnel and patients. The minimum requirements are:

(1) A call station or stations providing extension cords to each patient bed. These extension cords shall be readily accessible to patients.

(2) A visible signal in the corridor above the door of each patient room.

(3) An audible signal and light indicating the room from which the call originates shall be located at the nurses' stations. Alternate systems must be approved in writing by the Department.

(b) The call system shall be provided in each patient's toilet room, bathroom and shower room in locations easily accessible to the patients. Electric shock hazard shall be eliminated by grounding or by an equally effective method.

(c) The call systems shall be designed to require resetting at the calling station unless a two-way voice communication component is included in the system.

#### **§70861. Storage.**

(a) All hospitals shall maintain general storage space of at least 1.9 square meters (20 square feet) per bed in addition to specialized storage space.

(b) Storage is not permitted in plenums (air distribution chambers) of air conditioning or ventilation systems.

#### **§70863. Water Supply and Plumbing.**

(a) Water for human consumption from an independent source shall be subjected to bacteriological analysis by the local health department, State Department of Health or a licensed commercial laboratory at least every three (3) months. A copy of the most recent laboratory report shall be available for inspection.

- (b) Plumbing and drainage facilities shall be maintained in compliance with Part 5, Title 24, California Administrative Code, Basic Plumbing Requirements. Drinking water supplies shall comply with Group 4, Subchapter 1, Chapter 5, Division T17, Part 6, of Title 24, California Administrative Code.
- (c) Backflow preventers (vacuum breakers) shall be maintained in operating condition where required by Section T17-210(c), Division T17, Part 6, Title 24, California Administrative Code.
- (d) For hot water used by patients, there shall be temperature controls to automatically regulate the temperature between 40.5oC (105oF) and 48.9oC (120oF).
- (e) Hot water at a minimum temperature of 82.2oC (180oF) shall be maintained at the final rinse section of dishwashing facilities unless alternate methods are approved by the Department.
- (f) Taps delivering water at 51.6oC (125oF) or higher shall be identified prominently by warning signs with letters 5 cm (2 inches) high.
- (g) Grab bars shall be maintained for each toilet, bathtub and shower used by patients, where required in Section T17-212(b), Division T17, Part 6, of Title 24, California Administrative Code.
- (h) As a minimum, toilet, handwashing and bathing facilities shall be maintained in operating condition in the number and types specified in construction requirements in effect at the time the building or unit was constructed.

**§70865. Ice.**

Note • History

Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Certificate of Compliance as to 11-16-89 order including amendment transmitted to OAL 3-15-90 and filed 4-16-90 (Register 90, No. 17).

**Article 9. Regulations Specific to Small and Rural Hospitals**

**§70901. Applicability of Article 9.**

Note • History

Regulations found in Article 9 are applicable to all small and rural hospitals as defined in Health and Safety Code Section 442.2(c).

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70903. Enforcement of Article 9.**

Note • History

Each regulation in Article 9 provides an alternative for a specific regulation or regulations found elsewhere in Chapter 1. Preceding or included in each section in Article 9 is the number of the section it will modify or replace.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70905. Surgical Service General Requirements.**

Note • History

Section 70223 shall apply as written with the following exception: Hospitals with a licensed bed capacity of 25 or more but less than 50 shall only be required to maintain one operating room.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70907. Dietetic Service Staff.**

Note • History

Section 70275 shall be replaced by the following:

(a) A registered dietitian shall be employed on a full-time, part-time or consulting basis for approval of all menus and participation in development or revision of dietetic policies and procedures and in planning and conducting in-service education programs.

(b) Sufficient dietetic service personnel shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the dietetic service areas. If dietetic service employees are assigned duties in other service areas, those duties shall not interfere with the sanitation, safety or time required for dietetic work assignments.

(c) A record shall be maintained of the number of persons by job title employed full or part-time in dietetic services and the number of hours each works weekly.

(d) Hygiene of Dietetic Service Staff.

(1) Dietetic service personnel shall be trained in basic food sanitation techniques, shall be clean, wear clean clothing, including a cap and/or a hair net and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

(2) Employee's street clothing stored in the kitchen area shall be in a closed area.

(3) Kitchen sinks shall not be used for handwashing. Separate handwashing facilities with soap, running water and individual towels shall be provided.

(4) Persons other than dietetic personnel shall not be allowed in the kitchen area unless required to do so in the performance of their duties.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70909. Intensive Care Service Space.**

Note • History

Section 70499 shall apply as written with the following exceptions: an intensive care unit may consist of less than four (4) but shall not consist of less than two (2) patient beds; an isolation room is not required.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70911. Perinatal Unit Staff.**

Note • History

Section 70549 shall be replaced by the following:

(a) A physician shall have overall responsibility of the unit. This physician shall be certified or eligible for certification by the American Board of Obstetrics and Gynecologists or the American Board of Pediatrics. If a physician with one of the above qualifications is not available, a physician with training and experience in obstetrics and gynecology or pediatrics may administer the service. In this circumstance, a physician with the above qualifications shall provide consultation at a frequency which will assure high quality service. The physician responsible for the unit shall be responsible for:

- (1) Providing continuous obstetric, pediatric, anesthesia, laboratory and radiologic coverage.
- (2) Maintaining working relationships with intensive care newborn nursery.
- (3) Providing for joint staff conferences and continuing education of respective medical specialties.

(b) A physician who has training and experience in newborn care shall be responsible for the nursery.

(c) There shall be one registered nurse trained in infant resuscitation on duty on each shift assigned to the labor and delivery suite. In addition, there shall be sufficient trained personnel to assist the family, provide



family education, monitor and evaluate labor, assist with the delivery and assist the patient during the post-partum period.

(d) If the hospital has a nursery, a registered nurse who has had training and experience in neonatal nursing shall be responsible for the nursing care in the nursery.

(1) A registered nurse trained in infant resuscitation shall be on duty on each shift.

(2) A ratio of one licensed nurse to eight or fewer infants shall be maintained for normal infants.

(e) There shall be evidence of continuing education and training programs for the nursing staff in perinatal nursing and infection control.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

#### §70913. Perinatal Unit Space.

Note • History

Section 70553 shall apply as written with the following exception: The operating room may serve as the delivery room in hospitals having a licensed bed capacity of 50 or less.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

#### §70915. Physical Therapy Service General Requirements.

Note • History

Section 70557 shall apply as written with the following exception: Procedures for outpatient treatment, home visits and referrals to appropriate community agencies need only be established if such resources are available.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70917. Physical Therapy Service Equipment and Supplies.**

Note • History

Section 70561 shall apply as written with the following exception: Adjustable tables shall not be required if a suitable alternative is available.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70919. Physical Therapy Service Space.**

Note • History

Section 70563 shall not apply.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

**§70921. Standby Emergency Medical Services, Physician on Call, Space.**

Note • History

Section 70657 shall apply as written with the following exceptions: The reception area may be a multi-purpose area and the observation room need not be dedicated solely for that purpose.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

### **§70923. Conference Room.**

Note • History

Section 70765 shall be modified as follows: A hospital shall either provide suitable space for conferences within the facility or shall otherwise provide access to suitable space for conferences.

NOTE

Authority cited: Sections 442.3 and 442.6, Health and Safety Code. Reference: Section 442.3, Health and Safety Code.

HISTORY

1. New section filed 2-26-90 as an emergency; operative 2-26-90 (Register 90, No. 9). A Certificate of Compliance is not required to be transmitted and this emergency regulation remains in force and effect pursuant to Health and Safety Code Sections 442.3(b) and 442.6(e). Issuing agency: Office of Statewide Health Planning and Development.

## **Chapter 2. Acute Psychiatric Hospital**

### **Article 1. Definitions**

#### **§71001. Meaning of Words.**

Words shall have their usual meaning unless the context or a definition clearly indicates a different meaning. Words used in the present tense include the future; words in the singular number include the plural number; words in the plural number include the singular number and words in the masculine include the feminine. Shall means mandatory. May means permissive. Should means suggested or recommended.

#### **§71003. Hospital.**

Hospital, where used in these regulations means an acute psychiatric hospital.

#### **§71004. Acute Psychiatric Care Bed Classification.**

Note • History

Acute psychiatric care bed classification means beds designated for acute psychiatric, developmentally disabled or drug abuse patients receiving 24-hour medical care.

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255, and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).
2. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
3. Certificate of Compliance as to filing of 10-5-76 filed 1-31-77 (Register 77, No. 6).
4. Certificate of Compliance as to filing of 11-12-76 filed 3-8-77 (Register 77, No. 11).

**§71005. Acute Psychiatric Hospital.**

Note • History

(a) Acute psychiatric hospital means a hospital having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care for mentally disordered, incompetent or other patients referred to in Division 5 (commencing with section 5000) or Division 6 (commencing with section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy and dietary services.

(b) An acute psychiatric hospital shall not include separate buildings which are used exclusively to house personnel or provide activities not related to hospital patients.

NOTE

Authority cited: Section 1250.1(e), Health and Safety Code. Reference: Section 1250(b), Health and Safety Code.

HISTORY

1. Change without regulatory effect pursuant to section 100(b)(3), Title 1, California Code of Regulations, repealing subsection (c), filed 4-2-90 (Register 90, No. 17).

**§71007. Alteration.**

Alteration means any work other than maintenance in an existing building and which does not increase the floor or roof area or the volume of enclosed space.

**§71009. Autoclaving.**

Autoclaving means the process of sterilization by steam under pressure.

**§71011. Basic Services.**

Basic services means those essential services required by law for licensure as a hospital including medical, nursing, rehabilitative, pharmacy and dietary services.

**§71012. Certificate of Exemption.**

Note • History

Certificate of Exemption means a document containing Department approval for the exemption of a specified project from Certificate of Need review.

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

**§71012.1. Certificate of Need.**

Note • History

Certificate of Need means a document containing Department approval for a specified project.

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

**HISTORY**

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

**§71013. Child.**

Child means a person who is 13 years of age or under.

**§71015. Cleaning.**

Cleaning means the process employed to free a surface from dirt or other extraneous material.

**§71017. Conservator.**

Conservator means a person appointed by the court to take care of the person or the property, or both, of a conservatee under Section 5350, et seq., of the Welfare and Institutions Code or under Section 1701, et seq., of the Probate Code.

**§71019. Defined.**

Defined means written.

**§71021. Department.**

Note • History

Department means the State Department of Health Services.

**NOTE**

Authority cited: Sections 208, 1255, 1266, 1275, 1402 and 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252-1257, 1265, 1265.5, 1265.7, 1265.8, 1266-1270, 1275-1280, 1282, 1294-1298, 1300, 1315-1318, 1400-1405, 1410-1412, 1417.1, 1418-1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

**HISTORY**

1. Amendment filed 6-30-78 as an emergency; designated effective at 11:59 p.m. on 6-30-78 (Register 78, No. 26).
2. Certificate of Compliance transmitted to OAH 10-27-78; filed 10-31-78 (Register 78, No. 44).

**§71023. Director.**

Note • History

Director means the Director of the State Department of Health Services.

**NOTE**

Authority cited: Sections 208, 1255, 1266, 1275, 1402 and 1426, Health and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 1222, 1229, 1250, 1251, 1251.5, 1252, 1253-1257, 1265, 1265.5, 1265.7, 1265.8, 1266-1270, 1275-1280, 1282, 1294-1298, 1300, 1315, 1316-1318, 1400-1405, 1410-1412, 1417.1, 1418-1432, 1437, 1439, 1729, 1734, 38254 and 38255, Health

and Safety Code; Sections 7354, 14105 and 14124.5, Welfare and Institutions Code. Specific reference: Chapter 1252, Statutes of 1977.

#### HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).
3. Amendment filed 6-30-78 as an emergency; designated effective at 11:59 p.m. on 6-30-78 (Register 78, No. 26).
4. Certificate of Compliance transmitted to OAH 10-27-78; filed 10-31-78 (Register 78, No. 44).

#### **§71025. Disinfection.**

Disinfection means the process employed to destroy harmful microorganisms but ordinarily not viruses and bacterial spores.

#### **§71027. Distinct Part.**

Distinct part means an identifiable unit accommodating beds and related facilities including but not limited to contiguous rooms, a wing, floor or building that is approved by the Department for a specific purpose.

#### **§71029. Drug Administration.**

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously labeled container, including a unit dose container, verifying the dose with the prescriber's orders, giving the individual dose to the proper patient and promptly recording the time and dose given.

#### **§71031. Drug Dispensing.**

Drug dispensing means the act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, packaging, labeling and issuance of the drug or biological for a patient or for a service unit of the hospital.

#### **§71033. Existing Hospital Building.**

Existing hospital building means an extant structure intended for proper hospital use. This excludes physician offices contiguous with the hospital and independent of the hospital as far as ownership.

#### **§71035. Governing Body.**

Governing body means the person, persons, board of trustees, directors or other body in whom the authority and responsibility is vested for conduct of the hospital.

#### **§71037. Guardian.**

A guardian means a person appointed by the court to take care of the person or the property, or both, of a ward under Section 1400, et seq., of the Probate Code.

#### **§71038. Intermediate Care Bed Classification.**

Note • History

“Intermediate care bed classification” means beds designated for patients requiring skilled nursing and supportive care on less than a continuous basis.

NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

**HISTORY**

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).
2. Certificate of Compliance filed 1-31-77 (Register 77, No. 6).

**§71039. License.**

License means a basic document issued by the Department permitting the operation of a hospital. This document constitutes the authority to receive patients and to perform the services included within the scope of these regulations and as specified on the hospital license.

**§71040. License Category.**

Note • History

(a) License category means any of the following categories:

- (1) General acute care hospital.
- (2) Acute psychiatric hospital.
- (3) Skilled nursing facility.
- (4) Intermediate care facility.

**NOTE**

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

**HISTORY**

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

**§71041. Licensee.**

Licensee means the person, persons, firm, partnership, association, corporation, political subdivision of the State or other governmental agency within the State to whom a license has been issued.

**§71043. Maintenance.**

Maintenance means the upkeep of a building and equipment to preserve the original functional and operational state.

**§71044. Modernization.**

Note • History

**NOTE**

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

**HISTORY**

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

**§71045. New Construction.**

(a) New construction means any of the following:

- (1) New buildings.
- (2) Additions to existing buildings.
- (3) Conversion of existing buildings or portions thereof not currently licensed as a hospital.

**§71047. Nursing Unit.**

Nursing unit means a designated patient care area of the hospital which is planned, organized, operated and maintained to function as a unit. It includes bedrooms with adequate supporting facilities, services and personnel providing nursing care and necessary management of patients.

**§71049. Outpatient Service.**

An outpatient service means an organizational unit of the hospital which provides nonemergency health care services to patients.

**§71051. Patient.**

(a) Patient means a person who is receiving diagnostic or preventive health services or who is under observation or treatment for illness or injury or care during and after pregnancy.

(1) Inpatient. An inpatient means a person who has been formally admitted for observation, diagnosis or treatment and who is expected to remain overnight or longer.

(2) Outpatient. An outpatient means a person who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours.

(3) Ambulatory. Ambulatory means a patient who is capable of demonstrating the mental competence and physical ability to leave a building without assistance or supervision of any person under emergency conditions.

(4) Nonambulatory. Nonambulatory means a patient who is unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such

as crutches, walkers or wheelchairs, profoundly or severely mentally retarded persons and shall include totally deaf persons.

**§71052. Permanently Converted.**

Note • History

Permanently converted means space which is not available for patient accommodation because the facility has converted the patient accommodation space to some other use and such space could not be reconverted to patient accommodation within 24 hours.

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

**§71053. Personnel.**

Note • History

(a) Unless otherwise specified in this chapter, the following definitions shall apply to health care personnel:



(1) Accredited Record Technician.

Accredited record technician means a person who is accredited by the American Medical Record Association.

(2) Administrator. Administrator means the individual who is appointed by the governing body to act in its behalf in the overall management of the hospital.

(3) Art Therapist. Art therapist means a person who has a master's degree in art therapy or in art with emphasis in art therapy, including an approved clinical internship from an accredited college or university; or a person who is registered or eligible for registration with the American Art Therapy Association.

(4) Consultant. Consultant means a person who is professionally qualified to provide expert information on a particular subject.

(5) Dance Therapist. Dance therapist means a person who is registered or eligible for registration as a dance therapist registered by the American Dance Therapy Association.

(6) Dietitian. Dietitian means a person who is registered or eligible by registration as a registered dietitian by the American Dietetic Association.

(7) Licensed Psychiatric Technician. Licensed psychiatric technician means a person who is licensed as a licensed psychiatric technician by the Board of Vocational Nurse and Psychiatric Technician Examiners.

(8) Licensed Vocational Nurse. Licensed vocational nurse means a person who is licensed as a licensed vocational nurse by the Board of Vocational Nurse and Psychiatric Technician Examiners.

(9) Mental Health Worker. Mental health worker means an unlicensed person who through experience, in-service training or formal education is qualified to participate in the care of the psychiatric patient.

(10) Music Therapist. Music therapist means a person who is registered or eligible for registration as a registered music therapist by the National Association for Music Therapy.

(11) Occupational Therapist. Occupational therapist means a person who is certified or eligible for certification as an occupational therapist registered by the American Occupational Therapy Association.

(12) Occupational Therapy Assistant. Occupational therapy assistant means a person who is certified or eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association.

(13) Pharmacist. Pharmacist means a person who is licensed as a pharmacist by the Board of Pharmacy.

(14) Physician. Physician means a person licensed as a physician and surgeon by the Board of Medical Examiners or by the Board of Osteopathic Examiners.

(15) Psychologist. Psychologist means a person who is licensed as a psychologist by the Board of Medical Examiners.

(16) Psychiatrist. Psychiatrist means a person who is licensed as a physician and surgeon by the Board of Medical Examiners or the Board of Osteopathic Examiners and who has specialized training and/or experience in psychiatry.

(17) Recreation Therapist. Recreation therapist means a person who is certified or eligible for certification as a registered recreator with specialization in therapeutic recreation by the California Board of Park and Recreation personnel or the National Therapeutic Recreation Society.

(18) Registered Nurse. Registered nurse means a person who is licensed by the Board of Registered Nursing.

(19) Registered Record Administrator. Registered record administrator means a person who is registered or eligible for registration as a registered record administrator by the American Medical Record Association.

(20) Social Worker. Social worker means a person who is licensed as a clinical social worker by the Board of Behavioral Science Examiners.

NOTE

Authority cited: Sections 1275 and 100275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

## HISTORY

1. Change without regulatory effect amending subsection (a)(13) and adding new Note filed 6-16-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 24).

### **§71055. Restraint.**

Restraint means controlling a patient's physical activity in order to protect the patient or others from injury by seclusion, medication or mechanical devices.

### **§71056. Skilled Nursing Care Bed Classification.**

Note • History

“Skilled nursing care bed classification” means beds designated for patients requiring skilled nursing care on a continuous and extended basis.

NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

## HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).
2. Certificate of Compliance filed 1-31-77 (Register 77, No. 6).

### **§71057. Sterilization.**

Sterilization means a process employed to destroy all living organisms.

### **§71059. Supervision.**

(a) Supervision means to instruct an employee or subordinate in his duties and to oversee or direct his work but does not necessarily require the immediate presence of the supervisor.

(b) Direct supervision means that the supervisor shall be present in the same building as the person being supervised and available for consultation and/or assistance.

(c) Immediate supervision means that the supervisor shall be physically present while a task is being performed.

### **§71061. Supplemental Service.**

Supplemental service means an organized inpatient or outpatient service which is not required to be provided by law or regulation.

### **§71063. Unit Dose Medication System.**

Unit dose medication system means a system in which single dosage units of drugs are prepackaged and prelabeled in accordance with all applicable laws and regulations governing these practices. The system shall also comprise, but not be limited to, all equipment and appropriate records necessary and used in making the dose available to the patient accurately and safely. A pharmacist shall be in charge and responsible for the system.

## **Article 2. License**

**§71101. Inspection of Hospitals.**

- (a) The Department shall inspect and license hospitals.
- (b) Any officer, employee or agent of the Department may, upon presentation of proper identification, enter and inspect any building or premise at any reasonable time to secure compliance with, or to prevent a violation of, any provision of these regulations.
- (c) All hospitals for which a license has been issued shall be inspected periodically by a representative or representatives appointed by the Department. Inspections shall be conducted as frequently as necessary, but not less than once every two years, to assure that quality care is being provided. During the inspection, the representative or representatives of the Department shall offer such advice and assistance to the hospital as is appropriate. For hospitals of 100 licensed bed capacity or more, the inspection team shall include at least a physician, registered nurse and persons experienced in hospital administration and sanitary inspections.
- (d) The Department may provide consulting services upon request to any hospital to assist in the identification or correction of deficiencies or the upgrading of the quality of care provided by the hospital.
- (e) The Department shall notify the hospital of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the Director may take action to revoke or suspend the license.
- (f) Reports on the results of each inspection of a hospital shall be prepared by the inspector or inspection team and shall be kept on file in the Department along with the plan of correction and hospital comments. The inspection report may include a recommendation for reinspection. All inspection reports, lists of deficiencies and plans of correction shall be open to public inspection without regard to which body performs the inspection.
- (g) The Department shall have the authority to contract for outside personnel to perform inspections of hospitals as the need arises. The Department, when feasible, shall contract with nonprofit, professional organizations which have demonstrated the ability to carry out the provisions of this section. Such organizations shall include, but not be limited to, the California Medical Association Committee on Medical Staff Surveys and participants in the Consolidated Hospital Survey Program.

**§71103. License Required.**

- (a) No person, firm, partnership, association, corporation, political subdivision of the State or other governmental agency shall establish, operate or maintain a hospital, or hold out, represent or advertise by any means that it operates a hospital without first obtaining a license from the Department.
- (b) The provisions of this article do not apply to any facility conducted by and for the adherents of any well recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination.

**§71105. Application Required.**

History

- (a) A verified application shall be forwarded to the Department whenever any of the following circumstances occur:
  - (1) Construction of a new or replacement facility or addition to an existing facility.
  - (2) Increase or decrease of licensed bed capacity.
  - (3) Added service or change from one service to another.
  - (4) Change of ownership.
  - (5) Change of name of hospital.
  - (6) Change of license category.

(7) Change of location of the hospital.

(8) Change of bed classification.

#### HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).

2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

#### **§71107. Content of Application.**

##### History

(a) Any person, firm, partnership, association, corporation, political subdivision of the State, state agency or other governmental agency desiring to obtain a license shall file with the Department an application on forms furnished by the Department. The application shall contain the following:

(1) Name of applicant, and if an individual, verification that the applicant has attained the age of 18 years.

(2) Type of facility to be operated and types of services for which approval is requested.

(3) Location of the hospital.

(4) Name of person in charge of the hospital.

(5) If the applicant is an individual, satisfactory evidence that the applicant is of reputable and responsible character.

(6) If applicant is a firm, association, organization, partnership, business trust, corporation or company, satisfactory evidence that the members or shareholders thereof and the person in charge of the hospital for which application for license is made are of reputable and responsible character.

(7) If the applicant is a political subdivision of the State or other governmental agency, satisfactory evidence that the person in charge of the hospital for which application for license is made is of reputable and responsible character.

(8) If the applicant is a partnership, the name and principal business address of each partner.

(9) If the applicant is a corporation, the name and principal business address of each officer and director of the corporation; and for nonpublic corporations the name and business address of each stockholder owning five percent or more of the stock and any corporate member who has responsibility in the operation of the hospital.

(10) Copy of the current organizational chart.

(11) Certificate of Need or a Certificate of Exemption from the Department if required by Chapter 1, Division 1, Division 7 of this title.

(12) Such other information or documents as may be required by the Department for the proper administration and enforcement of the licensing law and requirements.

#### HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).

2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).

3. Amendment of subsection (a)(11) filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22).

#### **§71109. Architectural Plans.**

Applications submitted for proposed construction of new hospitals or additions to licensed hospitals shall include architectural plans and specifications. Information contained in such applications shall be on file in the Department and available to interested individuals and community agencies.

#### **§71110. Fee.**

Note • History

(a) Each application for a license shall be accompanied by the prescribed fee.

(b) The annual fee for a license to operate a hospital, the term for which commences at any time during the calendar year 1975, when the application is filed upon a change of ownership, change of location or renewal of a license shall be that specified in the following schedule:

Capacity Requested	Fee
1-49	\$150.00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974
50-99 inclusive	\$300.00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974
100 and over	\$425.00 plus 0.0185 of 1 percent of the gross operating costs for the last fiscal year ending on or before December 31, 1974.

(c) The annual fee for a license to operate a hospital which is being licensed for the first time, the term for which commences at any time during the calendar year 1975, shall be that specified in the following schedule:

Capacity Requested	Fee
1-49 inclusive	\$200.00
50-99 inclusive	\$300.00
100 and over	\$800.00

(d) no fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(e) An additional fee of \$25.00 shall be paid for processing any change of name. However, no additional fee shall be charged for any change of name, which is processed upon a renewal application or upon an application filed because of a change of ownership.

(f) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the number of months to be licensed divided by 12 months.

(g) Fees shall be waived for any facility conducted, maintained or operated by this state or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

NOTE

Authority cited: Sections 208 (a), 1266, Health and Safety Code. Reference: Section 1266, Health and Safety Code.

HISTORY

1. New section filed 1-30-80; effective thirtieth day thereafter (Register 80, No. 5).

#### **§71111. Fee**

Note • History

(a) Each application for a license shall be accompanied by the prescribed fee. The license fee under this section shall be effective January 1, 1979.

(b) The fee for a license to operate a hospital which is being licensed for the first time, or upon a change of ownership or change of location shall be that specified in the following schedule:

Capacity Requested Fee	
1-49 inclusive	\$293.00
50-99 inclusive	\$439.00
100 and over	\$1,172.00

(c) The fee for a license to operate a hospital upon a renewal of a license during the year 1979 shall be that specified in the following schedule:

Capacity Requested	Fee
1-49 inclusive.	\$200.00 plus 0.01232 of 1 percent of gross operating costs for the last complete fiscal year of the hospital
50-99 inclusive	\$399.00 plus 0.01232 of 1 percent of gross operating costs for the last complete fiscal year of the hospital
100 and over	\$567.00 plus 0.01232 of 1 percent of gross operating costs for the last complete fiscal year of the hospital

(d) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(e) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the total number of months to be licensed divided by 12 months.

(f) Fees shall be waived for any facility conducted, maintained or operated by this State or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

NOTE

Authority cited: Sections 1275, and 1729, Health and Safety Code. Reference: Sections 1266, and 1729, Health and Safety Code.

HISTORY

1. Amendment of subsections (a), (b), and (c) filed 10-8-76; effective thirtieth day thereafter (Register 76, No. 41).
2. Amendment of subsections (a), (b), and (c) filed 1-4-77; effective thirtieth day thereafter (Register 77, No. 2).
3. Amendment filed 11-8-78; effective thirtieth day thereafter (Register 78, No. 45).
4. Amendment of subsections (a), (b), (c), and (f) filed 5-2-79; effective thirtieth day thereafter (Register 79, No. 18).

**§71113. Projects Requiring a Certificate of Need.**

Note • History

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

**§71113.1. Projects Eligible for a Certificate of Exemption.**

Note • History

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268. Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

**§71113.2. Projects Not Subject to Review by a Voluntary Area Health Planning Agency.**

Note • History

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

**§71113.3. Projects Previously Decided by a Voluntary Area Health Planning Agency.**

Note • History

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

**§71113.4. Exemption Requests for Remodeling and Replacement Projects.**

Note • History

NOTE

Authority cited: Sections 208, 1250, 1250.1, 1251, 1255 and 1268, Health and Safety Cod. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. Repealer filed 5-25-77; effective thirtieth day thereafter (Register 77, No. 22). For prior history, see Register 77, No. 11.

**§71115. Safety, Zoning and Building Clearance.**

(a) Architectural plans shall not be approved and a license shall not be originally issued to any hospital which does not conform to: the regulations in this chapter; state requirements on seismic safety, fire and life safety and environmental impact and local fire safety, zoning and building ordinances. Evidence of such compliance shall be presented in writing to the Department.

(b) It shall be the responsibility of the licensee to maintain the hospital in a safe structural condition. If the Department determines that an evaluation of the structural condition of a hospital building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which may be hazardous to occupants.

**§71117. Issuance, Expiration and Renewal.**

**History**

(a) Upon verification of compliance with the licensing requirements, the Department shall issue the applicant a license.

(b) If the applicant is not in compliance with the laws or regulations, the Department shall deny the applicant a license and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form.

(c) Each initial license shall expire at midnight, one year from the date of issue. A renewal license:

(1) May be issued for a period not to exceed two years if the holder of the license has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding license period.

(2) Shall reflect the number of beds that meet construction and operational requirements and shall not include beds formerly located in patient accommodation space which has been permanently converted.

(3) Shall not be issued if the hospital is liable for and has not paid the special fees required by Section 90417, Chapter 1, Division 7, of this Title.

(d) The Department shall mail an application for renewal of license form to the licensee at least 45 days prior to expiration of a license. Application for renewal, accompanied by the necessary fees, shall be filed with the Department annually not less than ten days prior to the expiration date. Failure to make a timely renewal shall result in expiration of the license.

**HISTORY**

1. Amendment of subsection (c) filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11). (Next page is 1964.3)

**§71119. Separate Licenses.**

Separate licenses shall be required for hospitals which are maintained on separate premises even though they are under the same management. This does not apply to outpatient departments or clinics of hospitals designated as such which are maintained and operated on separate premises. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.



**§71121. Posting.**

The license, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.

**§71123. Transferability.**

Licenses are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for license shall be submitted by the prospective new owner.

**§71124. Bed Classification.**

Note • History

(a) Each hospital shall notify the Department on forms supplied by the Department of bed classifications as defined in Sections 71004, 71038 and 71056 within 30 days of the effective date of this section. For hospitals not reporting within the 30-day period, the Department will classify the beds based on the latest information in the Department files.

(b) After the above notification has been received by the Department or the Department has reclassified the beds, no further reclassification of beds shall take place until on or after January 1, 1977.

NOTE

Authority cited: Sections 208 and 1250.1, Health and Safety Code. Reference: Chapter 854, Statutes of 1976.

HISTORY

1. New section filed 10-5-76 as an emergency; effective upon filing (Register 76, No. 41).

2. Certificate of Compliance filed 1-31-77 (Register 77, No. 6).

**§71125. Report of Changes.**

(a) The licensee shall notify the Department in writing any time a change of stockholder owning ten percent or more of the nonpublic corporate stock occurs. Such writing shall include the name and principal mailing address of the new stockholder(s).

(b) Each licensee shall notify the Department in writing within ten days prior to any change of the mailing address of the licensee. Such writing shall include the new mailing address of the licensee.

(c) Any change in the principal officer shall be reported in writing within ten days by the licensee to the Department. Such writing shall include the name and principal business address of such officer.

**§71127. Program Flexibility.**

(a) All hospitals shall maintain continuous compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Special exceptions may be granted under this section for hospitals required to provide services and accommodations for persons who may have dangerous propensities necessitating special precautions, personnel with special qualifications, locked accommodations, special protection for windows, type and location of lighting and plumbing fixtures, signal systems, control switches, beds and other furnishing. This applies to psychiatric units and detention facilities where added protection is necessary for patients, staff members and members of the public.

(c) Any approval of the Department granted under this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license that is required to be posted by Section 71121.

**§71129. Voluntary Suspension of License or Licensed Beds.**

(a) Upon written request, a licensee may request that his license or licensed beds be put in suspense. The Department may approve the request for a period not to exceed 12 months.

(b) Any license or portion thereof which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees, during the period of temporary suspension.

(c) Any license suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension upon receipt of an application and evidence showing compliance with licensing operational requirements in effect at the time of reinstatement. If the license is not reinstated within the 12-month period, the license shall expire automatically and shall not be subject to reinstatement.

**§71131. Voluntary Cancellation of License.**

(a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the desired effective date of cancellation of the license.

(b) Any license voluntarily cancelled pursuant to this section may be reinstated by the Department on receipt of an application along with evidence showing compliance with operational licensing requirements.

**§71133. Revocation or Involuntary Suspension of License.**

Note • History

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part I, Division 3, Title 2, Government Code, the Department may suspend or revoke any license issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds.

(1) Violation by the licensee of any of the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of the premises or services for which a license is issued.

(b) The license of any hospital against which special fees are required by Section 90417, Chapter 1, Division 7, of this Title shall be revoked, after notice of hearing, if it is determined by the Department that the fees required were not paid within the time prescribed.

(c) The Director may temporarily suspend any license prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

(2) Upon receipt of a notice of defense by the licensee, the Director shall set the matter for hearing within 15 days. The hearing shall be held as soon as possible but no later than 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other

association, the Director may suspend the license of such organization or may suspend the license as to any individual person within such organization who is responsible for such violation.

(d) The withdrawal of an application for a license shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground, unless the Department consents in writing to such withdrawal.

(e) The suspension, expiration, or forfeiture of a license issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking a license or otherwise taking disciplinary action against the licensee on any such ground.

NOTE

Authority cited: Section 208(a), Health and Safety Code. Reference: Section 1296, Health and Safety Code.  
HISTORY

1. Amendment filed 11-12-76 as an emergency; effective upon filing (Register 76, No. 46).
  2. Certificate of Compliance filed 3-8-77 (Register 77, No. 11).
  3. Amendment of subsection (c)(2) filed 7-25-79; effective thirtieth day thereafter (Register 79, No. 30).
- §71134. Conviction of Crime: Standards for Evaluating Rehabilitation.

Note • History

When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation:

- (1) The nature and the seriousness of the crime(s) under consideration.
- (2) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.
- (3) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (1) or (2).
- (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.
- (5) Any rehabilitation evidence submitted by the applicant.

NOTE

Authority cited: Sections 208(a), 1265.2 and 1275, Health and Safety Code. Reference: Sections 1265.1, 1265.2 and 1294, Health and Safety Code.

HISTORY

1. New section filed 9-13-84; effective thirtieth day thereafter (Register 84, No. 37).
- §71135. Bonds.

(a) Each licensee shall file or have on file with the Department a bond issued by a surety company admitted to do business in this State if the licensee is handling or will handle money in the amount of \$25 or more per patient or \$500 or more for all patients in any month.

- (1) The amount of the bond shall be according to the following schedule:

Amount Handled Bond Required

\$750 or less \$1,000

\$751 to \$1,500 \$2,000

\$1,501 to \$2,500 \$3,000

(2) Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.

(b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of patients and the maximum amount of money to be handled for any patient and for all patients in any month.

(c) No licensee shall either handle money of a patient or handle amounts greater than those stated in the affidavit submitted by him without first notifying the Department and filing a new or revised bond if required.

Article 3. Basic Services

§71201. Medical Service Definition.

Note • History

Medical service means those medically and professionally directed services for the diagnosis, therapeutic management and treatment of mentally disordered patients. For purposes of these regulations, “mental disorder” is defined as any psychiatric illness or disease, whether functional or of organic origin.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

HISTORY

1. Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

§71203. Medical Service General Requirements.

Note • History

(a) The medical service shall consist of the following organized and staffed elements:

(1) Psychiatric component.

(A) Psychiatrists or clinical psychologists within the scope of their licensure and subject to the rules of the facility, shall be responsible for the diagnostic formulation for their patients and the development and implementation of each patient's treatment plan.

(B) A psychiatrist shall be available at all times for psychiatric emergencies.

(2) General medicine component.

(A) All incidental medical services necessary for the care and support of patients shall be provided by in-house staff or through the use of outside resources in accordance with Section 71513 of these regulations.

(B) Incidental medical services include but are not limited to:

1. General medicine and surgery.

2. Dental.

3. Radiological.

4. Laboratory.

5. Anesthesia.

6. Podiatry.

7. Physical therapy.

8. Speech pathology.

9. Audiology.

(3) Psychological component.

(A) Psychological service shall be provided by clinical psychologists within the scope of his/her licensure and subject to the provisions of Section 1316.5 of the Health and Safety Code.

(B) Facilities which permit clinical psychologists to admit patients shall do so only if there are staff physicians who will provide the necessary medical care for the patients.

(C) Only staff physicians shall assume responsibility for those aspects of patient care which may be provided only by physicians.

(4) Social service component.

(A) Social service shall be provided by social workers under the direction of the medical staff.

(b) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(c) The responsibility and the accountability of the medical service to the medical staff and administration shall be defined.

(d) An appropriate committee of the medical service shall:

(1) Identify and recommend to administration the equipment and supplies necessary for coping with emergency medical problems.

(2) Develop a plan for handling and/or referral of patients with emergency medical problems.

(3) Determine the circumstances under which electroconvulsive therapy may be administered.

(4) Develop guidelines for the administration of drugs when given in unusually high dosages or when given for purposes other than those for which the drug is customarily used.

(e) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

NOTE

Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276 and 1316.5, Health and Safety Code.

HISTORY

1. Amendment filed 2-8-83; designated effective 3-2-83 (Register 83, No. 7).

2. Amendment filed 11-1-85 as an emergency; effective upon filing (Register 85, No. 44). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 3-3-86.

3. Certificate of Compliance transmitted to OAL 2-28-86 and filed 3-26-86 (Register 86, No. 13).  
§71205. Medical Service Staff.

(a) A physician shall have overall responsibility for the medical service.

(b) Psychiatric component.

(1) A psychiatrist shall coordinate the psychiatric services provided.

(2) There shall be sufficient psychiatrists on the staff to meet the needs of the patients.

(c) General medical component.

(1) A physician shall coordinate the general medical component.

(2) This physician shall have training and/or experience sufficient to coordinate the incidental medical services.

(d) Psychological component.

(1) One or more psychologists shall be employed on a full-time, regular part-time or consulting basis.

(e) Social service component.

(1) One or more social workers shall be employed on a full-time, regular part-time or consulting basis.

**§71207. Medical Service Equipment and Supplies.**

There shall be adequate equipment and supplies maintained related to the nature of the needs and the services offered.

**§71209. Medical Service Space.**

There shall be adequate space maintained to meet the needs of the service.

**§71211. Psychiatric Nursing Service Definition.**

Psychiatric nursing service means the performance of those services directed toward meeting the objectives of an individual planned therapeutic program supervised and coordinated by a registered nurse in conjunction with the treatment plan, nursing care and other health professional care.

**§71213. Psychiatric Nursing Service General Requirements.**

(a) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The responsibility and the accountability of the nursing service to the medical staff and hospital administration shall be defined.

(c) There shall be a written organized staff education program which shall include orientation and in-service education and training.

(1) There shall be written objectives, plans for implementation and an evaluation mechanism.

(d) There shall be a written patient care plan developed for each patient in coordination with the total mental health team. This plan shall include goals, problems/needs and approach and shall be available to all members of the mental health team.

(e) There shall be a written nursing audit procedure and evidence that audit procedures are in effect.

(f) There shall be a method for determining staffing requirements based on assessment of patient needs. This assessment shall take into consideration at least the following:

(1) The ability of the patient to care for himself.

(2) His degree of illness.

(3) Requirements for special nursing activities.

(4) Skill level of personnel required in his care.

(5) Placement of the patient in the nursing unit.

(g) There shall be documentation of the methodology used in making staffing determinations. Such documentation shall be part of the records of the nursing service and be available for review.

(h) There shall be a written staffing pattern which shall show:

(1) Total numbers of staff including full-time and full-time equivalents.

(2) The available nursing care hours for each nursing unit.

(3) The categories of staff available for patient care.

(i) There shall be a record retained for six months of the written staffing pattern available for review by the Department at any given time.

**§71215. Psychiatric Nursing Service Staff.**

(a) The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualifications:

- (1) Master's degree in psychiatric nursing or related field with experience in administration; or
- (2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or
- (3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.

(b) The director of nurses shall not be designated to serve as charge nurse.

(c) Sufficient registered nursing personnel shall be provided to:

- (1) Assist the director of nurses for evening and night services and when necessary for day services.
- (2) Give direct nursing care based on patient need.
- (3) Have a registered nurse on duty at all times.
- (4) Plan, supervise and coordinate care given by licensed vocational nurses, licensed psychiatric technicians and other mental health workers.

(d) Each nursing unit shall have a registered nurse, licensed vocational nurse or licensed psychiatric technician on duty at all times.

(e) Licensed vocational nurses and licensed psychiatric technicians may be utilized as needed to assist registered nurses in ratios appropriate to patient needs.

(f) Mental health workers may be utilized as needed to assist with nursing procedures.

**§71217. Psychiatric Nursing Service Equipment and Supplies.**

There shall be adequate and appropriate equipment and supplies related to the scope and nature of the needs anticipated and the services offered.

**§71219. Psychiatric Nursing Service Space.**

Office space shall be provided for the director of nurses.

**§71221. Psychiatric Rehabilitative Activities Service Definition.**

Psychiatric rehabilitative activities service means that rehabilitative service medically prescribed, professionally directed and supervised, to evaluate and treat the patient. Therapists as used in Section 71221 through 71229 may include occupational, music, art, dance and recreation therapists.

**§71223. Psychiatric Rehabilitative Activities Service General Requirements.**

(a) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The policies and procedures shall include but not be limited to:

- (1) Treatment goals and objectives.
- (2) Scope of service.
- (3) Standards of practice.
- (4) Arrangements for continuity of care upon discharge.

(c) The responsibility and the accountability of the psychiatric rehabilitative activities service to the medical staff and administration shall be defined.

(d) Patients shall be evaluated and a treatment program shall be established and modified with the concurrence of the referring physician.

- (e) Signed progress notes shall be entered into the patient's medical record by the therapist at least weekly. A summary note shall be written upon completion of the treatment program.
- (f) Meetings and conferences with other members of the mental health team shall be held in order to plan, review and coordinate patient treatment programs.
- (g) There shall be regularly scheduled in-service training for all levels of staff.
- (h) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

**§71225. Psychiatric Rehabilitative Activities Service Staff.**

- (a) A therapist shall have overall responsibility for the psychiatric rehabilitative activities service. This person shall have had at least two years' experience in the care of acute psychiatric patients.
- (b) There shall be a sufficient number of therapists to carry out the scope of services offered. Nonprofessional assistants and volunteers shall work under the direct supervision of a therapist.
- (c) A sufficient number of appropriate personnel shall be provided for the safety of the patients.

**§71227. Psychiatric Rehabilitative Activities Service Equipment and Supplies.**

- (a) There shall be sufficient equipment and supplies appropriate to the needs of the psychiatric rehabilitative activities services offered. In addition, there shall be:
  - (1) A telephone.
  - (2) A handwashing sink in the treatment area.
  - (3) Drinking fountain.
  - (4) Toilet facilities.

**§71229. Psychiatric Rehabilitative Activities Service Space.**

- (a) Adequate space shall be maintained for the necessary equipment to provide psychiatric rehabilitative activity services.
- (b) There shall be indoor and outdoor patient areas provided.
- (c) There shall be an activities room and a patient lounge separate from the patient's dining room.
- (d) There shall be office space separate from the activities area.
- (e) When outpatients are treated, there shall be a waiting area provided.
- (f) Where children are accepted for treatment, space appropriate for children's use shall be provided.

**§71231. Pharmaceutical Service Definition.**

Pharmaceutical service means the procuring, manufacturing, compounding, dispensing, distributing, storing and administering of drugs, biologicals and chemicals by appropriate staff, which has adequate space, equipment and supplies. Pharmaceutical services also include the provision of drug information to other health professionals and patients.

**§71233. Pharmaceutical Service General Requirements.**

Note • History

- (a) All hospitals having 100 beds or more shall have a pharmacy on the premises licensed by the California Board of Pharmacy. Those hospitals having less than 100 beds shall have a pharmacy license issued by the Board of Pharmacy pursuant to Section 4029 or 4056 of the Business and Professions Code.
- (b) The responsibility and the accountability of the pharmaceutical service to the medical staff and administration shall be defined.
- (c) A pharmacy and therapeutics committee shall be established. The committee shall consist of at least one physician, one pharmacist, the director of nursing service or her representative and the administrator or his representative.



- (1) The committee shall develop written policies and procedures for establishment of safe and effective systems of procurement, storage, distribution, dispensing and use of drugs and chemicals. The pharmacist, in consultation with other appropriate health professionals and administration shall be responsible for the development and implementation of procedures. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
- (2) The committee shall be responsible for the development maintenance of a formulary of drugs for use throughout the hospital.
- (d) There shall be a system maintained whereby no person other than a pharmacist or an individual under the direct supervision of a pharmacist shall dispense medications for use beyond the immediate needs of the patient.
- (e) There shall be a system assuring the availability of prescribed medications 24 hours a day.
- (f) Supplies of drugs for use in medical emergencies only shall be immediately available at each nursing unit or service area as required.
- (1) Written policies and procedures establishing the contents of the supply, procedures for use, restocking and sealing of the emergency drug supply shall be developed.
- (2) The emergency drug supply shall be stored in a clearly marked portable container which is sealed by the pharmacist in such a manner that a seal must be broken to gain access to the drugs. The contents of the container shall be listed on the outside cover and shall include the expiration earliest date or lot number of any drugs within.
- (3) The supply shall be inspected by a pharmacist at periodic intervals specified in written policies. Such inspections shall occur no less frequently than every 30 days. Records of such inspections shall be kept for at least three years.
- (g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person legally authorized to prescribe. The order shall include the name of the drug, the dosage, the frequency of administration, the route of administration if other than oral, and the date, time and signature of the prescriber. Orders for drugs should be written by the prescriber. Verbal orders for drugs shall be given only to a registered nurse or licensed pharmacist by a person legally authorized to prescribe and shall be recorded promptly in the patient's medical record, noting the name of the person giving the verbal order and the signature of the individual receiving the order. The prescriber shall countersign the order within 48 hours.
- (h) Standing orders for drugs may be used for specified patients when authorized by a person licensed to prescribe. These standing orders shall:
- (1) Specify the circumstances under which the drug is to be administered.
- (2) Specify the types of medical conditions of patients for whom the standing orders are intended.
- (3) Be initially approved by the pharmacy and therapeutics committee or its equivalent and be reviewed at least annually by that committee.
- (4) Be specific as to the drug, dosage, route and frequency of administration.
- (5) A copy of standing orders for a specific patient shall be dated, promptly signed by the physician and included in the patient's medical record.
- (i) An individual prescriber may notify the hospital in writing of his own standing orders, the use of which is subject to prior approval and periodic review by the pharmacy and therapeutics committee or its equivalent.
- (j) The hospital shall develop policies limiting the duration of drug therapy in the absence of the prescriber's specific indication of duration of therapy or under other circumstances recommended by the pharmacy and therapeutics committee or its equivalent and approved by the executive committee of the medical staff. The limitations shall be established for classes of drugs and/or individual drug entities.
- (k) If drugs are supplied through a pharmacy, orders for drugs shall be transmitted to the pharmacy either by written prescription of the prescriber, by an order form which produces a direct copy of the order or by an

electronically reproduced facsimile. When drugs are not supplied through a pharmacy, such information shall be made available to the hospital pharmacist.

(l) No medications shall be left at the patient's bedside.

(m) Medications brought by or with the patient to the hospital shall not be administered to the patient unless all of the following conditions are met:

(1) The drugs have been ordered by the patient's attending physician and the order entered in the patient's medical record.

(2) The medication containers are clearly and properly labeled.

(3) The contents of the containers have been examined and positively identified, after arrival at the hospital, by the patient's physician or the hospital pharmacist.

(n) The hospital shall establish a supply of medications which is accessible without entering the pharmacy during hours when the pharmacist is not available. Access to the supply shall be limited to designated registered nurses. Records of drugs taken from the supply shall be maintained and the pharmacist shall be notified of such use. The records shall include the name and strength of the drug, the amount taken, the date and time, the name of the patient to whom the drug was administered a