

0000 - Initial Comments**0010 19 CSR 30-20.001(1) - Anesthesiologist assistant-A person who meets**

Anesthesiologist assistant-A person who meets each of the following conditions:

0011 19 CSR 30-20.001(1)(A) - Has graduated from an anesthesiologist assist

Has graduated from an anesthesiologist assistant program accredited by the American Medical Association 's Committee on Allied Health Education and Accreditation or by its successor agency ;

0012 19 CSR 30-20.001(1)(B) - Has passed the certifying examination

Has passed the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants;

0013 19 CSR 30-20.001(1)(C) - Has active certification by the National

Has active certification by the National Commission on Certification of Anesthesiologist Assistants;

0014 19 CSR 30-20.001(1)(D) - Is currently licensed as an anesthesiologist

Is currently licensed as an anesthesiologist assistant in the state of Missouri; and

0015 19 CSR 30-20.001(1)(E) - Provides health care services delegated by a

Provides health care services delegated by a licensed anesthesiologist.

0016 19 CSR 30-20.001(2) - Notwithstanding any other rule in this

Notwithstanding any other rule in this chapter, anesthesia in hospitals shall be administered only by qualified anesthesiologists, physicians or dentists trained in anesthesia, certified nurse anesthetists, anesthesiologist assistants or supervised students in an approved educational program. Notwithstanding the provisions of sections 334.400 to 334.430, RSMo, or the rules of the Missouri State Board of Registration for the Healing Arts, the governing body of every hospital shall have full authority to limit the functions and activities that an anesthesiologist assistant performs in such hospital. Nothing in this section shall be construed to require any hospital to hire an anesthesiologist who is not already employed as a physician prior to August 28, 2003.

0100 19 CSR 30-20.015(1) - Persons intending to operate a hospital shall

Persons intending to operate a hospital shall submit information to the Department of Health and Senior Services, as set out in the application form (MO 580-0007(8-01)) included herein. Within thirty (30) days after receipt of the application, the applicant will be notified of any omitted information or documents. After sixty (60) days any incomplete application is null. Each application for license to operate a hospital shall be accompanied by the appropriate licensing fee required by section 197.050, RSMo. Each license shall be issued for the premises and persons named in the application.

0101 19 CSR 30-20.015(2) - Each license shall be issued only for the

Each license shall be issued only for the premises and persons named in the application. A license, unless sooner revoked, shall be issued for a period of up to a year. If during the period in which a license is in effect, a licensed operator which is a partnership, limited partnership, or corporation undergoes any of the following changes, whether by one (1) or by more than one (1) action, the operator shall within fifteen (15) working days of such change apply for a new license:

0102 19 CSR 30-20.015(2)(A) - With respect to a partnership, a change in

With respect to a partnership, a change in the majority interest of general partners;

0103 19 CSR 30-20.015(2)(B) - With respect to a limited partnership, a

With respect to a limited partnership, a change in the general partner or in the majority interest of limited partners;

0104 19 CSR 30-20.015(2)(C) - With respect to a corporation, a change in

With respect to a corporation, a change in the persons who own, hold or have the power to vote the majority of any class of securities issued by the corporation. If the corporation does not have stock, a change of owner occurs when the emerging entity has one (1) federal tax number; or

0105 19 CSR 30-20.015(2)(D) - The board of directors with management

The board of directors with management control is an entity other than the licensed operator.

0106 19 CSR 30-20.015(3) - An operator of two (2) or more licensed

An operator of two (2) or more licensed hospitals may submit application to the Department of Health to operate the hospitals as a single licensed hospital. The two (2) or more licensed hospitals may be separated by a distance which can be traveled in no more than one (1) hour by customary ground transportation in normal weather conditions. The operator shall designate a permanent hospital base from which the one (1)-hour travel distance is determined. If the application is approved, the hospitals may be named on the licensure application and a single license issued. Also, an operator of a licensed hospital may submit a proposal to provide, at a minimum, all of the required patient care services at a geographical location which at the time of the proposal is not a part of the licensed hospital. The location shall be within a one (1)-hour travel distance by customary ground transportation in normal weather conditions. Before the Department of Health approves the application, the applicant shall submit an operational proposal to the director of the Department of Health for approval. At a minimum the proposal shall include:

0107 19 CSR 30-20.015(3)(A) - A description of the patient care services

A description of the patient care services that will be provided at each geographical location and how they will be integrated with patient care services at other geographical locations which will be operated under the single license. The description shall include justification to support the applicant's allegation that the combined patient care hospital services will exceed the current benefits that are derived by the community(ies) where each individual currently licensed hospital is located. Or, if the operator currently is not providing the service within the geographical location contained in the proposal, there shall be evidence the service is needed in that location;

0108 19 CSR 30-20.015(3)(B) - A description of the organizational structure

A description of the organizational structure of the proposed single licensed hospital;

0109 19 CSR 30-20.015(3)(C) - Documentation of evidence that the hospital's

Documentation of evidence that the hospital's facilities in each geographical location named in the proposal will be owned or leased by the same operator and that the services are operated under common management;

0110 19 CSR 30-20.015(3)(D) - Assurance that the hospital's operation in

Assurance that the hospital's operation in each geographical location will be held out to the public under a common name;

0111 19 CSR 30-20.015(3)(E) - Assurance the hospital's services in each

Assurance the hospital's services in each geographical location will be subject to the bylaws and operating decisions of the same governing body;

0112 19 CSR 30-20.015(3)(F) - Assurance that members of the medical staff

Assurance that members of the medical staff in each geographical location will be directed by a common medical director and will be subject to the same bylaws and operating decisions of a common medical staff ;

0113 19 CSR 30-20.015(3)(G) - Assurance the hospital's operations in each

Assurance the hospital's operations in each geographical location will be administered by a common chief executive officer through appropriate delegation of duties;

0114 19 CSR 30-20.015(3)(H) - Assurance the licensed hospital's services in

Assurance the licensed hospital's services in each geographical location will be integrated and, when services are provided at multiple locations, that they will be supervised by a common director who is provided with adequate assistance in supervision of the services;

0115 19 CSR 30-20.015(3)(I) - Assurance that the single licensed hospital's

Assurance that the single licensed hospital's medical records department is integrated and the records are easily accessible to patient care staff;

0116 19 CSR 30-20.015(3)(J) - Assurance the applicant's proposal is not in

Assurance the applicant's proposal is not in violation of other federal, state and local regulations;

0117 19 CSR 30-20.015(3)(K) - Assurance that the applicant, either separate

Assurance that the applicant, either separately at each geographical location or in combination, will provide all required patient care services, including emergency services, in accordance with Chapter 197, RSMo and 19 CSR 30-20.021(3) and in accordance with acceptable standards of practice;

0118 19 CSR 30-20.015(3)(L) - Assurance that services and beds at one

Assurance that services and beds at one (1) geographical location will not be reallocated to another geographical location prior to the operator requesting and obtaining approval from the Certificate of Need program, whenever appropriate, and the Department of Health;

0119 19 CSR 30-20.015(3)(M) - Approval from the Certificate of Need program

Approval from the Certificate of Need program if the operator's proposal includes a request to provide a patient care service in a geographical location of the hospital which is not currently a part of the hospital's license when the proposal is subject to the Missouri Certificate of Need law, sections 197.300-197.365, RSMo;

0120 19 CSR 30-20.015(3)(N) - Assurance that skilled nursing unit

Assurance that skilled nursing unit, intermediate care unit and residential care unit services provided within the licensed hospital are physically located at a geographical location of the hospital where all of the required patient care services are provided on-site in accordance with Chapter 197, RSMo and 19 CSR 30-20.021(3);

0121 19 CSR 30-20.015(3)(O) - Assurance that the applicant's proposal will

Assurance that the applicant's proposal will not jeopardize the health and safety of individuals who reside within the geographical locations which will be served by the single licensed hospital. The applicant shall demonstrate that the proposal contains provision for services which exceed or are comparable to the services currently being provided to the community, or will provide adequate justification to convince the Department of Health the service is no longer needed within the geographical location where the service is currently provided; and

0122 19 CSR 30-20.015(3)(P) - Assurance that the applicant presented the

Assurance that the applicant presented the proposal at a public hearing within the community where the currently licensed hospital(s) is located. The proposal shall provide evidence that the entire community was adequately notified at least two (2) weeks in advance, of the public hearings. The written record of the hearings, including the community response to the proposal, shall be submitted to the Department of Health as a part of the applicant's proposal. The Department of Health shall be given two (2) weeks advance notice of the public hearings.

0123 19 CSR 30-20.015(4) - The license shall state the maximum licensed

The license shall state the maximum licensed bed capacity, the person(s) to whom granted and the date and expiration date and additional information, such as a specialty hospital designation, that the department may require. At least forty-five (45) days prior to the expiration date of an existing license, the department shall notify the operator that the license application is due for renewal. A relicensure application shall be submitted no more than ninety (90) days and not less than thirty (30) days prior to the expiration date of the existing license. Each application for license, except application from governmental units, shall be accompanied by a licensing fee in accordance with section 197.210, RSMo.

0124 19 CSR 30-20.015(5) - Appointed representatives of the Department

Appointed representatives of the Department of Health shall be allowed to inspect a hospital as required in section 197.100, RSMo. The chief executive officer or designee shall grant access to information requested by the department for the purpose of evaluating compliance with hospital licensing requirements. Requested records may include, but are not limited to, incident reports, quality of care reports, peer review reports, committee minutes, policies and procedures, training records, medical records or any other documents which are necessary to complete the inspection. All information and reports obtained by the Department of Health shall be kept confidential as required in section 197.477, RSMo.

0125 19 CSR 30-20.015(6) - Appointed representatives of the Department

Appointed representatives of the Department of Health's Bureau of Hospital Licensing and Certification shall be allowed to review patient medical records and hospital employee personnel records in the course of conducting an investigation of allegations against an employee or previous employees of a hospital or allegations of substandard care regarding a patient transferred to the hospital from another licensed facility. The representatives shall first provide written assurance that information obtained from the patient's medical record or from the employee's personnel record will be maintained confidential.

0126 19 CSR 30-20.015(7) - The operator shall have a written policy

The operator shall have a written policy pertaining to employees reporting mismanagement of violations of applicable laws and rules. At a minimum the policy shall include the following provisions:

0127 19 CSR 30-20.015(7)(A) - No supervisor or individual with hiring or

No supervisor or individual with hiring or firing authority in a licensed hospital shall prohibit any of its employees from discussing the operations of the hospital, either specifically or generally, with any representatives of the department; and

0128 19 CSR 30-20.015(7)(B) - No supervisor or individual with authority to

No supervisor or individual with authority to hire and fire in a licensed hospital shall prohibit his/her employees from disclosing information which the employee reasonably believes evidences a violation of any applicable state or federal law or regulation. This subsection shall not be construed as-

1. Permitting an employee to leave his/her assigned work areas during normal work hours without following applicable rules and policies pertaining to leaves, unless the employee is requested by the Department of Health to officially appear before department representatives;
2. Authorizing an employee to represent the employee's personal opinions as the opinions of his/her employer; or
3. Precluding the operator from taking appropriate disciplinary actions against any employee.

0129 19 CSR 30-20.015(8) - Inspection. The department shall conduct

Inspection. The department shall conduct licensure compliance inspections of hospitals as required by section 197.100, RSMo. Inspections will normally be announced to the facility at least seventy-two (72) hours in advance. Complaint investigations may be unannounced.

0130 19 CSR 30-20.015(9) - Inspection Findings.

Inspection Findings.

0131 19 CSR 30-20.015(9)(A) - Whenever an authorized representative of the

Whenever an authorized representative of the department finds, during an inspection, that a hospital is not in compliance with the provisions of the Hospital Licensing Law, sections 197.010-197.120, RSMo, the chief executive officer or designee shall be informed of the general nature of findings in an exit conference conducted prior to the representative's departure from the premises. Within ten (10) working days after each licensing inspection, a written report shall be prepared by the department detailing the specifics of each deficiency. A copy of the report and a written correction order shall be sent to the hospital's chief executive officer or designee. The report shall state each deficiency separately and shall reference the specific statute or administrative rule violated. If the facility believes that deficiencies are not applicable or are not based upon laws or rules, a request for review may be submitted to the office of the director of the department.

0132 19 CSR 30-20.015(9)(B) - Should the findings of the inspection

Should the findings of the inspection constitute an immediate and serious threat to the safety or health of the patients, public or hospital staff, a condition of substantial noncompliance shall be considered to exist. The department representative shall verbally convey any determination of substantial noncompliance to the chief executive officer or designee at the exit conference. Findings of substantial noncompliance shall be documented in the normal reporting method described in subsection (9)(A) of this rule.

0133 19 CSR 30-20.015(9)(C) - The following guidelines, applicable to the

The following guidelines, applicable to the inspection, shall be used by the licensing representative to determine if a finding during an inspection constitutes an immediate and serious threat to the health and safety of one (1) or more patients. The guidelines used to determine immediate and serious threat serve only as guides for authorized department representatives to use when making the determination.

0134 19 CSR 30-20.015(9)(C)(1) - Failure to protect from abuse

Failure to protect from abuse-

- A. Serious injuries such as head trauma or fractures;
- B. Non-consensual sexual interactions; e.g., sexual harassment, sexual coercion or sexual assault;
- C. Unexplained serious injuries that have not been investigated;
- D. Staff striking or roughly handling an individual;
- E. Staff yelling, swearing, gesturing or calling an individual derogatory names;
- F. Bruises around the breast or genital area; or
- G. Suspicious injuries; e.g., black eyes, rope marks, cigarette burns, unexplained bruising.

0135 19 CSR 30-20.015(9)(C)(2) - Failure to prevent neglect

Failure to prevent neglect-

- A. Lack of timely assessment of individuals after injury;
- B. Lack of supervision for individual with known special needs;
- C. Failure to carry out doctor's orders;
- D. Repeated occurrences such as falls which place the individual at risk of harm without intervention;
- E. Access to chemical and physical hazards by individuals who are at risk;
- F. Access to hot water of sufficient temperature to cause tissue injury ;
- G. Non-functioning call system without compensatory measures;
- H. Unsupervised smoking by an individual with a known safety risk;
- I. Lack of supervision of cognitively impaired individuals with known elopement risk;
- J. Failure to adequately monitor individuals with known severe self-injurious behavior;
- K. Failure to adequately monitor and intervene for serious medical/surgical conditions;
- L. Use of chemical/physical restraints without adequate monitoring;
- M. Lack of security to prevent abduction of infants;
- N. Improper feeding/positioning of individual with known aspiration risk;
- O. Inadequate supervision to prevent physical altercations; or
- P. Lack of appropriate use, care planning or monitoring of patients when any type of restraint, including but not limited to physical or chemical restraint, is utilized.

0136 19 CSR 30-20.015(9)(C)(3) - Failure to protect from psychological harm

Failure to protect from psychological harm-

- A. Application of chemical/physical restraints without clinical indications;
- B. Presence of behaviors by staff such as threatening or demeaning , resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individuals; or
- C. Lack of intervention to prevent individuals from creating an environment of fear.

0137 19 CSR 30-20.015(9)(C)(4) - Failure to protect from undue adverse

Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed-

- A. Administration of medication to an individual with a known history of allergic reaction to that medication;
- B. Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions;
- C. Administration of contraindicated medications;
- D. Pattern of repeated medication errors without intervention;
- E. Lack of diabetic monitoring resulting or likely to result in serious hypoglycemic or hyperglycemic reaction; or
- F. Lack of timely and appropriate monitoring required for drug titration.

0138 19 CSR 30-20.015(9)(C)(5) - Failure to provide adequate nutrition and

Failure to provide adequate nutrition and hydration to support and maintain health-

- A. Food supply inadequate to meet the nutritional needs of the individual;
- B. Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values;
- C. Withholding nutrition and hydration without advance directive; or
- D. Lack of potable water supply.

0139 19 CSR 30-20.015(9)(C)(6) - Failure to protect from widespread nosocomial

Failure to protect from widespread nosocomial infections; e.g. failure to practice standard precautions, failure to maintain sterile techniques during invasive procedures and/or failure to identify and treat nosocomial infections-

- A. Pervasive improper handling of body fluids or substances from an individual with an infectious disease;
- B. High number of infections or contagious diseases without appropriate reporting, intervention and care;
- C. Pattern of ineffective infection control precautions ; or
- D. High number of nosocomial infections caused by cross contamination from staff and /or equipment/supplies.

0140 19 CSR 30-20.015(9)(C)(7) - Failure to correctly identify individuals

Failure to correctly identify individuals

- A. Blood products given to wrong individual;
- B. Surgical procedure/treatment performed on wrong individual or wrong body part;
- C. Administration of medication or treatments to wrong individual; or
- D. Discharge of an infant to the wrong individual.

0141 19 CSR 30-20.015(9)(C)(8) - Failure to safely administer blood products

Failure to safely administer blood products and safely monitor organ transplantation -

- A. Wrong blood type transfused;
- B. Improper storage of blood products;
- C. High number of serious blood reactions;
- D. Incorrect cross match and utilization of blood products or transplantation organs; or
- E. Lack of monitoring for reactions during transfusions.

0142 19 CSR 30-20.015(9)(C)(9) - Failure to provide safety from fire, smoke

Failure to provide safety from fire, smoke and environment hazards and/or failure to educate staff in handling emergency situations-

- A. Nonfunctioning or lack of emergency equipment and/or power source;
- B. Smoking in high risk areas;
- C. Incidents such as electrical shock, fires;
- D. Ungrounded/unsafe electrical equipment;
- E. Widespread lack of knowledge of emergency procedures by staff;
- F. Widespread infestation by insects/rodents;
- G. Lack of functioning ventilation, heating or cooling system placing individuals at risk;
- H. Use of non-approved space heaters, such as kerosene, electrical, in resident or patient areas;
- I. Improper handling/disposal of hazardous materials, chemicals and waste;
- J. Locking exit doors in a manner that does not comply with NFPA 101;
- K. Obstructed hallways and exits preventing egress;
- L. Lack of maintenance of fire or life safety systems; or
- M. Unsafe dietary practices resulting in high potential for food-borne illnesses.

0143 19 CSR 30-20.015(9)(C)(10) - Failure to provide initial medical screening

Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment-

- A. Individuals turned away from emergency room (ER) without medical screening exam;
- B. Women with contractions not medically screened for status of labor;
- C. Absence of ER or obstetrical (OB) medical screening records;
- D. Failure to stabilize emergency medical condition; or
- E. Failure to appropriately transfer an individual with an unstabilized emergency medical condition.

0144 19 CSR 30-20.015(10) - Settlement Agreement.

Settlement Agreement.

0145 19 CSR 30-20.015(10)(A) - Ten (10) working days following receipt of

Ten (10) working days following receipt of the written inspection report, the chief executive officer or designee shall provide the department with a written plan for correcting the cited deficiencies or a request for reconsideration of the deficiency. The plan of correction shall specify the means the hospital will employ for correcting the cited deficiencies and the date that each corrective measure will be completed. If a request for reconsideration is submitted, the request shall contain rationale or documentation to provide evidence that the deficiency should not have been cited. Failure of the facility to submit a plan of correction or a request for reconsideration of the deficiency acceptable to the director of the department or designee-within the time frame specified-shall be grounds for the department to suspend the facility's license if there remains a substantial failure to comply with the requirements established under sections 197.010-197.120, RSMo and 19 CSR 30-20.011-19 CSR 30-20.070. The operator has the right to appeal the departments decision in accordance with section 197.071, RSMo.

0146 19 CSR 30-20.015(10)(B) - Upon receipt of the required plan of

Upon receipt of the required plan of correction for achieving licensure compliance, the department shall review the plan to determine the appropriateness of the corrective action. If the plan is acceptable, the department shall notify the chief executive officer or designee, in writing, and indicate that implementation of the plan should proceed. If the plan is not acceptable, the department shall notify the chief executive officer or designee, in writing, and indicate the reasons why the plan is not acceptable. Within ten (10) working days from the receipt of the notice, a revised, acceptable plan of correction shall be provided to the department.

0147 19 CSR 30-20.015(11) - Follow-up Inspections. Upon expiration of the

Follow-up Inspections. Upon expiration of the target dates for correction of deficiencies specified in the approved plan of correction, the department may make a follow-up inspection to determine whether the required corrective measures have been acceptably accomplished. If the follow-up inspection finds the facility fails to comply with the provisions of the Hospital Licensing Law, sections 197.010-197.120, RSMo and 19 CSR 30-20.011-19 CSR 30-20.070, the department may take action to suspend or to revoke the operator's license to operate the hospital. The operator has the right to appeal the department's decision in accordance with section 197.071, RSMo.

0148 19 CSR 30-20.015(12) - If, for a period in excess of fourteen

If, for a period in excess of fourteen (14) days, a facility ceases to provide patient care or to otherwise operate as a hospital within the definition of section 197.020.2, RSMo, except in the case of a strike, an act of God or written approval of the department, the facility shall surrender its license to the department. The facility shall not operate again as a hospital until an application for a hospital license is submitted with assurance that the facility complies with the requirements in 19 CSR 30-20.030 and the Department of Health issues a license.

0149 19 CSR 30-20.015(13) - Requested Suspension of License. If any

Requested Suspension of License. If any hospital wishes to cease operation for a period of time but retain its current hospital license, the Department of Health, upon written request from the licensed operator, may grant approval for suspension of the hospital's license for a specified time.

0150 19 CSR 30-20.015(13)(A) - Not less than fourteen (14) days prior to

Not less than fourteen (14) days prior to cessation of patient services at the hospital, the licensed operator shall submit to the department a written request for continuance.

0151 19 CSR 30-20.015(13)(B) - The written request for the suspension of the

The written request for the suspension of the license shall include the reasons for cessation of patient services, the anticipated length of cessation of patient services, what safeguards the hospital will institute to provide security to the institution, the preventive maintenance measures used to assure that all equipment will be kept in good working order and evidence that the hospital is financially solvent to meet the conditions of the request and will remain so throughout the period of cessation of patient services.

0152 19 CSR 30-20.015(13)(C) - Approval may be granted only for the

Approval may be granted only for the suspension of a hospital's current license if the cessation of patient services is for one (1) of the following reasons:

1. The renovation of the hospital's facility to upgrade to current licensure standards and to correct licensure or federal certification physical plant deficiencies;
2. The transfer of the operation of the hospital to a new operator to allow sufficient time for the new operator to obtain a new license; or
3. Other reasons which will not result in a deterioration of the hospital physical plant or its programs and which will be in the best interest of the citizens it serves.

0153 19 CSR 30-20.015(13)(D) - The suspension of a hospital's current

The suspension of a hospital's current license shall not exceed ninety (90) days beyond the date of cessation of patient services for ownership transfer. The suspension of a hospital's current license shall not exceed one hundred eighty (180) days beyond the date of cessation of patient services for renovation construction. The department may not grant more than one (1) suspension to a hospital's licensed operator within any twelve (12)-month period and shall grant no suspension for a period of more than one hundred eighty (180) days from the date of cessation of inpatient services.

0154 19 CSR 30-20.015(13)(E) - No inpatients shall be housed within the

No inpatients shall be housed within the hospital from the initial date of cessation of inpatient services until operation of the hospital is restored with Department of Health approval.

0155 19 CSR 30-20.015(13)(F) - No inpatient services shall be provided in

No inpatient services shall be provided in the hospital during the period of time that inpatient services are discontinued.

0156 19 CSR 30-20.015(13)(G) - When suspension of the license is requested

When suspension of the license is requested for a renovation or construction proposal, the licensed operator shall submit plans for the renovation to the department for review and shall have received the department's approval of those plans prior to the date of cessation of patient services at the hospital.

0157 19 CSR 30-20.015(13)(H) - The licensed operator shall notify the

The licensed operator shall notify the department no less than fourteen (14) days prior to the resumption of inpatient services that the hospital is ready for review/inspection for approval to reoccupy the hospital with inpatients.

0158 19 CSR 30-20.015(13)(I) - Within ten (10) working days of notification

Within ten (10) working days of notification, the department shall respond in writing to the licensed operator with the findings of its review/inspection for the resumption of licensed hospital services at the hospital.

0159 19 CSR 30-20.015(14) - Involuntary Suspension or Revocation of the

Involuntary Suspension or Revocation of the License.

0160 19 CSR 30-20.015(14)(A) - Whenever the department determines that

Whenever the department determines that substantial noncompliance exists in a hospital, the department may immediately suspend or revoke the license of the facility or order cessation of use of any portion of the noncompliant services or buildings.

0161 19 CSR 30-20.015(14)(B) - The department shall document its action in

The department shall document its action in writing in addition to the report detailing the findings of the inspection. A copy shall be submitted to the hospital's chief executive officer or designee.

0162 19 CSR 30-20.015(14)(C) - The hospital shall expedite corrections

The hospital shall expedite corrections required to relieve the involuntary suspension or revocation.

0163 19 CSR 30-20.015(14)(D) - The operator may elect to seek appeal or

The operator may elect to seek appeal or relief from the Administrative Hearing Commission in accordance with section 197.071, RSMo, or the operator may elect to first request a review of the action by the office of the director of the department.

0302 19 CSR 30-20.030(1) - New Hospital General Requirements

New Hospital General Requirements.

0303 19 CSR 30-20.030(1)(A) - A new hospital is one for which plans are

A new hospital is one for which plans are submitted to the Department of Health for review and approval after November 11, 1982 for the construction of a new facility, expansion or renovation of an existing hospital or the conversion of an existing facility not previously and continuously licensed as a hospital under Chapter 197, RSMo. A new hospital shall be designed to provide all of the facilities required by this rule and arranged to accommodate all of the functions required by this rule and to provide comfortable, sanitary, fire-safe, secure and durable facilities for the patients. In major alteration projects and additions to an existing licensed hospital, only that part of the total hospital affected by the project is subject to this rule.

0304 19 CSR 30-20.030(1)(B) - These minimum requirements are not intended

These minimum requirements are not intended in any way to restrict innovations and improvements in design, construction or operating techniques. Plans and specifications and operational procedures which contain deviations from these requirements may be approved if it is determined that the purposes of the minimum requirements have been fulfilled. Some facilities may be subject to the requirements of more than one (1) regulating agency. While every effort has been made to ensure coordination, facilities making requests for changes in services and request for new construction or renovations are cautioned to verify requirements of other agencies involved.

0305 19 CSR 30-20.030(1)(C) - Requests for deviations from the requirements

Requests for deviations from the requirements of this rule shall be in writing to the Department of Health. Approvals for deviations shall be in writing and both requests and approvals shall become a part of the permanent Department of Health records for the facility.

0306 19 CSR 30-20.030(1)(D) - Alterations or additions to existing hospital

Alterations or additions to existing hospitals shall be programmed so construction will minimize disruptions of existing functions. Access to exits and fire protections shall be maintained so the safety of the occupants will not be jeopardized during construction.

0307 19 CSR 30-20.030(1)(E) - The owner of each new facility or the owner

The owner of each new facility or the owner of an existing facility being added to or undergoing major alterations shall provide a program-scope of services-which de - scribes space requirements, staffing patterns, departmental relationships and other basic information relating to the objectives of the facility. The program may be general but it shall include a description of each function to be performed, approximate space needed for these functions and the interrelationship of various functions and spaces. The program also shall describe how essential services can be expanded in the future as the demand increases. Appropriate modifications or deletions in space requirements may be made when services are shared or purchased, provided the program indicates where the services are available and how they are to be provided.

0308 19 CSR 30-20.030(2) - Planning and Construction Procedure

Planning and Construction Procedure.

0309 19 CSR 30-20.030(2)(A) - Plans and specifications shall be prepared

Plans and specifications shall be prepared for the construction of all new hospitals and additions to and major remodeling of existing hospitals. The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri.

0310 19 CSR 30-20.030(2)(B) - Construction shall be in conformance with

Construction shall be in conformance with plans and specifications approved by the Department of Health. The Department of Health shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications, the plans and specifications shall be resubmitted to the Department of Health for its approval and shall be amended, if necessary, to comply with the then current rules before construction work commences.

0311 19 CSR 30-20.030(3) - General Design

General Design.

0312 19 CSR 30-20.030(3)(A) - Site

Site.

0313 19 CSR 30-20.030(3)(A)(1) - The facility shall be located so it is

The facility shall be located so it is reasonably accessible to the community served, close to where competent medical and professional consultation is readily available and where employees can be recruited and retained.

0314 19 CSR 30-20.030(3)(A)(2) - Fire lanes shall be provided and kept clear

Fire lanes shall be provided and kept clear to provide immediate access for the fire fighting equipment.

0315 19 CSR 30-20.030(3)(A)(3) - Paved roads shall be provided within the lot

Paved roads shall be provided within the lot lines to provide access to the main entrance, emergency entrance, entrances serving community activities and to service entrances, including loading and unloading docks for delivery trucks. Hospitals having an organized emergency service shall have the emergency entrance well marked to facilitate entry from the public roads or streets serving the site. Access to the emergency entrance shall not conflict with other vehicular traffic or pedestrian traffic. Paved walkways shall be provided for necessary pedestrian traffic.

0316 19 CSR 30-20.030(3)(A)(4) - Documentation of parking needs shall be

Documentation of parking needs shall be provided by the hospital as part of the program.

0317 19 CSR 30-20.030(3)(B) - Special Design Considerations for the

Special Design Considerations for the Handicapped.

0318 19 CSR 30-20.030(3)(B)(1) - One-half (1/2) of one percent

One-half (1/2) of one percent (1%) of bed capacity or two (2) parking spaces, whichever is greater, shall be provided for handicapped visitors. Parking spaces for handicapped staff members shall be provided as required. Parking spaces for handicapped persons shall be at least twelve feet (12') wide and on level grade. Parking spaces for handicapped shall be located so there is access to sidewalks without going behind other parked cars.

0319 19 CSR 30-20.030(3)(B)(2) - Walkways and curbs from the street or parking

Walkways and curbs from the street or parking spaces to the building entrance shall be designed to facilitate travel by people in wheelchairs or on crutches.

0320 19 CSR 30-20.030(3)(B)(3) - Parking spaces and one (1) or more entrances

Parking spaces and one (1) or more entrances to a facility shall be designed to facilitate the building's use by handicapped persons.

0321 19 CSR 30-20.030(3)(B)(4) - At least one (1) primary grade-level entrance

At least one (1) primary grade-level entrance to the building shall be arranged to be fully accessible to handicapped persons.

0322 19 CSR 30-20.030(3)(B)(5) - At least one (1) drinking fountain, one

At least one (1) drinking fountain, one (1) toilet and one (1) hand washing facility shall be available on each floor for physically handicapped patients and staff. At least one (1) wheelchair shower shall be provided in the patient area. Floors where the handicapped are specifically excluded from the entire area, such as boiler rooms, need not meet these requirements.

0323 19 CSR 30-20.030(3)(B)(6) - A public telephone, drinking fountain and

A public telephone, drinking fountain and toilets with hand washing facilities accessible to handicapped visitors shall be located in the hospital.

0324 19 CSR 30-20.030(3)(B)(7) - In an alteration project and additions to an

In an alteration project and additions to an existing hospital, only that portion of the total hospital affected by the project, including that part of adjacent areas used for access by the handicapped, must comply with paragraphs (3) (B)1.-6. of this rule.

0325 19 CSR 30-20.030(4) - General Design of Nursing Unit-Adult Medical

General Design of Nursing Unit-Adult Medical, Surgical and Post-Partum Care (except special care areas such as recovery rooms, intensive care units and psychiatric units).

0326 19 CSR 30-20.030(4)(A) - Every room shall have direct access to a

Every room shall have direct access to a corridor, shall have a window and shall contain a lavatory, closets and electrical and mechanical facilities. No room shall contain more than four (4) beds. No bed shall have more than one (1) bed between it and the window wall. The room area exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules shall be not less than one hundred (100) square feet in a single-bed room nor less than eighty (80) square feet for each bed in a multi-bed room. The ceiling shall be not less than eight feet (8') above the floor.

0327 19 CSR 30-20.030(4)(B) - Every bed shall have aisles at least three

Every bed shall have aisles at least three feet (3') wide on both sides. The aisle between adjacent beds may serve both beds and may serve as access to facilities serving both beds. Each aisle between a bed and wall shall serve as access only to facilities serving the adjacent bed, except the window and the heating unit. An aisle, not less than four feet (4') wide in multi-bed rooms and not less than three feet (3') wide in single-bed rooms, shall be provided at the foot of each bed. Aisles shall be continuous and clear of any built-in equipment with the exception of a heating or air-conditioning unit not more than three feet (3') high and extending not more than nine inches (9") into a side aisle. A unit combining a side table and electrical facilities specially designed for convenience to the patient and for convenient access for patient care may be installed in a side aisle.

0328 19 CSR 30-20.030(4)(C) - Each bed in a multi-bed room shall be

Each bed in a multi-bed room shall be provided with cubicle curtains or equivalent facilities arranged to contain adjacent floor space and to provide intermittent visual privacy, but shall not restrict patient access to the lavatory and toilet.

0329 19 CSR 30-20.030(4)(D) - One (1) or more windows, with sash not more

One (1) or more windows, with sash not more than three feet (3') above the floor and with gross area not less than ten percent (10%) of the floor area of the room, shall be provided. If the building has an engineered smoke control system which complies with Standard for Air Conditioning and Ventilating Systems 1978 published by the National Fire Protection Association, windows are not required to be operable. Otherwise, at least one (1) window or screened vent to the outside in each patient room shall be operable. Operable windows may be operable by a tool located in the nursing unit. Operable windows not restricted to emergency use shall be equipped with screens. Windows shall be exposed to an outside area not less than thirty feet (30') horizontally opposite the window and containing no construction which would further diminish the exposure of the window to natural light.

0330 19 CSR 30-20.030(4)(E) - Access to the corridor shall be either

Access to the corridor shall be either direct or through a vestibule and through one (1) or more doors. A single door leaf may be used if it is at least forty-four inches (44") wide. If double doors are used, both leaves shall equal at least forty-four inches (44") and one (1) leaf shall be at least thirty-two inches (32") wide. Doors shall not swing into the corridor unless recessed to avoid intrusion into the flow of traffic. The door hardware shall permit entry and egress without the use of hands. The toilet door shall swing out except when equipped with emergency rescue hardware.

0331 19 CSR 30-20.030(4)(F) - A toilet is required adjacent to each room

A toilet is required adjacent to each room with direct access without entering the corridor. It shall contain a water closet with a bedpan cleanser and also may contain a lavatory. It may serve more than one (1) room, but in no case more than four (4) beds. A lavatory equipped with a faucet with gooseneck spout and wrist blades shall be provided in each room. The lavatory shall be accessible without entering a toilet unless the toilet serves only one (1) bed.

0332 19 CSR 30-20.030(4)(G) - A separate closet or built-in wardrobe

A separate closet or built-in wardrobe, suitable for hanging full-length garments on clothes hangers and for storage of personal effects, shall be provided for each bed.

0333 19 CSR 30-20.030(4)(H) - General lighting, switchable at the door

General lighting, switchable at the door, shall be sufficient to provide a light intensity of fifteen (15) foot-candles in all parts of the room. A nonswitchable night-light, arranged to avoid shining in the patients' eyes, shall be provided. A reading light, switchable from the bed, shall be provided for each bed. The toilet light shall be switchable at the toilet door. A switchable light shall be provided at each lavatory. All switches for lighting in patient areas shall be of the quiet operating type. Duplex grounding type convenience outlets shall be provided as follows: one (1) on each side of each bed in the headwall for clinical equipment, one (1) at each lavatory and at least one (1) outlet on each wall space in the room. If television and electric beds are installed, grounding type receptacles shall be provided for each.

0334 19 CSR 30-20.030(4)(I) - The nurses' call system shall be installed

The nurses' call system shall be installed in accordance with subparagraphs (26)(F)1.A.-F. of this rule.

0335 19 CSR 30-20.030(4)(J) - Oxygen supply outlets and clinical suction

Oxygen supply outlets and clinical suction outlets shall be accessible from each bed in accordance with paragraph (27)(F)3. of this rule.

0336 19 CSR 30-20.030(4)(K) - At least one (1) room in the hospital shall

At least one (1) room in the hospital shall meet the following isolation requirements:

0337 19 CSR 30-20.030(4)(K)(1) - Entrance from the corridor shall be through

Entrance from the corridor shall be through an anteroom which contains facilities to assist staff in maintaining aseptic conditions. The anteroom shall contain a lavatory or sink equipped for hand-washing, storage spaces for clean and soiled materials and gowning facilities;

0338 19 CSR 30-20.030(4)(K)(2) - The door to the room shall have a viewing

The door to the room shall have a viewing panel for observation from the anteroom; and

0339 19 CSR 30-20.030(4)(K)(3) - A private toilet containing a water closet

A private toilet containing a water closet and a tub or shower shall be provided. A hand-washing facility shall be located in the toilet or in the patient room.

0340 19 CSR 30-20.030(4)(L) - If suitable psychiatric facilities are not

If suitable psychiatric facilities are not available in the community, at least one (1) room shall be equipped to provide for disturbed patients needing close supervision. This room shall be designed to minimize the potential for escape, injury or suicide. The door to this room shall swing outward and be recessed so it does not intrude on the flow of traffic.

0341 19 CSR 30-20.030(5) - A service area shall be located in or be

A service area shall be located in or be readily available to each nursing unit. The location and disposition of each service area will depend upon the number and types of beds to be served. Each service area may be arranged and located to serve more than one (1) nursing unit, but at least one (1) service area shall be provided on each nursing floor. In addition to a nurses' station, nurses' office, equipment storage room, charting facilities and staff toilet facilities, service areas shall include:

0342 19 CSR 30-20.030(5)(A) - Janitors' closet with mop sink, mop rack and

Janitors' closet with mop sink, mop rack and space for equipment;

0343 19 CSR 30-20.030(5)(B) - A medicine preparation area containing a

A medicine preparation area containing a work counter with sink, refrigerator and locked storage for biologicals and drugs;

0344 19 CSR 30-20.030(5)(C) - At least one (1) treatment room with

At least one (1) treatment room with hand-washing sink for each floor. If all patient rooms are single, this room may be omitted;

0345 19 CSR 30-20.030(5)(D) - A clean workroom or clean holding room

A clean workroom or clean holding room. The clean workroom shall contain a work counter and hand-washing and storage facilities including cart parking space. The clean holding room shall be part of a system for storage and distribution of clean and sterile supply materials and shall be similar to the clean workroom except that the work counter and hand-washing facilities may be omitted;

0346 19 CSR 30-20.030(5)(E) - A soiled workroom or soiled holding room

A soiled workroom or soiled holding room. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, work counter with a sink suitable for hand-washing, waste receptacle and linen receptacle. A soiled holding room shall be part of a system for collection and disposal of soiled materials and shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted;

0347 19 CSR 30-20.030(5)(F) - Clean linen storage space in a separate

Clean linen storage space in a separate closet or as a designated area within the clean workroom or holding room. If a closed cart system is used, storage may be in an alcove;

0348 19 CSR 30-20.030(5)(G) - A nourishment station with a sink

A nourishment station with a sink, refrigerator, storage cabinets, icemaker, ice dispenser and equipment for serving nourishments between meals;

0349 19 CSR 30-20.030(5)(H) - Space for parking stretchers and wheelchairs

Space for parking stretchers and wheelchairs located out of the path of normal traffic; and

0350 19 CSR 30-20.030(5)(I) - In nursing units, bathtubs or showers shall

In nursing units, bathtubs or showers shall be provided at the rate of one (1) for each twelve (12) beds which are not otherwise served by bathing facilities within patients' rooms. Each tub or shower shall be in an individual room or enclosure which provides space for the private use of the bathing fixture and for drying and dressing. At least one (1) shower on each patient floor shall have space for a wheelchair. At least one (1) shower shall be provided for each twelve (12) beds in post-partum units.

0351 19 CSR 30-20.030(6) - Special Care Units

Special Care Units.

0352 19 CSR 30-20.030(6)(A) - Special care patients may be housed in

Special care patients may be housed in single-bed rooms or in multi-bed rooms. If multi-bed rooms are provided, at least one (1) single-bed room shall be provided for each unit. In any case, one (1) room shall be set up for isolation techniques.

0353 19 CSR 30-20.030(6)(B) - All beds shall be arranged to permit direct

All beds shall be arranged to permit direct visual observation by nursing staff or patient shall be electronically monitored.

0354 19 CSR 30-20.030(6)(C) - Natural lighting by windows shall be

Natural lighting by windows shall be available to each patient. One (1) window may serve more than one (1) patient space, but not more than two (2). Window sills shall not be more than three feet (3') above the floor. Unless the building is designed with an engineered smoke control system in accordance with Standard for Air Conditioning and Ventilating Systems 1978 published by the National Fire Protection Association, at least one (1) window in each room shall be operable. The use of a tool located in the unit is acceptable for window operation.

0355 19 CSR 30-20.030(6)(D) - Clearance between beds in multi-bed rooms

Clearance between beds in multi-bed rooms shall not be less than six feet (6'). Clearance between the bed and adjacent wall shall not be less than three feet (3') and a clear aisle of at least four feet (4') shall be provided between the foot of the bed and wall. Single-bed rooms or solid wall cubicles shall have a minimum clear area of one hundred twenty (120) square feet and a minimum dimension of ten feet (10').

0356 19 CSR 30-20.030(6)(E) - Viewing panels shall be provided in doors and

Viewing panels shall be provided in doors and walls for observation of patients. Glazing in viewing panels shall be nonshattering glass.

0357 19 CSR 30-20.030(6)(F) - A hand-washing lavatory shall be provided in

A hand-washing lavatory shall be provided in each patient's room. In multi-bed rooms, a lavatory is to be provided at a ratio of no less than one (1) lavatory for each six (6) beds.

0358 19 CSR 30-20.030(6)(G) - Each special care unit shall have a toilet

Each special care unit shall have a toilet facility which is directly accessible from the unit. In multi-bed rooms, toilets are to be provided at a ratio of one (1) toilet for each six (6) beds. Portable water closet units may be used.

0359 19 CSR 30-20.030(6)(H) - Individual lockers shall be provided for the

Individual lockers shall be provided for the storage of patients' clothing and personal effects. Lockers shall be large enough to permit hanging of full-length garments.

0360 19 CSR 30-20.030(6)(I) - A separate waiting room shall be provided

A separate waiting room shall be provided for visitors to special care patients unless the special care unit is on the same floor as the main waiting room.

0361 19 CSR 30-20.030(6)(J) - A clean workroom with work counter

A clean workroom with work counter hand-washing facility and storage space shall be provided unless an alternate system for storage and distribution of clean and sterile supplies is approved.

0362 19 CSR 30-20.030(6)(K) - A work counter with a sink, waste receptacle

A work counter with a sink, waste receptacle and linen receptacle shall be provided unless it can be shown that the soiled holding room is part of a system for collecting soiled materials.

0363 19 CSR 30-20.030(6)(L) - Facilities for flushing and washing bedpans

Facilities for flushing and washing bedpans shall be provided within the unit.

0364 19 CSR 30-20.030(6)(M) - A nourishment station with counter, sink

A nourishment station with counter, sink, ice dispenser and refrigerator shall be located in or adjacent to the unit.

0365 19 CSR 30-20.030(6)(N) - Storage space for equipment shall be provided

Storage space for equipment shall be provided. Space shall be provided in the unit for emergency equipment and supplies.

0366 19 CSR 30-20.030(6)(O) - A medicine preparation facility containing

A medicine preparation facility containing a work counter with sink, refrigerator and locked storage for biologicals and drugs shall be provided.

0367 19 CSR 30-20.030(6)(P) - A toilet room equipped with water closet and

A toilet room equipped with water closet and lavatory shall be provided for staff. A lounge shall be provided for staff. Facilities for safekeeping of coats and personal belongings of personnel shall be provided.

0368 19 CSR 30-20.030(6)(Q) - A janitors' facility shall be located within

A janitors' facility shall be located within or adjacent to the special care unit.

0369 19 CSR 30-20.030(7) - Emergency Facilities

Emergency Facilities.

0370 19 CSR 30-20.030(7)(A) - As a minimum, hospitals shall provide the

As a minimum, hospitals shall provide the following:

0371 19 CSR 30-20.030(7)(A)(1) - A sheltered entrance at grade level

A sheltered entrance at grade level accessible to the pedestrian and a sheltered ambulance unloading area;

0372 19 CSR 30-20.030(7)(A)(2) - At least one (1) treatment room with

At least one (1) treatment room with hand-washing facilities, cabinets, medication storage space, work counter, suction and oxygen outlets, X-ray film illuminator and space for storage of emergency equipment;

0373 19 CSR 30-20.030(7)(A)(3) - A patient's toilet convenient to the

A patient's toilet convenient to the treatment room; and

0374 19 CSR 30-20.030(7)(A)(4) - A janitors' closet

A janitors' closet.

0375 19 CSR 30-20.030(7)(B) - Hospitals providing a fully equipped

Hospitals providing a fully equipped emergency service shall have, in addition to paragraphs (7)(A)1., 2. and 4. of this rule, the following:

0376 19 CSR 30-20.030(7)(B)(1) - A reception and control area convenient to

A reception and control area convenient to the emergency entrance, waiting room and treatment rooms;

0377 19 CSR 30-20.030(7)(B)(2) - Public waiting space with toilet facilities

Public waiting space with toilet facilities, public telephone and drinking fountain;

0378 19 CSR 30-20.030(7)(B)(3) - Storage space for wheelchairs and stretchers

Storage space for wheelchairs and stretchers out of line of traffic;

0379 19 CSR 30-20.030(7)(B)(4) - Clean supply storage space and clean utility

Clean supply storage space and clean utility facilities; and

0380 19 CSR 30-20.030(7)(B)(5) - Soiled work area containing a clinical sink

Soiled work area containing a clinical sink, work counter with hand-washing facility and waste and soiled linen receptacles.

0381 19 CSR 30-20.030(8) - Surgical Facilities

Surgical Facilities.

0382 19 CSR 30-20.030(8)(A) - If surgical facilities are provided

If surgical facilities are provided, the number of operating rooms, recovery beds and the size of the service areas shall be based on the scope of services to be provided.

0383 19 CSR 30-20.030(8)(B) - The surgical suite shall be located

The surgical suite shall be located and arranged to preclude unrelated traffic through the suite.

0384 19 CSR 30-20.030(8)(C) - Each general operating room shall have

Each general operating room shall have a minimum clear area of three hundred sixty (360) square feet exclusive of fixed and movable cabinets and shelves. The minimum dimension shall be eighteen feet (18'). Ceilings shall be at least nine feet six inches (9'6") high to accommodate surgical lights.

0385 19 CSR 30-20.030(8)(D) - Operating rooms for surgical cystoscopic and

Operating rooms for surgical cystoscopic and other endoscopic procedures shall have a minimum clear area of two hundred fifty (250) square feet exclusive of fixed and movable cabinets and shelves.

0386 19 CSR 30-20.030(8)(E) - A control station located to permit visual

A control station located to permit visual surveillance of all traffic which enters the operating suite shall be provided.

0387 19 CSR 30-20.030(8)(F) - An emergency communications system connecting

An emergency communications system connecting the operating rooms and the surgical suite control station shall be provided.

0388 19 CSR 30-20.030(8)(G) - A high-speed autoclave shall be conveniently

A high-speed autoclave shall be conveniently located to serve all operating rooms.

0389 19 CSR 30-20.030(8)(H) - Space for the storage and preparation of

Space for the storage and preparation of medications shall be provided.

0390 19 CSR 30-20.030(8)(I) - A minimum of one (1) scrub station shall be

A minimum of one (1) scrub station shall be provided for each operating room.

0391 19 CSR 30-20.030(8)(J) - A soiled workroom for the exclusive use of

A soiled workroom for the exclusive use of the surgical suite staff or a soiled holding room, that is part of a system for collection and disposal of soiled material, shall be provided. The soiled workroom shall contain a clinical sink or equivalent flushing-type fixture, work counter with a double sink, sink equipped for hand-washing, waste receptacle and linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the work counter may be omitted.

0392 19 CSR 30-20.030(8)(K) - A clean workroom or a clean supply room shall

A clean workroom or a clean supply room shall be provided. A clean workroom is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work counter, sink equipped for hand-washing and space for clean and sterile supplies. A clean supply room shall be provided when the program defines a system for the storage and distribution of clean and sterile supplies which would not require the use of a clean workroom.

0393 19 CSR 30-20.030(8)(L) - A separate room shall be provided for storage

A separate room shall be provided for storage of flammable anesthetics unless the use of flammable anesthetics is prohibited in writing by hospital board action.

0394 19 CSR 30-20.030(8)(M) - An anesthesia workroom for cleaning, testing

An anesthesia workroom for cleaning, testing and storing anesthesia equipment shall be provided. It shall contain a work counter and sink.

0395 19 CSR 30-20.030(8)(N) - Storage space for equipment and supplies

Storage space for equipment and supplies shall be provided.

0396 19 CSR 30-20.030(8)(O) - Appropriate areas shall be provided in the

Appropriate areas shall be provided in the surgical suite for male and female personnel to change clothes. The areas shall contain lockers, showers, toilets, hand-washing lavatories and space for donning scrub suits and boots. These areas shall be arranged to provide a one (1)-way traffic pattern so that personnel entering from outside the surgical suite can shower, change and move directly into the surgical suite. Similarly, space shall be designed for the removal of scrub suits and boots in the change area so that personnel using it will avoid physical contact with clean personnel.

0397 19 CSR 30-20.030(8)(P) - Space outside the flow of traffic shall be

Space outside the flow of traffic shall be provided for storage of stretchers.

0398 19 CSR 30-20.030(8)(Q) - A janitors' closet containing a floor

A janitors' closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.

0399 19 CSR 30-20.030(8)(R) - At least one (1) post-anesthesia recovery

At least one (1) post-anesthesia recovery room shall be provided. This room shall contain a nurses' station, a drug distribution station, clinical gases, hand-washing facilities, clinical sink and storage space.

0420 19 CSR 30-20.030(8)(S) - If the program defines an outpatient surgery

If the program defines an outpatient surgery load, separate areas shall be provided where outpatients can change clothing. This shall include a waiting room, lockers, toilets, hand-washing lavatories and a clothing change or gowning area with a traffic pattern similar to that of the staff clothing change area in subsection (8)(O) of this rule.

0421 19 CSR 30-20.030(8)(T) - If outpatient surgical procedures are

If outpatient surgical procedures are performed, a separate recovery area with hand-washing facilities shall be provided for those patients not subjected to general anesthesia.

0422 19 CSR 30-20.030(9) - Obstetrical Facilities

Obstetrical Facilities.

0423 19 CSR 30-20.030(9)(A) - If obstetrical facilities are provided,

If obstetrical facilities are provided, the number of delivery rooms, labor rooms and recovery beds and the size of the service areas shall depend upon the estimated obstetrical workload as described in the program. The post-partum patient area and the obstetrical suite shall be located and arranged to preclude unrelated traffic through the suite.

0424 19 CSR 30-20.030(9)(B) - Each delivery room shall have a minimum

Each delivery room shall have a minimum clear area of three hundred (300) square feet exclusive of fixed and movable cabinets and shelves. The minimum dimensions shall be sixteen feet (16'). Ceilings shall be at least nine feet six inches (9'6") high. An emergency communication system shall connect the delivery room with the obstetrical suite control station. Separate resuscitation facilities, including electrical outlets, oxygen outlets, suction outlets and clinical air, shall be provided for newborn infants.

0425 19 CSR 30-20.030(9)(C) - Labor beds shall be provided at the rate of

Labor beds shall be provided at the rate of two (2) for each delivery room. In facilities having only one (1) delivery room, two (2) labor rooms shall be provided; and one (1) labor room shall be large enough to function as an emergency delivery room with a minimum of one hundred sixty (160) square feet and shall have at least two (2) oxygen and two (2) suction outlets. All other labor rooms shall be single-bed or two (2)-bed rooms with a minimum clear area of one hundred (100) square feet in single-bed rooms and eighty (80) square feet per bed in two (2)-bed rooms.

0426 19 CSR 30-20.030(9)(D) - Each labor room shall contain a lavatory

Each labor room shall contain a lavatory equipped for hand-washing. Each labor room shall have access to a toilet room without entering the corridor. One (1) toilet room may serve two (2) labor rooms.

0427 19 CSR 30-20.030(9)(E) - At least one (1) shower shall be provided

At least one (1) shower shall be provided for labor room patients.

0428 19 CSR 30-20.030(9)(F) - In facilities having or expecting to have

In facilities having or expecting to have more than one thousand five hundred (1,500) births annually, a recovery room containing not less than two (2) beds shall be provided. This room shall contain hand-washing facilities, clinical sink and storage space for supplies and equipment. The room shall be designed to provide at least three feet (3') clear on each side of each recovery bed.

0429 19 CSR 30-20.030(9)(G) - A control station located to permit visual

A control station located to permit visual surveillance of all traffic which enters the obstetrical suite shall be provided.

0430 19 CSR 30-20.030(9)(H) - A supervisor's office or station shall be

A supervisor's office or station shall be provided.

0431 19 CSR 30-20.030(9)(I) - A high-speed autoclave shall be conveniently

A high-speed autoclave shall be conveniently located to serve all delivery rooms.

0432 19 CSR 30-20.030(9)(J) - A janitors' closet containing a floor

A janitors' closet containing a floor receptor or service sink, mop rack and space for equipment shall be provided exclusively for the obstetrical suite.

0433 19 CSR 30-20.030(9)(K) - A nurses' toilet and lounge shall be located

A nurses' toilet and lounge shall be located near the labor rooms.

0434 19 CSR 30-20.030(9)(L) - Scrub stations shall be provided at the

Scrub stations shall be provided at the ratio of one (1) for each delivery room.

0435 19 CSR 30-20.030(9)(M) - A soiled workroom or soiled holding room for

A soiled workroom or soiled holding room for the exclusive use of the obstetrical suite staff shall be provided . The soiled workroom shall contain a clinical sink or equivalent flushing-type fixture; work counter with double sink, waste receptacle and linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the work counter may be omitted.

0436 19 CSR 30-20.030(9)(N) - A clean workroom or clean supply room shall

A clean workroom or clean supply room shall be provided . A clean workroom with a work counter with sink and storage space for clean and sterile supplies is required when materials are assembled in the obstetrical suite.

0437 19 CSR 30-20.030(9)(O) - An equipment storage room shall be provided.

An equipment storage room shall be provided. Space shall be assigned for stretcher parking.

0438 19 CSR 30-20.030(9)(P) - Appropriate change areas shall be provided

Appropriate change areas shall be provided for male and female personnel working within the obstetrical suite. The areas shall contain lockers, showers, toilets, lavatories equipped for hand-washing and space for donning scrub suits and boots. These areas shall be arranged to provide a one (1)-way traffic pattern so that personnel entering from outside the obstetrical suite can shower, change and move directly into the obstetrical suite. The space for removal of scrub suits and boots in the change area shall be designed so that personnel using it can avoid contact with clean personnel.

0439 19 CSR 30-20.030(10) - Normal Infant Nursery

Normal Infant Nursery (if required by program).

0440 19 CSR 30-20.030(10)(A) - The nursery(ies) shall be located in the

The nursery(ies) shall be located in the post-partum nursing unit and as close as possible to the delivery suite. Nurseries shall be located and arranged to preclude unrelated traffic .

0441 19 CSR 30-20.030(10)(B) - No nursery shall open directly into another

No nursery shall open directly into another nursery. If doors are provided to nurseries for emergency evacuation, they shall be operable only from the nursery side and be recessed so as not to swing out into the corridor.

0442 19 CSR 30-20.030(10)(C) - The number of bassinets shall exceed the

The number of bassinets shall exceed the number of obstetric beds by ten percent (10%) to accommodate multiple births, extended hospitalizations and fluctuating patient loads. When a rooming-in program is used, the total number of bassinets may be reduced, but a nursery must still be provided.

0443 19 CSR 30-20.030(10)(D) - Each nursery shall contain no more than

Each nursery shall contain no more than sixteen (16) bassinets.

0444 19 CSR 30-20.030(10)(E) - At least twenty-four (24) square feet of

At least twenty-four (24) square feet of clear floor area shall be provided for each bassinet. At least two feet (2') shall be maintained between each bassinet and an aisle space of at least three feet (3') shall be maintained.

0445 19 CSR 30-20.030(10)(F) - An examining, treatment and work-space room

An examining, treatment and work-space room with facilities for charting, storage and hand-washing shall be provided adjacent to the nursery(ies).

0446 19 CSR 30-20.030(10)(G) - At least one (1) hand-washing facility with

At least one (1) hand-washing facility with knee- or foot-action controls and gooseneck spout shall be provided in each nursery.

0447 19 CSR 30-20.030(10)(H) - Space shall be provided for street clothing

Space shall be provided for street clothing, cabinets for clean gowns and receptacles for used gowns and other soiled material. This may be a part of the work space mentioned in subsection (10)(F) of this rule if sufficient space is provided.

0448 19 CSR 30-20.030(10)(I) - Observation windows shall be provided between

Observation windows shall be provided between the nursery and the corridor and the nursery and the workroom. Glazing shall be nonshattering glass.

0449 19 CSR 30-20.030(10)(J) - A janitors' closet shall be provided for the

A janitors' closet shall be provided for the exclusive use of the nursery area. It shall contain a floor receptor or service sink and storage space for equipment and supplies.

0450 19 CSR 30-20.030(10)(K) - A room with hand-washing facilities shall be

A room with hand-washing facilities shall be provided where mothers may be given instructions and demonstrations in methods of feeding, bathing and dressing their infants.

0451 19 CSR 30-20.030(11) - Observation Nursery (if required by program).

Observation Nursery (if required by program).

0452 19 CSR 30-20.030(11)(A) - The observation nursery shall provide for

The observation nursery shall provide for infants suspected of having a condition not conducive to care in the normal infant nursery. Normal infants born at home or in transit may be admitted to the normal infant nursery. If a private post-partum room is provided, the suspect infant may be housed with the mother until it can be admitted to the normal nursery or transferred to another facility.

0453 19 CSR 30-20.030(11)(B) - Floor space shall be provided at the rate of

Floor space shall be provided at the rate of thirty (30) square feet for each bassinet. At least one (1) observation bassinet shall be provided.

0454 19 CSR 30-20.030(11)(C) - At least one (1) hand-washing lavatory with

At least one (1) hand-washing lavatory with knee- or foot-action controls and gooseneck spout shall be provided in the observation nursery. Workspace designed for the normal nurseries may serve the observation nursery.

0455 19 CSR 30-20.030(12) - Continuing care, intermediate care and

Continuing care, intermediate care and intensive care nursery facilities shall be designed as required by the functional needs of each program. The minimum floor area per infant station shall be forty (40) square feet.

0456 19 CSR 30-20.030(13) - Pediatric Facilities

Pediatric Facilities.

0457 19 CSR 30-20.030(13)(A) - If a hospital's program provides for the

If a hospital's program provides for the design and operation of a pediatric unit, it shall be located where the noise will not intrude on the care of others.

0458 19 CSR 30-20.030(13)(B) - Pediatric patient rooms shall comply with

Pediatric patient rooms shall comply with requirements established in subsection (6)(D) of this rule when used for hospital beds. Patient rooms used for cribs shall contain a minimum of sixty (60) square feet of clear area for each crib with no more than six (6) cribs in each room.

0459 19 CSR 30-20.030(13)(C) - The nursing station shall be designed

The nursing station shall be designed to permit observation and communication between small children and the staff.

0460 19 CSR 30-20.030(13)(D) - Toilet facilities, drinking fountains and

Toilet facilities, drinking fountains and furniture shall be designed for small children.

0461 19 CSR 30-20.030(13)(E) - Equipment, such as the nurses' call, shall

Equipment, such as the nurses' call, shall be simple to operate and switches and plugs for critical equipment shall be located out of reach of young patients.

0462 19 CSR 30-20.030(13)(F) - At least one (1) interview room shall be

At least one (1) interview room shall be located in or adjacent to the pediatric unit.

0463 19 CSR 30-20.030(13)(G) - A minimum of two hundred (200) square feet

A minimum of two hundred (200) square feet of storage space shall be provided within or adjacent to the unit.

0464 19 CSR 30-20.030(13)(H) - At least one (1) isolation room with toilet

At least one (1) isolation room with toilet, sink, shower or tub shall be provided.

0465 19 CSR 30-20.030(13)(I) - An anteroom with sink wrist controls shall

An anteroom with sink wrist controls shall provide access to the isolation room from the corridor.

0466 19 CSR 30-20.030(13)(J) - A nurses' station, with a nurses' lounge

A nurses' station, with a nurses' lounge, physicians' charting area and a medication room shall be provided. The medication room shall have access only through the nurses' station.

0467 19 CSR 30-20.030(13)(K) - A treatment room shall be provided and

A treatment room shall be provided and equipped with an examination table and counter with sink . A treatment room is not required in those nursing units with all private rooms.

0468 19 CSR 30-20.030(13)(L) - An activity room with at least one hundred

An activity room with at least one hundred fifty (150) square feet of space shall be provided.

0469 19 CSR 30-20.030(13)(M) - Clean and soiled workrooms as described in

Clean and soiled workrooms as described in subsections (5)(D) and (E) of this rule shall be provided.

0470 19 CSR 30-20.030(13)(N) - A janitors' facility shall be provided

A janitors' facility shall be provided for each pediatric unit.

0471 19 CSR 30-20.030(13)(O) - Showers shall be provided at a ratio of one

Showers shall be provided at a ratio of one (1) shower for each ten (10) beds. In addition, one (1) tub room shall be provided.

0472 19 CSR 30-20.030(14) - Dietary Facilities

Dietary Facilities.

0473 19 CSR 30-20.030(14)(A) - Food service facilities shall be designed and

Food service facilities shall be designed and equipped to meet the requirements of the scope of services outlined in the program.

0474 19 CSR 30-20.030(14)(B) - To implement the type of food service

To implement the type of food service selected, the following facilities shall be provided and designed:

1. Receiving area;
2. Storage space including cold storage for four (4) days' supply;
3. Space and equipment for food preparation to facilitate efficient food preparation and to provide for a safe and sanitary environment;
4. Conveniently located hand-washing facilities;
5. Space for tray assembly and distribution carts;
6. Dining space;
7. Ware washing space located separately and isolated from food preparation and serving area ;
8. Three (3)-compartment sinks for pot washing;
9. Storage areas and washing facilities for cans, carts and mobile tray conveyors;
10. Waste stored so it is inaccessible to insects and rodents and accessible to the outside for pickup or disposal ;
11. Office space for manager of dietary service accessible to food production area ;
12. Staff toilets with hand-washing facilities immediately available;
13. Janitors' closet with floor receptor or a service sink and storage space for equipment; and
14. Dietary facilities which comply with 19 CSR 20-1.010.

0475 19 CSR 30-20.030(15) - Radiology

Radiology.

0476 19 CSR 30-20.030(15)(A) - Space shall be provided for diagnostic

Space shall be provided for diagnostic and therapeutic purposes as stated in the program.

0477 19 CSR 30-20.030(15)(B) - As a minimum, the radiology suite shall

As a minimum, the radiology suite shall contain the following:

1. Radiographic room. Radiation protection requirements of X ray and gamma-ray installations shall be in accordance with 19 CSR 20-10.010-19 CSR 20-10.190;
2. Film-processing facilities and filmstorage facilities;
3. Office and viewing areas;
4. Toilet with hand-washing facilities. A toilet shall be accessible from each fluoroscopy room without entering the general corridor;
5. Dressing area;
6. Waiting room or alcove and a control station; and
7. A holding area for stretcher patients which is out of the direct line of normal traffic .

0478 19 CSR 30-20.030(16) - Laboratory

Laboratory.

0479 19 CSR 30-20.030(16)(A) - Laboratory facilities shall be provided in

Laboratory facilities shall be provided in the hospital or through an effective contract arrangement with another laboratory service acceptable to the Department of Health to meet the workload described in the program.

0480 19 CSR 30-20.030(16)(B) - The following minimum services shall be

The following minimum services shall be available in the hospital:

1. Laboratory work counter with sink, vacuum, gas and electric services;
2. Hand-washing sink;
3. Storage cabinets;
4. Blood storage facilities with temperature recorder and alarms;
5. Urine collection room with water closet and lavatory; and
6. Blood collection facilities with a work counter, hand-washing facilities and space for patient seating.

0481 19 CSR 30-20.030(17) - Pharmacy Facilities

Pharmacy Facilities.

0482 19 CSR 30-20.030(17)(A) - The size and type of services to be provided

The size and type of services to be provided in the pharmacy will depend upon the type of drug distribution system to be used in the hospital and whether the hospital proposes to provide, purchase or share pharmacy services with other hospitals or other medical facilities. This shall be described in the program.

0483 19 CSR 30-20.030(17)(B) - As a minimum, the following functional areas

As a minimum, the following functional areas shall be provided:

1. Dispensing area with hand-washing facilities;
2. Editing or order review area;
3. Office and record storage area; and
4. Storage areas for bulk and active supplies, a refrigerator, a vault for narcotics, acceptable safe space for volatile liquids and an area for parental admixtures if appropriate.

0484 19 CSR 30-20.030(18) - Outpatient Clinic Services

Outpatient Clinic Services.

0485 19 CSR 30-20.030(18)(A) - The extent of administrative, clinical and

The extent of administrative, clinical and diagnostic facilities provided shall be determined by the services contemplated and the estimated patient load as described in the program.

0486 19 CSR 30-20.030(18)(B) - If the facility is designed as an integral

If the facility is designed as an integral part of the hospital and is intended to serve inpatients as well as outpatients, all applicable requirements relating to general hospital facilities shall apply.

0487 19 CSR 30-20.030(18)(C) - Facilities shall be designed and arranged

Facilities shall be designed and arranged so they are available and accessible to the physically handicapped.

0488 19 CSR 30-20.030(18)(D) - The entrance shall be at grade level and

The entrance shall be at grade level and sheltered from the weather.

0489 19 CSR 30-20.030(18)(E) - The lobby shall include wheelchair storage

The lobby shall include wheelchair storage space, reception and information counter or desk, waiting space, public toilet facilities, public telephone and drinking fountain.

0490 19 CSR 30-20.030(18)(F) - General purpose examination rooms shall have

General purpose examination rooms shall have minimum floor areas of eighty (80) square feet, excluding spaces such as vestibule, toilet, closet and work counter. A lavatory or sink equipped for hand-washing and a counter or shelf space for writing shall be provided.

0491 19 CSR 30-20.030(18)(G) - Treatment rooms for minor surgical and cast

Treatment rooms for minor surgical and cast procedures shall have a minimum floor area of one hundred twenty (120) square feet with a minimum room dimension of ten feet (10'). The minimum floor area shall not include spaces used for vestibule, toilet, closet and work counter. A lavatory or sink equipped for hand-washing and a counter or shelf space for writing shall be provided.

0492 19 CSR 30-20.030(18)(H) - A nurses' station with a communication system

A nurses' station with a communication system and facilities for charting and storage of clinical records shall be provided.

0493 19 CSR 30-20.030(18)(I) - There shall be a drug storage area.

There shall be a drug storage area.

0494 19 CSR 30-20.030(18)(J) - A clean workroom or clean holding room shall

A clean workroom or clean holding room shall be provided as described in subsection (5)(D) of this rule.

0495 19 CSR 30-20.030(18)(K) - A soiled workroom or soiled holding room

A soiled workroom or soiled holding room shall be provided as described in subsection (5)(E) of this rule.

0496 19 CSR 30-20.030(19) - Central Services

Central Services.

0497 19 CSR 30-20.030(19)(A) - A separate receiving-decontamination room

A separate receiving-decontamination room shall be provided with workspace and equipment for cleaning medical and surgical equipment and for disposal of nonreusable material. Hand-washing facilities shall be provided. A soiled cart parking space shall be provided.

0498 19 CSR 30-20.030(19)(B) - A clean workroom with space and equipment for

A clean workroom with space and equipment for sterilizing medical and surgical equipment and supplies shall be provided. At least two (2) pressure sterilizers designed to maintain two hundred fifty degrees Fahrenheit (250°F) or one hundred twenty-one degrees Celsius (121°C) at fifteen pounds (15 lbs.) pressure shall be provided.

0499 19 CSR 30-20.030(19)(C) - Space is to be provided for storage of clean

Space is to be provided for storage of clean supplies, sterile supplies and clean equipment.

0520 19 CSR 30-20.030(19)(D) - Clean cart-storage space and cart-sanitizing

Clean cart-storage space and cart-sanitizing facilities shall be provided.

0521 19 CSR 30-20.030(20) - The area for medical records shall include

The area for medical records shall include: review and dictating space; work areas for sorting, recording or microfilming records; storage area for records; and office space for the medical record administrator.

0522 19 CSR 30-20.030(21) - Elevators

Elevators.

0523 19 CSR 30-20.030(21)(A) - All hospitals having patient-care facilities

All hospitals having patient-care facilities located on any floor other than the main entrance floor shall have electric or electrohydraulic elevators.

0524 19 CSR 30-20.030(21)(B) - Numbers of Elevators

Numbers of Elevators.

0525 19 CSR 30-20.030(21)(B)(1) - At least two (2) hospital-type elevators

At least two (2) hospital-type elevators shall be installed where patient-care facilities are located on any floor other than the main entrance floor.

0526 19 CSR 30-20.030(21)(B)(2) - In hospitals with more than two hundred (200)

In hospitals with more than two hundred (200) beds located on floors other than the main entrance floor, the number of elevators shall be determined from a study of the hospital operation and the estimated vertical transportation requirements.

0527 19 CSR 30-20.030(21)(C) - Details

Details.

0528 19 CSR 30-20.030(21)(C)(1) - Cars of hospital-type elevators shall have in

Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient bed and attendants and shall be at least five feet (5') wide and eight feet (8') deep. The car door shall have a clear opening of not less than four feet (4').

0529 19 CSR 30-20.030(21)(C)(2) - Elevators shall be equipped with an automatic

Elevators shall be equipped with an automatic leveling device of the two (2)-way automatic maintaining type with an accuracy of plus or minus one-half inch ($\pm 1/2$ ").

0530 19 CSR 30-20.030(21)(C)(3) - Elevators, except freight elevators, shall be

Elevators, except freight elevators, shall be equipped with a two (2)-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

0531 19 CSR 30-20.030(21)(C)(4) - Elevator controls, alarm buttons and

Elevator controls, alarm buttons and telephones shall be accessible to wheelchair occupants.

0532 19 CSR 30-20.030(21)(C)(5) - Elevator call buttons, controls and door

Elevator call buttons, controls and door safety stops shall be of a type that will not be activated by heat or smoke.

0533 19 CSR 30-20.030(21)(C)(6) - Elevator hoistway doors shall be rated

Elevator hoistway doors shall be rated to maintain the integrity of the enclosure.

0534 19 CSR 30-20.030(22) - Linen and Refuse Chutes (if provided)

Linen and Refuse Chutes (if provided).

0535 19 CSR 30-20.030(22)(A) - Service openings to chutes shall not be

Service openings to chutes shall not be located in corridors or passageways but shall be located in a room having a fire-resistance construction of not less than one (1) hour. Doors to the rooms shall be not less than three-fourths (3/4)-hour labeled doors and equipped with a closing device.

0536 19 CSR 30-20.030(22)(B) - Service openings for chutes shall have

Service openings for chutes shall have approved self-closing one and one-half (1 1/2)-hour labeled fire doors.

0537 19 CSR 30-20.030(22)(C) - The minimum diameter of gravity chutes shall

The minimum diameter of gravity chutes shall be not less than two feet (2").

0538 19 CSR 30-20.030(22)(D) - Chutes shall discharge directly into

Chutes shall discharge directly into collection rooms separate from the incinerator, laundry or other services. Separate collection rooms shall be provided for trash and for linen. The enclosure construction for the rooms shall have a fire-resistance of not less than one (1) hour. Doors to these collection rooms shall be three-fourths (3/4)-hour labeled fire doors.

0539 19 CSR 30-20.030(22)(E) - Gravity chutes shall extend full diameter

Gravity chutes shall extend full diameter through the roof with provisions for continuous ventilation, as well as for fire and smoke ventilation. Openings for fire and smoke ventilation shall have an effective area of not less than that of the chute diameter and shall terminate not less than four feet (4') above the roof and not less than six feet (6') clear of other vertical surfaces.

0540 19 CSR 30-20.030(23) - Dumbwaiters, Conveyors and Material Handling

Dumbwaiters, Conveyors and Material Handling Systems (if provided).

0541 19 CSR 30-20.030(23)(A) - Dumbwaiters, conveyors and material handling

Dumbwaiters, conveyors and material handling systems, excluding pneumatic tubes, shall not open directly into a corridor or exitway but shall open into a room enclosed by construction having a fire-resistance of not less than one (1) hour and provided with a three-fourths (3/4)-hour labeled fire door with a self-closing device.

0542 19 CSR 30-20.030(23)(B) - Service-entrance doors to vertical shafts

Service-entrance doors to vertical shafts containing dumbwaiters, conveyors and material handling systems shall be rated to maintain the integrity of the vertical shaft.

0543 19 CSR 30-20.030(23)(C) - Where horizontal conveyors and material

Where horizontal conveyors and material handling systems penetrate fire-rated walls, openings shall be provided with one and one-half (1 1/2)-hour labeled fire doors. Where they penetrate smoke partitions, openings shall be provided with three-fourths (3/4)-hour labeled fire doors.

0544 19 CSR 30-20.030(24) - Fire Prevention and Protection for New and

Fire Prevention and Protection for New and Existing Facilities.

0545 19 CSR 30-20.030(24)(A) - If a facility is located outside of a service

If a facility is located outside of a service area or range of a public fire department, arrangements shall be made to have the nearest fire department respond in the case of fire. A copy of the agreement shall be kept on file in the facility and a copy shall be forwarded to the Department of Health. If the agreement is changed, a copy shall be forwarded to the Department of Health.

0546 19 CSR 30-20.030(24)(B) - General Operating Requirements

General Operating Requirements.

0547 19 CSR 30-20.030(24)(B)(1) - Every required exit, exit access or exit

Every required exit, exit access or exit discharge shall be maintained free of any obstructions or impediments at all times.

0548 19 CSR 30-20.030(24)(B)(2) - Automatic extinguishment systems, fire

Automatic extinguishment systems, fire detection and alarm systems, smoke containment and evacuation systems, exit lighting, fire and smoke doors and other equipment required by this rule shall be tested at intervals not to exceed six (6) months and shall be continuously maintained in proper operating condition.

0549 19 CSR 30-20.030(24)(B)(3) - Fire-retardant protective coatings shall be

Fire-retardant protective coatings shall be applied to paneling and other materials at intervals as necessary to maintain the required flame-retardant properties.

0550 19 CSR 30-20.030(24)(B)(4) - All draperies, curtains and cubicle curtains

All draperies, curtains and cubicle curtains shall be inherently flame retardant or treated and maintained to retard flame.

0551 19 CSR 30-20.030(24)(B)(5) - A written fire safety and evacuation plan

A written fire safety and evacuation plan shall be available to all personnel. The plan shall provide for the protection of all persons in the event of fire and for their evacuation to areas of refuge in or outside the building when necessary. All employees shall be periodically instructed and kept informed respecting their duties under the plan.

0552 19 CSR 30-20.030(24)(B)(6) - Fire drills shall be held at least quarterly

Fire drills shall be held at least quarterly for each shift and shall include the simulated use of fire alarm signals and simulation of emergency fire conditions. The movement of patients is not required.

0553 19 CSR 30-20.030(24)(B)(7) - Smoking shall be prohibited in any room, ward

Smoking shall be prohibited in any room, ward or compartment where flammable liquids, combustible gases or oxygen are used or stored and in any other hazardous location. The areas shall be posted with NO SMOKING signs.

0554 19 CSR 30-20.030(24)(B)(8) - The policies shall prohibit smoking

The policies shall prohibit smoking throughout the hospital other than in specific designated areas where smoking may be permitted.

0555 19 CSR 30-20.030(24)(B)(9) - Combustible decorations are prohibited unless

Combustible decorations are prohibited unless they have been treated to retard flame.

0556 19 CSR 30-20.030(24)(B)(10) - Wastebaskets and other waste containers shall

Wastebaskets and other waste containers shall be of noncombustible material.

0557 19 CSR 30-20.030(24)(B)(11) - Class A portable fire extinguishers shall be

Class A portable fire extinguishers shall be provided and located to provide the capability to fight fires in ordinary combustible material such as wood, cloth, paper and rubber. Class B and Class C portable fire extinguishers shall be provided and located to provide the capability to fight fires from flammable liquids, gases or grease and in energized electrical equipment. Portable fire extinguishers rated ABC may be used in lieu of Class A, Class B and Class C fire extinguishers. Special situations such as computer rooms may require specific types of fire extinguishers.

0558 19 CSR 30-20.030(24)(B)(12) - Fire extinguishers shall be recharged after

Fire extinguishers shall be recharged after use or as indicated by inspection.

0559 19 CSR 30-20.030(24)(C) - Life Safety Requirements

Life Safety Requirements.

0560 19 CSR 30-20.030(24)(C)(1) - New facilities, additions to existing

New facilities, additions to existing facilities and alterations to existing facilities built in accordance with Chapters 5, 6, 7 and 12 of the Life Safety Code 1981, Standards for the Installation of Air Conditioning and Ventilating Systems 1978 and Standard for the Installation of Sprinkler Systems 1980, all published by the National Fire Protection Association, shall be considered to be in full compliance with this rule if they also comply with subparagraph (24)(C)2.A. of this rule.

0561 19 CSR 30-20.030(24)(C)(2) - As a minimum, all new hospitals, additions

As a minimum, all new hospitals, additions to existing hospitals and alterations to existing facilities shall comply with the following:

0562 19 CSR 30-20.030(24)(C)(2)(A) - An automatic extinguishment system shall be

An automatic extinguishment system shall be installed in accordance with the Standard for the Installation of Sprinkler Systems 1980 published by the National Fire Protection Association. Operating rooms, X-ray rooms, delivery rooms, telephone equipment rooms, electrical switchgear and distribution rooms and special care areas may be exempted from sprinkler coverage, provided they are separated from other areas by one (1)-hour fire-resistive construction and provided with smoke detectors;

0563 19 CSR 30-20.030(24)(C)(2)(B) - Health care buildings of only one (1) story

Health care buildings of only one (1) story in height shall be constructed according to one (1) of the following types: I (443); I (332); II (111); II (222); II (000) or III (210) as described in the Standard Types Building Construction 1979 published by the National Fire Protection Association. All buildings with more than one (1) level below the level of exit discharge shall have all lower levels separated from the level of exit discharge by at least Type II (111) construction;

0564 19 CSR 30-20.030(24)(C)(2)(C) - Buildings two (2) stories or more in height

Buildings two (2) stories or more in height shall be of Type I (443), Type I (332) or Type II (222) construction as described in the Standard Types Building Construction 1979 published by the National Fire Protection Association;

0565 19 CSR 30-20.030(24)(C)(2)(D) - Stairways, ramps, elevators hoistways, light

Stairways, ramps, elevators hoistways, light or ventilation shafts, chutes and other vertical openings between stories shall be enclosed with construction having at least a one (1)-hour fire-resistance rating in buildings up to and including three (3) stories. In buildings of more than three (3) stories, all vertical openings shall be enclosed with construction having a two (2)-hour fire-resistance rating;

0566 19 CSR 30-20.030(24)(C)(2)(E) - Doors in stair enclosures shall be

Doors in stair enclosures shall be self-closing and shall be kept in a closed position. Exit doors shall bear a sign visible only in the direction of exit travel stating FIRE EXIT, KEEP DOOR CLOSED;

0567 19 CSR 30-20.030(24)(C)(2)(F) - All interior walls and partitions shall be

All interior walls and partitions shall be of noncombustible materials;

0568 19 CSR 30-20.030(24)(C)(2)(G) - Openings for the passage of ducts, pipes

Openings for the passage of ducts, pipes or conduits in floors, walls or partitions that are required to have fire- or smoke-resisting capability shall be protected by filling the space between the penetrating item and the barrier with material which will maintain the rating of the barrier;

0569 19 CSR 30-20.030(24)(C)(2)(H) - Types of exits shall be limited to- doors

Types of exits shall be limited to- doors leading directly outside the building, interior stairs, smoke-proof towers, horizontal exits, and exit passageways;

0570 19 CSR 30-20.030(24)(C)(2)(I) - At least two (2) exits of the types described

At least two (2) exits of the types described in paragraphs (24)(C)2.-4. of this rule shall be provided for each floor or fire section of the building. These exits shall be remote from each other;

0571 19 CSR 30-20.030(24)(C)(2)(J) - Horizontal exits

Horizontal exits.

0572 19 CSR 30-20.030(24)(C)(2)(J)(I) - At least thirty (30) net square feet per

At least thirty (30) net square feet per patient shall be provided within the aggregated area of corridors, patient rooms, treatment rooms, lounge and other low hazard areas on each side of the horizontal exit. On floors other than patient floors, at least six (6) square feet per occupant shall be provided on each side of the horizontal exit for the total number of occupants in adjoining compartments.

0573 19 CSR 30-20.030(24)(C)(2)(J)(II) - Partitions in a horizontal exit shall have a

Partitions in a horizontal exit shall have a two (2)-hour fire rating and doors shall have a one and one-half (1 1/2)-hour fire rating.

0574 19 CSR 30-20.030(24)(C)(2)(J)(III) - A single door may be used in a horizontal

A single door may be used in a horizontal exit if it serves one (1) direction only and is at least forty-four inches (44") wide.

0575 19 CSR 30-20.030(24)(C)(2)(J)(IV) - A horizontal exit in a corridor eight feet

A horizontal exit in a corridor eight feet (8') or more in width serving as a means of egress from both sides of the exit shall have the opening protection by a pair of swinging doors each arranged to swing in the opposite direction from the other, with each door leaf being at least forty-four inches (44") wide.

0576 19 CSR 30-20.030(24)(C)(2)(J)(V) - A vertical vision panel twenty-four inches by

A vertical vision panel twenty-four inches by four inches (24" x 4") of wire glass in steel frame shall be provided in each horizontal exit door. Center mullions are prohibited;

0577 19 CSR 30-20.030(24)(C)(2)(K) - Every patient sleeping room shall have an

Every patient sleeping room shall have an exit access door leading directly to an exit-access corridor unless there is an exit door opening directly to the outside from the room at ground level. One (1) adjacent room, such as a sitting or anteroom, may intervene if all doors along the means of egress are equipped with nonlockable hardware and if the intervening room is not used to serve as an exit access for more than eight (8) patient sleeping beds. This requirement shall not apply to special care units with supervised nursing care;

0578 19 CSR 30-20.030(24)(C)(2)(L) - Aisles, corridors and ramps required for exit

Aisles, corridors and ramps required for exit access from inpatient areas in a hospital shall be at least eight feet (8') in clear and unobstructed width. Aisles, corridors and ramps in areas not intended for the housing, treatment or use of patients may be a minimum of forty-four inches (44") in clear and unobstructed width;

0579 19 CSR 30-20.030(24)(C)(2)(M) - Rooms and any suite of rooms of more than

Rooms and any suite of rooms of more than one thousand (1,000) square feet shall have at least two (2) exit access doors remote from each other;

0580 19 CSR 30-20.030(24)(C)(2)(N) - Patient sleeping rooms may be subdivided with

Patient sleeping rooms may be subdivided with noncombustible partitions, provided that the arrangement allows for direct and constant visual supervision by nursing personnel. Rooms which are so subdivided shall not exceed five thousand (5,000) square feet. If the space is equipped with an electrically supervised smoke detection system, direct visual supervision is not required;

0581 19 CSR 30-20.030(24)(C)(2)(O) - Every corridor shall provide access to at

Every corridor shall provide access to at least two (2) approved exits. Means of egress shall not pass through any intervening rooms or spaces other than corridors or lobbies;

0582 19 CSR 30-20.030(24)(C)(2)(P) - Every exit or exit access shall be so

Every exit or exit access shall be so arranged that no corridor, aisle or passageway has a pocket or dead end exceeding thirty feet (30');

0583 19 CSR 30-20.030(24)(C)(2)(Q) - Travel distance between any patient room door

Travel distance between any patient room door and an exit shall not exceed one hundred fifty feet (150'). Travel distance between any point in a room and an exit shall not exceed two hundred feet (200') and travel distance between any point in a hospital sleeping room or suite and an exit access door of that room or suite shall not exceed fifty feet (50');

0584 19 CSR 30-20.030(24)(C)(2)(R) - All required exit ramps or stairs shall

All required exit ramps or stairs shall discharge directly to the outside at grade or be arranged so travel is through an exit passageway discharging to the outside at grade;

0585 19 CSR 30-20.030(24)(C)(2)(S) - Doors leading directly to the outside of the

Doors leading directly to the outside of the building may be subject to locking from the room side provided the door can be opened from the inside without the use of a key;

0586 19 CSR 30-20.030(24)(C)(2)(T) - Soiled linen rooms, paint shops, trash

Soiled linen rooms, paint shops, trash collection rooms and rooms or spaces, including repair shops used for the storage of combustible supplies and equipment in quantities deemed hazardous by the Department of Health, shall be separated from adjacent areas by construction having a one (1)-hour fire-resistance rating;

0587 19 CSR 30-20.030(24)(C)(2)(U) - Laboratories employing quantities of

Laboratories employing quantities of flammable, combustible or hazardous materials which are considered a severe hazard shall be protected in accordance with the Safety Standards for Laboratories in Health- Related Institutions 1980 published by the National Fire Protection Association;

0588 19 CSR 30-20.030(24)(C)(2)(V) - Walls and ceilings throughout shall have a

Walls and ceilings throughout shall have a Class B interior finish with one (1) exception: individual rooms of not over four (4) patients in capacity may have a Class C interior finish in accordance with Section 6-5 of the Life Safety Code 1981 published by the National Fire Protection Association;

0589 19 CSR 30-20.030(24)(C)(2)(W) - Floors throughout the facility shall have a

Floors throughout the facility shall have a Class II interior floor finish as described in Section 6-5 of the Life Safety Code 1981 published by the National Fire Protection Association;

0590 19 CSR 30-20.030(24)(C)(2)(X) - Corridors shall be separated from all other

Corridors shall be separated from all other areas by partitions. Partitions shall be of noncombustible construction and may terminate the suspended ceiling. Corridor partitions shall form tight joints with the ceiling;

0591 19 CSR 30-20.030(24)(C)(2)(Y) - Vision panels in corridor partitions shall be

Vision panels in corridor partitions shall be constructed to resist the passage of smoke;

0592 19 CSR 30-20.030(24)(C)(2)(Z) - Doors in corridor partitions shall be

Doors in corridor partitions shall be constructed to resist the passage of smoke and shall be provided with latches of a type suitable for keeping the door tightly closed;

0593 19 CSR 30-20.030(24)(C)(2)(AA) - Smoke barriers shall be provided, regardless

Smoke barriers shall be provided, regardless of building construction type, to divide into at least two (2) compartments every story used by inpatients for sleeping or treatment or any story having an occupant load of fifty (50) or more persons and to limit on any story the length and width of each smoke compartment to no more than one hundred fifty feet (150'). Horizontal exits may serve as smoke barriers;

0594 19 CSR 30-20.030(24)(C)(2)(BB) - Smoke barriers shall have a fire resistance

Smoke barriers shall have a fire resistance rating of at least one (1) hour;

0595 19 CSR 30-20.030(24)(C)(2)(CC) - Doors in smoke barriers shall be substantial

Doors in smoke barriers shall be substantial doors, such as one and three-fourth inches (1 3/4") thick solid-bonded core wood or construction that will resist fire for at least twenty (20) minutes. Each door leaf shall have a wire glass vision panel not exceeding one thousand two hundred ninety-six (1,296) square inches in metal frames. Corridor openings in smoke barriers shall be protected by a pair of swinging doors, each door to swing in a direction opposite from the other. The minimum door leaf width shall be forty-four inches (44"); and

0596 19 CSR 30-20.030(24)(C)(2)(DD) - Doors in smoke barriers shall be self-closing

Doors in smoke barriers shall be self-closing or they may be held open by an automatic release device which shall be connected to a manual alarm system, an automatic smoke detection system and a complete automatic fire-extinguishing system. Activation of any of these three (3) systems shall initiate the closing action of all doors by zone or throughout the entire facility.

0597 19 CSR 30-20.030(25) - Construction

Construction.

0598 19 CSR 30-20.030(25)(A) - Every building and every portion of it shall

Every building and every portion of it shall be designed and constructed to sustain all dead and live loads in accordance with accepted engineering practices and standards.

0599 19 CSR 30-20.030(25)(B) - Foundations shall rest on natural solid

Foundations shall rest on natural solid bearing if a satisfactory bearing is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid bearing is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement; except that one (1)-story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and placement of fill shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the compacted fill operation and certify its compliance with the job specifications. All footings shall extend to a depth not less than one foot (1') below the estimated maximum frost line.

0620 19 CSR 30-20.030(26) - Electrical Systems

Electrical Systems.

0621 19 CSR 30-20.030(26)(A) - General Requirements

General Requirements.

0622 19 CSR 30-20.030(26)(A)(1) - Materials used in installations shall be

Materials used in installations shall be listed as complying with standards of Underwriters' Laboratories, Inc. or a similar recognized agency where the standards have been established.

0623 19 CSR 30-20.030(26)(A)(2) - After completion, all electrical systems

After completion, all electrical systems shall be tested and demonstrated to show satisfactory compliance with the specified performance criteria and installation requirements. A written record of the results of performance tests made on special systems and equipment shall be furnished to the owner. Special systems shall include: high voltage cable "hi-pot" direct current test, isolated power systems leakage currents, conductive floors resistance values, equi-potential grounding systems continuity tests, fire alarm and smoke detection systems, emergency and disaster loud-speaker systems, patient emergency call system, all other alarm systems, and standby emergency generator power, lighting and automatic transfer systems.

0624 19 CSR 30-20.030(26)(B) - Two (2) separate sources for electrical

Two (2) separate sources for electrical supply, a normal source and an alternate source, shall be provided. The normal source shall supply full-load requirements continuously with the alternate source supplying power on an emergency basis to selected circuits when normal power supply is interrupted. One (1) alternate source shall be an onsite engine-driven generator facility utilizing on-site fuel.

0625 19 CSR 30-20.030(26)(C) - Switchgear and Switchboards

Switchgear and Switchboards.

0626 19 CSR 30-20.030(26)(C)(1) - Incoming line switchgear for primary voltage

Incoming line switchgear for primary voltage electrical services or distribution switchboards for secondary voltage electrical services shall consist of dead-front metal enclosed assemblies of automatic circuit breakers or fused switches arranged to provide service-disconnecting means and over current and short-circuit protection for entrance feeders and for distribution feeder conductors.

0627 19 CSR 30-20.030(26)(C)(2) - Switchgear, switchboards, panel boards

Switchgear, switchboards, panel boards, switches and other equipment of the main service and distribution systems for both normal and emergency power shall be installed in separate dry, ventilated rooms which have a one (1)-hour fire rating and are reserved exclusively for electrical equipment. Piping of utility service systems carrying water or other liquids shall not be installed in the electrical equipment room.

0628 19 CSR 30-20.030(26)(C)(3) - Ratings of switchgear and switchboard

Ratings of switchgear and switchboard assemblies shall ensure that maximum available short-circuit currents are safely interrupted.

0629 19 CSR 30-20.030(26)(D) - Panel boards

Panel boards.

0630 19 CSR 30-20.030(26)(D)(1) - Panel boards supplying lighting and

Panel boards supplying lighting and receptacle and appliance-branch circuits shall be located on the same floor as the loads they serve. Each outlet shall be located no farther than one hundred feet (100') from its supplying panel board.

0631 19 CSR 30-20.030(26)(E) - Standby Emergency Electric Service

Standby Emergency Electric Service.

0632 19 CSR 30-20.030(26)(E)(1) - An on-site engine-driven emergency generator

An on-site engine-driven emergency generator utilizing on-site fuel shall be provided to deliver electrical power during an interruption of normal power supply. There shall be sufficient fuel on site to ensure continuous operation for twenty-four (24) hours.

0633 19 CSR 30-20.030(26)(E)(2) - Engine-generators shall be installed in

Engine-generators shall be installed in separate dry, ventilated rooms which have a one (1)-hour fire rating and are reserved exclusively for the engine-generator system equipment. Piping of utility service systems carrying water or other liquids which are not serving the engine-generator system shall not be installed within the engine-generator room.

0634 19 CSR 30-20.030(26)(E)(3) - Standby emergency generators shall be

Standby emergency generators shall be installed and arranged so that full voltage and frequency is available and supplying power to emergency loads within ten (10) seconds after normal power is interrupted.

0635 19 CSR 30-20.030(26)(E)(4) - Automatic emergency electric service shall

Automatic emergency electric service shall be provided to elements of the distribution system as follows:

0636 19 CSR 30-20.030(26)(E)(4)(A) - Circuits essential for the safety of patients

Circuits essential for the safety of patients and personnel shall include:

- (I) Illumination of means of egress;
- (II) Illumination for exit signs and exit directional signs;
- (III) Task illumination for major electrical equipment, major mechanical equipment, pumps, elevator machinery, telephone switchboard and standby generator;
- (IV) Alarm systems including fire alarms activated by manual stations, water flow alarm devices of the sprinkler system, fire and smoke detecting systems and alarms required for blood banks and medical gas systems;
- (V) Paging or speaker systems if intended for communication of emergency and disaster calls during outage of normal power. Radio transceivers where installed for emergency use shall be capable of operating for at least one (1) hour upon total failure of both normal and emergency power; and
- (VI) General illumination and at least one (1) receptacle in the vicinity of standby generators;

0637 19 CSR 30-20.030(26)(E)(4)(B) - Circuits essential to care, treatment and

Circuits essential to care, treatment and protection of patients shall include:

(I) Task illumination and at least one (1) receptacle serving the following areas and functions related to patient care: anesthetizing locations, infant nurseries with a minimum of one (1) receptacle for each station, medication preparation areas, pharmacy dispensing areas, psychiatric patient areas, treatment rooms, nurses station, angiographic room, cardiac catheterization room, emergency treatment rooms, human physiology laboratories and the headwall of each patient room; and

(II) Task illumination and all receptacles for operating rooms, delivery rooms and labor rooms and recovery rooms, special care units, acute hemodialysis rooms, postoperative recovery areas, nurses' call systems, bone and tissue banks, telephone equipment room, closets and blood banks;

0638 19 CSR 30-20.030(26)(E)(4)(C) - Power circuits which serve the following

Power circuits which serve the following equipment shall be arranged for automatic connection to the standby emergency service: central suction systems serving medical and surgical functions; clinical air systems serving medical and surgical functions, if installed; sump pumps and other equipment required to operate for the safety of major equipment; fire pump, if installed; and smoke ventilation and evacuation systems, if installed; and

0639 19 CSR 30-20.030(26)(E)(4)(D) - Power circuits shall be arranged for either

Power circuits shall be arranged for either delayed automatic or manual connection to the standby emergency electrical service for the following equipment:

(I) Equipment for comfort heating of operating, delivery, labor and recovery rooms; special care areas; nurseries; and general patient rooms. If the comfort heating system of a facility utilizes electricity as the energy source, standby emergency electric service shall be connected to the heating equipment of rooms, corridors and other spaces in which general care patients are located;

(II) One (1) or more elevators selected to provide service to all floors. Throw-over facilities shall be provided to permit temporary operation of all elevators for the release of patients or other persons from elevator cabs which may be trapped between floors;

(III) Supply and exhaust ventilating systems for surgical and obstetrical delivery suites, infant nurseries, isolation rooms, emergency treatment spaces and laboratory fume hoods;

(IV) Hyperbaric and hypobaric facilities, if provided; and

(V) Automatically operated doors.

0640 19 CSR 30-20.030(26)(E)(5) - Receptacles connected to the standby

Receptacles connected to the standby emergency electrical system shall be permanently and distinctively identified in a uniform manner.

0641 19 CSR 30-20.030(26)(E)(6) - All wiring for equipment and systems

All wiring for equipment and systems essential to the safety of patients and personnel and for care, treatment and protection of patients shall be kept entirely independent of all other wiring, and equipment and shall not enter the same raceways, boxes or cabinets with other wiring, except when located in transfer switches and in exit or emergency lighting fixtures or in a common junction box attached to exit or emergency lighting fixture.

0642 19 CSR 30-20.030(26)(F) - Nurses' Call Systems

Nurses' Call Systems.

0643 19 CSR 30-20.030(26)(F)(1) - Patient nursing units

Patient nursing units.

0644 19 CSR 30-20.030(26)(F)(1)(A) - In general, patient areas and each patient

In general, patient areas and each patient room shall be served by at least one (1) calling station and each bed shall be provided with a call button. Two (2) call buttons serving adjacent beds may be served by one (1) calling station.

0645 19 CSR 30-20.030(26)(F)(1)(B) - A nurses' call emergency station button or

A nurses' call emergency station button or switch shall be provided for patients' use at each toilet, bath, sitz bath and shower room intended for patient use. The station shall be accessible to a collapsed patient lying on the floor. Inclusion of a pull cord will satisfy this requirement.

0646 19 CSR 30-20.030(26)(F)(1)(C) - Calls shall register at a nurse station or

Calls shall register at a nurse station or other floor unit station to indicate location of call placed and shall actuate a visible signal in the corridor at the patients' room door, in the clean workroom, the soiled workroom and the nourishment station of the nursing unit.

0647 19 CSR 30-20.030(26)(F)(1)(D) - In multi-corridor nursing units, additional

In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections.

0648 19 CSR 30-20.030(26)(F)(1)(E) - In rooms containing two (2) or more calling

In rooms containing two (2) or more calling stations, indicating lights shall be provided at each station.

0649 19 CSR 30-20.030(26)(F)(1)(F) - Nurses' calling systems which provide two

Nurses' calling systems which provide two (2)-way communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating.

0650 19 CSR 30-20.030(26)(F)(2) - In special care units such as intensive care

In special care units such as intensive care or coronary care where patients are under constant surveillance, the nurses' calling system may consist of a bedside station that will actuate an audible and visual signal that can be readily observed.

0651 19 CSR 30-20.030(26)(F)(3) - Patient treatment specialty areas

Patient treatment specialty areas.

0652 19 CSR 30-20.030(26)(F)(3)(A) - Emergency calling stations which may be used

Emergency calling stations which may be used to summon assistance shall be provided in-operating rooms; delivery and labor rooms, recovery rooms, nurseries and special care units.

0653 19 CSR 30-20.030(26)(F)(3)(B) - Each toilet intended for patient use within

Each toilet intended for patient use within diagnostic and treatment areas shall be provided with an emergency call station which shall activate an audible and visual signal within the unit.

0654 19 CSR 30-20.030(26)(G) - Lighting Systems

Lighting Systems.

0655 19 CSR 30-20.030(26)(G)(1) - All spaces occupied by people, machinery and

All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots shall be equipped with artificial lighting.

0656 19 CSR 30-20.030(26)(G)(2) - Operating and delivery rooms shall have

Operating and delivery rooms shall have general lighting in addition to local lighting provided by special lighting units at the surgical and obstetrical tables. Each fixed special lighting unit at the tables, except for portable units, shall be connected to an independent circuit.

0657 19 CSR 30-20.030(26)(G)(3) - Nursing unit corridors shall have general

Nursing unit corridors shall have general illumination with provisions for reduction of light level at night.

0658 19 CSR 30-20.030(26)(G)(4) - Emergency lighting requirements shall be in

Emergency lighting requirements shall be in accordance with paragraphs (26)(E)1.-4. of this rule and the Standard for Essential Electrical Service for Health Care Facilities 1977 published by the National Fire Protection Association.

0659 19 CSR 30-20.030(26)(H) - Convenience Receptacles

Convenience Receptacles.

0660 19 CSR 30-20.030(26)(H)(1) - Patient areas

Patient areas.

0661 19 CSR 30-20.030(26)(H)(1)(A) - As a minimum, each patient room shall have

As a minimum, each patient room shall have one (1) duplex grounding-type receptacle located in the headwall on each side of each bed. One (1) duplex receptacle between beds of a two (2)-patient room may satisfy requirements for one (1) side of each bed. One (1) duplex grounding-type receptacle shall be provided for television, if used; one (1) for the electric bed, if used; and one (1) for each inside wall.

0662 19 CSR 30-20.030(26)(H)(1)(B) - Nurseries shall have not less than one

Nurseries shall have not less than one (1) duplex grounding-type receptacle for each bassinet station.

0663 19 CSR 30-20.030(26)(H)(1)(C) - Receptacles in each pediatric and psychiatric

Receptacles in each pediatric and psychiatric room shall be of the safe type or shall be provided with an on-off switch control located outside the patient sleeping room at a controlled or supervised location.

0664 19 CSR 30-20.030(26)(H)(2) - Corridors

Corridors.

0665 19 CSR 30-20.030(26)(H)(2)(A) - Duplex grounding-type receptacles of at least

Duplex grounding-type receptacles of at least twenty (20) amperes for general use and for floor cleaning equipment shall be located approximately fifty feet (50') apart in all corridors.

0666 19 CSR 30-20.030(26)(H)(2)(B) - Receptacles in corridors of pediatric and

Receptacles in corridors of pediatric and psychiatric units shall be of the safety type or shall be controlled by switches located at a nurses' station or other secure location.

0667 19 CSR 30-20.030(26)(H)(3) - Anesthetizing locations

Anesthetizing locations.

0668 19 CSR 30-20.030(26)(H)(3)(A) - Each operating and delivery room shall have

Each operating and delivery room shall have at least three (3) receptacles. Receptacles in anesthetizing areas shall comply with the Standard for Inhalation Anesthetics 1980 published by the National Fire Protection Association.

0669 19 CSR 30-20.030(26)(H)(3)(B) - In each anesthetizing location where line

In each anesthetizing location where line voltage mobile X-ray is used, an additional receptacle distinctively marked for X-ray use shall be provided.

0670 19 CSR 30-20.030(26)(H)(3)(C) - All electrical equipment and devices

All electrical equipment and devices, receptacles and wiring shall comply with the Standards for Inhalation Anesthetics 1980 published by the National Fire Protection Association.

0671 19 CSR 30-20.030(26)(H)(4) - Special areas

Special areas.

0672 19 CSR 30-20.030(26)(H)(4)(A) - X-ray installations. Fixed and mobile X-ray

X-ray installations. Fixed and mobile X-ray equipment installations shall conform to Article 517 of The National Electrical Code 1981 published by the National Fire Protection Association.

0673 19 CSR 30-20.030(26)(H)(4)(B) - X-ray film illuminator units. At least one

X-ray film illuminator units. At least one (1) double unit shall be installed in each operating room and in the X-ray viewing room of the radiology department.

0674 19 CSR 30-20.030(26)(H)(4)(C) - Ground-fault interrupters. The electrical

Ground-fault interrupters. The electrical circuit(s) to equipment in wet areas shall be provided with five (5) milliamperes ground fault interrupters. Wet areas include hydrotherapeutic tanks, if used, hydro-massage tubs, if used, and other locations identified by hospital administration. Where ground fault interrupters are used in critical areas, provision shall be made to ensure that other essential equipment will not be affected by a single interruption.

0675 19 CSR 30-20.030(26)(H)(4)(D) - When the program requires a special grounding

When the program requires a special grounding system to be installed in special care areas, the system shall comply with Article 517 of The National Electrical Code 1981 published by the National Fire Protection Association.

0676 19 CSR 30-20.030(26)(I) - Fire Detection and Alarm Systems

Fire Detection and Alarm Systems.

0677 19 CSR 30-20.030(26)(I)(1) - Approved, electrically supervised manual and

Approved, electrically supervised manual and automatic detection and alarm systems shall be provided in accordance with Chapter 12 of Life Safety Code 1981 published by the National Fire Protection Association.

0678 19 CSR 30-20.030(26)(I)(2) - Manual alarm initiating devices shall be

Manual alarm initiating devices shall be installed in the following locations: each exit from the fire area but no farther than one hundred fifty feet (150') from any point on the floor and installations shall be located so that no more than one hundred fifty feet (150') of horizontal distance on the same floor must be traveled to reach a station; at each nurses' station or other patient care control station and at the telephone switchboard.

0679 19 CSR 30-20.030(26)(I)(2)(A) - Automatic smoke detectors shall be installed

Automatic smoke detectors shall be installed in all corridors throughout the building spaced no more than seventy-five feet (75') apart and no more than thirty feet (30') from the ends of corridors. The automatic smoke detection system shall be electrically interconnected with the fire alarm system and the sprinkler system.

0680 19 CSR 30-20.030(26)(I)(2)(B) - Water-flow switches of the sprinkler systems

Water-flow switches of the sprinkler systems shall be connected into the fire alarm system to function as an automatic alarm initiating device.

0681 19 CSR 30-20.030(26)(I)(3) - Alarm signals shall provide audible

Alarm signals shall provide audible indication of fire and shall be located and of a character that they can be effectively heard in all areas of the building above the ambient noise level of normal occupancy conditions .

0682 19 CSR 30-20.030(26)(I)(4) - Operation of any alarm initiating device

Operation of any alarm initiating device, either manual or automatic, shall cause the following actions to automatically occur within a building: all alarms shall be activated on the fire floor, on the floor above and on the floor below; alarms shall be activated in at least one (1) continuously supervised location; an alarm shall be transmitted to the fire department or to an approved central station located outside the premises; zone annunciators shall be energized to indicate location of alarm initiation; smoke doors shall release and close on the fire floor, on the floor above and on the floor below; smoke dampers shall release and close on the fire floor to isolate the smoke zone and smoke ventilation and evacuation systems, if installed, shall be activated.

0683 19 CSR 30-20.030(26)(I)(5) - Zone annunciators shall be located at the

Zone annunciators shall be located at the switchboard and in at least one (1) continuously supervised location.

0684 19 CSR 30-20.030(26)(I)(6) - The smoke ventilation and evacuation system

The smoke ventilation and evacuation system, if installed, shall be designed so operation of a manual pull station will not actuate it.

0685 19 CSR 30-20.030(27) - Mechanical Systems

Mechanical Systems.

0686 19 CSR 30-20.030(27)(A) - General Requirements

General Requirements.

0687 19 CSR 30-20.030(27)(A)(1) - Prior to completion and acceptance of the

Prior to completion and acceptance of the facility, all heating, ventilating and air-conditioning systems shall be tested, balanced and operated to demonstrate to the owner or his/her representative that the installation and performance of these systems conform to the requirements of the plans and specifications.

0688 19 CSR 30-20.030(27)(A)(2) - Upon completion of the contract, the owner

Upon completion of the contract, the owner shall be furnished with a complete set of manufacturer's operating, maintenance and preventive maintenance instructions and parts lists and procurement information with numbers and description for each piece of equipment and test results. The owner also shall be provided with instruction in the operational use of systems and equipment.

0689 19 CSR 30-20.030(27)(A)(3) - The heating, ventilating and air-conditioning

The heating, ventilating and air-conditioning system shall be capable of providing the temperatures and humidifies in the following areas:

Area Designation, Temperature F°, C°, Relative Humidity (%), Min., Max.

Operating Rooms 68-76 20-24 50 60

Delivery Rooms 70-76 21-24 50 60

Recovery Rooms 75 24 30 60

Intensive Care Rooms 72-78 22-26 30 60

Nursery Units 75 24 30 60

Special Care Nursery Unit 75-80 24-27 30 60

Patient Care, Treatment, Diagnostic and Related Areas 72-78 22-26 30 60

0690 19 CSR 30-20.030(27)(A)(4) - The heating system shall be capable of

The heating system shall be capable of maintaining an indoor winter temperature of seventy-five degrees Fahrenheit (75°F) in all other areas occupied by inpatients. The heating system shall be capable of maintaining an indoor winter temperature of seventy-two degrees Fahrenheit (72°F) in all nonpatient areas.

0691 19 CSR 30-20.030(27)(A)(5) - The boiler plant shall have the capacity to

The boiler plant shall have the capacity to supply the normal utility requirements of all systems and equipment.

0692 19 CSR 30-20.030(27)(A)(6) - The number and arrangement of boilers shall

The number and arrangement of boilers shall be such that when one (1) boiler breaks down or is shut down for routine maintenance the remaining boiler(s) shall be capable of carrying the normal building load.

0693 19 CSR 30-20.030(27)(A)(7) - The boilers may be fired by coal, fuel oil

The boilers may be fired by coal, fuel oil, natural gas, liquid propane gas or electricity. All boilers shall be suitable for dual fuel firing with the standby fuel stored onsite. The amount of on-site fuel storage shall be adequate for ninety-six (96) hours of continuous firing at design load. In the case of electric boilers or total electric installations, the dual fuel requirement may be waived depending on the type of electric service and sources of supply to the building.

0694 19 CSR 30-20.030(27)(A)(8) - If coal-fired boilers are used, stack

If coal-fired boilers are used, stack effluent shall comply with both state and federal environmental standards.

0695 19 CSR 30-20.030(27)(A)(9) - Boiler feed pumps, heating circulating

Boiler feed pumps, heating circulating pumps, condensate return pumps and fuel oil pumps shall be furnished in duplicate to provide normal and standby service.

0696 19 CSR 30-20.030(27)(A)(10) - Steam boiler plants operating above twenty

Steam boiler plants operating above twenty pounds per square inch (20 psi) shall be designed to supply zero (0) oxygen boiler feedwater to the boilers.

0697 19 CSR 30-20.030(27)(A)(11) - Boiler rooms shall be provided with

Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to no more than ninety-seven degrees Fahrenheit (97°F).

0698 19 CSR 30-20.030(27)(B)(1) - Heating, Ventilating and Air-Conditioning

Heating, Ventilating and Air-Conditioning Systems.

1. All air supply, return and exhaust systems shall be mechanically operated.
2. All heating, ventilating and air-conditioning systems shall be designed to maintain general pressure relationships and ventilation rates as shown in Table 1 in paragraph (27)(B)3. of this rule.
3. See Table 1.
4. Constant volume systems shall be used in all areas of the hospital listed in Table 1 in paragraph (27)(B)3. of this rule; variable air-volume systems may be used in areas not listed in this table and where direct patient care is not affected. Consideration may be given to special design innovations in areas of Table 1, provided that pressure relationship as an indication of direction of air flow and total number of air changes during occupied periods in those areas listed in Table 1 are maintained.

General Pressure Relationship and Ventilation of Certain Hospital Areas

Area Designation, Pressure Relationship to Adjacent Areas, Minimum Air Changes of Air per Hour Supplied to Room, Minimum Total Air Changes per Hour Supplied to Room, All Air Exhausted Directly to Outdoors, Recirculated Within Room Units

P = Positive N = Negative E = Equal V = May Vary

Operating Room (for recirculating air system) P 5 25 Optional No

Operating Room (all-outdoor-air system) P 15 15 Yes No

Trauma Room P 5 12 Optional No

Examination and Treatment Room E 2 6 Optional Optional

Delivery Room P 5 12 Optional No

Nursery Unit P 5 12 Optional No

Recovery Room P 2 6 Optional No

Intensive Care P 2 6 Optional No

Patient Room E 2 2 Optional Optional

Patient Room Corridor E 2 2 Optional Optional

Isolation Room 2 6 Yes No

Isolation Room-Alcove or Anteroom 2 10 Yes No

Examination Room E 2 6 Optional Optional

Medication Room P 2 4 Optional Optional

Pharmacy P 2 4 Optional Optional

Treatment Room E 2 6 Optional Optional

X-ray Fluoroscopy N 2 6 Yes No

X-ray, Other Diagnostic Rooms V 2 6 Optional Optional

Physical Therapy and Hydrotherapy N 2 6 Optional Optional

Soiled Workroom or Soiled Holding N 2 10 Yes No

Clean Workroom or Clean Holding P 2 4 Optional Optional

Autopsy N 2 12 Yes No

Darkroom N 2 10 Yes No

Nonrefrigerated Body Holding Room N Optional 10 Yes No

Toilet Room N Optional 10 Yes No

Bedpan Room N Optional 10 Yes No

Bathroom N Optional 10 Yes No

Janitor's Closet N Optional 10 Yes No

Sterilizer Equipment Room N Optional 10 Yes No

Linen and Trash Chute Rooms N Optional 10 Yes No

Laboratory, General N 2 6 Optional Optional

Laboratory, Media Transfer P 2 4 Optional No

Food Preparation Centers E 2 10 Yes No

Warewashing N Optional 10 Yes No

Dietary Day Storage V Optional 2 Optional No

Laundry, General V 2 10 Yes No

Soiled Linen Sorting and Storage N Optional 10 Yes No

Clean Linen Storage P Optional 2 Optional Optional

Anesthesia Storage Central Services V Optional 8 Yes No

Soiled or Decontamination Room N 2 6 Yes No

Clean Workroom P 2 4 Optional Optional

Equipment Storage V Optional 2 Optional Optional

For maximum energy conservation, use of a recirculated filtered air system is preferred. An all-outdoor-air system may be used, where required by local codes, provided that appropriate heat recovery procedures are utilized for

exhaust air. Heat recovery systems should be utilized where appropriate, especially for those areas where all air is required to be exhausted to the outside. Requirements for outdoor air changes may be deleted or reduced and total air changes per hour supplied may be reduced to 25% of the figures listed then the affected room is unoccupied and unused provided that indicated pressure relationship is maintained. In addition, positive provisions such as an interconnect with room lights must be included to insure that the listed ventilation rates including outdoor air are automatically resumed upon reoccupancy of the space. This exception does not apply to certain areas such as toilets and storage which would be considered as in use even though unoccupied. Rooms normally used for diagnostic X rays and only occasionally for fluoroscopic procedures may utilize recirculated air without requirements for all air to be exhausted directly to outdoors.

0699 19 CSR 30-20.030(27)(B)(5) - Wall intake boxes are prohibited as an

Wall intake boxes are prohibited as an acceptable means of introducing the required two (2) air changes of outside air into patient rooms. If incremental, electrohydraulic or fan coil units are used, a separate system of one hundred percent (100%) outside air properly tempered year-round shall be used to introduce outside air to the patient rooms. This air quantity shall equal the amount of air being exhausted from the patient room's toilet room, but in no case shall it be less than two (2) air changes per hour. If incremental heating, ventilating and air conditioning units are used, the ventilating air passages shall be permanently closed.

0720 19 CSR 30-20.030(27)(B)(6) - Outside air intakes shall be located no less

Outside air intakes shall be located no less than twenty-five feet (25') from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical clinical suction discharges and plumbing vent stacks or from areas which may collect vehicular exhaust and other noxious fumes. Plumbing and vacuum vents that terminate above the level of the top of the air intake may be located as close as ten feet (10'). The bottom of outside air intakes serving central systems shall be located no less than six feet (6') above ground level, or if installed above the roof, no less than three feet (3') above the roof level.

0721 19 CSR 30-20.030(27)(B)(7) - All air supplied to operating rooms, delivery

All air supplied to operating rooms, delivery rooms and nurseries shall be delivered at or near the ceiling of the area served. All air returned from operating rooms, delivery rooms and nurseries shall be removed near the floor level.

0722 19 CSR 30-20.030(27)(B)(8) - At least two (2) return air outlets located

At least two (2) return air outlets located remote from each other shall be provided in each operating and delivery room.

0723 19 CSR 30-20.030(27)(B)(9) - The bottoms of ventilation (supply and

The bottoms of ventilation (supply and return) openings shall not be less than six inches (6") above the floor of any room except as indicated in paragraph (27)(B)7. of this rule.

0724 19 CSR 30-20.030(27)(B)(10) - Corridors shall not be used to supply air

Corridors shall not be used to supply air to or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets and small electrical or telephone closets opening directly onto corridors provided that ventilation can be accomplished by undercutting of doors.

0725 19 CSR 30-20.030(27)(B)(11) - Medical isolation rooms and intensive care

Medical isolation rooms and intensive care rooms may be ventilated by induction units if the induction units contain only a reheat coil and if only the primary air supplied from a central system passes through the reheat coil.

0726 19 CSR 30-20.030(27)(B)(12) - All central ventilation of air-conditioning

All central ventilation of air-conditioning systems shall be equipped with filters having efficiencies no less than those specified in Table 2 in paragraph (27)(B)16. of this rule. Where two (2) filter banks are required, filter bank number 1 shall be located upstream of the air-conditioning equipment and filter bank number 2 shall be downstream of the supply fan, recirculating spray water systems, water reservoir-type humidifiers and cooling coils. Drift eliminators shall be used downstream of cooling coils to prevent the carry-over of moisture from the cooling coils to filter bank number 2. Where terminal filters are used in operating rooms and delivery rooms, the second filter bank may be located immediately downstream of the first filter bank.

0727 19 CSR 30-20.030(27)(B)(13) - Where only one (1) filter bank is required

Where only one (1) filter bank is required, it shall be located upstream of the air-conditioning equipment unless an additional pre-filter is employed. In this case, the pre-filter shall be upstream of the equipment and the main filter may be located farther downstream.

0728 19 CSR 30-20.030(27)(B)(14) - Filter frames shall be durable and carefully

Filter frames shall be durable and carefully dimensioned and shall provide an airtight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

0729 19 CSR 30-20.030(27)(B)(15) - A manometer shall be installed across each

A manometer shall be installed across each filter bank serving sensitive areas or central air systems.

0730 19 CSR 30-20.030(27)(B)(16) - Table 2

Table 2

Filter Efficiencies for Central Ventilation and Air-Conditioning Systems in General Hospitals Area Designation, Minimum Number of Filter Beds, Filter Efficiencies, Filter Bed #1 (%), Filter #2 (%)

Operating Rooms, Delivery Rooms, Nurseries, Recovery Rooms and Intensive Care Units 2 25 90
 Patient Care, Treatment, Diagnostic and Related Areas 2 25 90*
 Food Preparation Areas and Laundries 1 80 -
 Administrative, Bulk Storage and Soiled Holding Areas 1 25 -

*May be reduced to 80% for systems using all-outdoor air.

0731 19 CSR 30-20.030(27)(B)(17) - Ducts which penetrate construction intended

Ducts which penetrate construction intended for X-ray or other ray protection shall not impair the effectiveness of the protection.

0732 19 CSR 30-20.030(27)(B)(18) - Fire and smoke dampers shall be constructed

Fire and smoke dampers shall be constructed, located and installed in accordance with the Standard for the Installation of Air Conditioning and Ventilating Systems 1978 published by the National Fire Protection Association. All fire and smoke dampers shall be accessible for servicing.

0733 19 CSR 30-20.030(27)(B)(19) - Supply, return air and exhaust ducts which

Supply, return air and exhaust ducts which pass through a smoke partition shall be provided with dampers at the partition and controlled to close automatically to prevent flow of air or smoke when a smoke detector located in the duct or at the smoke partition is actuated. Dampers shall be equipped with remote control reset devices. On high-velocity systems, a time delay shall be provided so the fan will be stopped prior to damper closing. Engineered smoke evacuation systems will be considered for approval on a case-by case basis.

0734 19 CSR 30-20.030(27)(B)(20) - If the air changes required in Table 1 in

If the air changes required in Table 1 in paragraph (27)(B)3. of this rule do not provide sufficient air for use by hoods and safety cabinets, additional make-up air shall be provided as necessary to maintain the required room pressure relationship.

0735 19 CSR 30-20.030(27)(B)(21) - Laboratory hoods shall meet the following

Laboratory hoods shall meet the following general requirements: have an average face velocity of not less than seventy-five feet (75') per minute, be connected to an exhaust system which is separate from the building exhaust system, have an exhaust fan located at the discharge end of the system and have an exhaust duct system of noncombustible corrosion-resistant material designed to meet the planned usage of the hood.

0736 19 CSR 30-20.030(27)(B)(22) - Each laboratory hood which processes

Each laboratory hood which processes infectious or radioactive materials shall have a minimum face velocity of one hundred feet (100') per minute, shall be connected to an independent exhaust system shall have filters with a ninety-nine and ninety-seven one-hundredths percent (99.97%) efficiency in the exhaust stream; and shall be designed and equipped to permit the safe removal, disposal and replacement of contaminated filters.

0737 19 CSR 30-20.030(27)(B)(23) - Duct systems serving hoods in which

Duct systems serving hoods in which radioactive strong oxidizing agents are used shall be constructed of stainless steel for a minimum distance of ten feet (10') above the hood and shall be equipped with washdown facilities.

0738 19 CSR 30-20.030(27)(B)(24) - Exhaust hoods in food preparation centers

Exhaust hoods in food preparation centers shall comply with the requirements of The Standards for the Installation of Equipment for the Removal of Smoke and Grease-Laden Vapors From Commercial Cooking Equipment 1980 published by the National Fire Protection Association. All hoods and cooktop surfaces shall be equipped with automatic fire suppression systems, automatic fan controls and fuel shutoff.

0739 19 CSR 30-20.030(27)(B)(25) - The ventilation system for anesthesia storage

The ventilation system for anesthesia storage rooms shall comply with The Standard for Inhalation Anesthetics 1980 published by the National Fire Protection Association.

0740 19 CSR 30-20.030(27)(C) - Piping systems shall be run in spaces that

Piping systems shall be run in spaces that are generally accessible for maintenance and repair. Piping shall be installed with adequate provision for expansion and contraction and securely supported from the structure.

0741 19 CSR 30-20.030(27)(C)(1) - Reverse return piping systems shall be

Reverse return piping systems shall be utilized where necessary to maintain water temperatures.

0742 19 CSR 30-20.030(27)(C)(2) - Connections between dissimilar metals shall

Connections between dissimilar metals shall be equipped with insulating unions or flanges.

0743 19 CSR 30-20.030(27)(C)(3) - Valves shall be installed in branches from

Valves shall be installed in branches from mains or risers in order to isolate sections of both the hot or chilled water systems. All risers shall be equipped with drain valves and vent cocks.

0744 19 CSR 30-20.030(27)(C)(4) - Valves shall be installed at all equipment

Valves shall be installed at all equipment connections for ease in servicing equipment.

0745 19 CSR 30-20.030(27)(D) - Duct systems shall be fabricated and

Duct systems shall be fabricated and installed in accordance with the Standard for Installation of Air Conditioning and Ventilating Systems 1978 published by the National Fire Protection Association.

0746 19 CSR 30-20.030(27)(E) - Insulation

Insulation.

0747 19 CSR 30-20.030(27)(E)(1) - Insulation shall be installed in accordance

Insulation shall be installed in accordance with the Commercial and Industrial Insulation Standards Manual of the Midwest Insulating Contractors Association (MICA).

0748 19 CSR 30-20.030(27)(E)(2) - Insulation shall be provided for the

Insulation shall be provided for the following: boilers, smoke breeching and stacks; steam supply and condensate return piping; hot water piping above one hundred degrees Fahrenheit (100°F) and all hot water heaters, generators and converters; chilled water piping, refrigerant piping and other process piping and equipment operating with fluid temperatures below the ambient dew point; water supply and drainage piping on which condensation may occur; air ducts and casings with outside surface temperature below the ambient dew point or temperature above eighty degrees Fahrenheit (80°F); and other piping, ducts and equipment necessary to maintain the efficiency of the systems.

0749 19 CSR 30-20.030(27)(E)(3) - Insulation on cold surfaces shall include

Insulation on cold surfaces shall include an exterior vapor barrier.

0750 19 CSR 30-20.030(27)(E)(4) - Insulation, including finishes and adhesives

Insulation, including finishes and adhesives on the exterior surfaces of ducts, pipes and equipment, shall have a flame spread rating of twenty-five (25) or less and a smoke developed rating of fifty (50) or less in accordance with the Standard for Installation of Air Conditioning and Ventilating Systems 1978 published by the National Fire Protection Association.

0751 19 CSR 30-20.030(27)(E)(5) - Linings and coatings, adhesives and

Linings and coatings, adhesives and insulation on exterior surfaces of pipes and ducts in building spaces used as air supply plenums shall have a flame spread rating of twenty-five (25) or less and a smoke developed rating of fifty (50) or less as determined by an independent testing laboratory in accordance with the Standard for Surface Burning Characteristics of Building Materials 1979 published by the National Fire Protection Association.

0752 19 CSR 30-20.030(27)(E)(6) - Duct linings shall not be used in systems

Duct linings shall not be used in systems supplying operating rooms, delivery rooms, recovery rooms, nurseries, isolation rooms and intensive care units unless terminal filters of at least ninety percent (90%) efficiency are installed downstream of the linings.

0753 19 CSR 30-20.030(27)(F) - All new hospitals shall be equipped with

All new hospitals shall be equipped with central-piped oxygen and clinical suction systems. Consideration also shall be given to installing central-piped nitrous oxide, nitrogen, clinical air, carbon dioxide and natural gas.

0754 19 CSR 30-20.030(27)(F)(1) - All medical gases shall be installed in

All medical gases shall be installed in accordance with the Standard For Nonflammable Medical Gas Systems 1977 published by the National Fire Protection Association.

0755 19 CSR 30-20.030(27)(F)(2) - All medical gas piping shall be identified

All medical gas piping shall be identified in some manner by the following color code: oxygen-green, nitrous oxide-light blue, clinical air-yellow, carbon dioxide-gray, nitrogen-black, and clinical suction-yellow.

0756 19 CSR 30-20.030(27)(F)(3) - Oxygen and clinical suction outlets shall be

Oxygen and clinical suction outlets shall be installed as outlined in Table 3.

Table 3

Station Outlets for Oxygen and Vacuum (Suction) Systems
Location, Oxygen, Clinical Suction

A-One outlet accessible to each bed. One outlet may serve two beds.

B-One outlet. Portable equipment for the administration of oxygen and suction may be considered acceptable in lieu of a piped system.

C-Two outlets for each bed or provide one outlet with Y fitting.

D-One outlet.

E-One outlet for each bed.

F-Two outlets.

G-Three outlets.

Patient Room for Adult Medical, Surgical and Postpartum Care and for Pediatrics A A

Examination and Treatment Room for Nursing Unit B B

Patient Room for Intensive Care C C

Nursery and Pediatric Nursery A A

General Operating Room F F

Cystoscopy and Special Procedure Room D D

Recovery Room for Surgical and Obstetrical Patients E E

Delivery Room F G

Labor Room A A

Treatment Room for Emergency Care D D

Autopsy Room - D

Anesthesia Workroom - D

0757 19 CSR 30-20.030(27)(F)(4) - A separate dedicated waste anesthesia gas

A separate dedicated waste anesthesia gas exhaust system shall be provided, except nonflammable waste anesthesia gases may be connected into the clinical suction system provided the anesthesia gases are not detrimental to the clinical suction pumps and the pumps are vented directly to the atmosphere.

0758 19 CSR 30-20.030(27)(G) - Plumbing Systems

Plumbing Systems.

0759 19 CSR 30-20.030(27)(G)(1) - All plumbing systems shall be designed and

All plumbing systems shall be designed and installed in accordance with applicable state and local codes.

0760 19 CSR 30-20.030(27)(G)(2) - Plumbing fixtures

Plumbing fixtures.

0761 19 CSR 30-20.030(27)(G)(2)(A) - Plumbing fixtures shall be of nonabsorptive

Plumbing fixtures shall be of nonabsorptive acid-resistant material.

0762 19 CSR 30-20.030(27)(G)(2)(B) - The water supply spout for a lavatory and

The water supply spout for a lavatory and sink located in patient care area shall be mounted so that its discharge point is a minimum distance of five inches (5") above the rim of the fixture. All fixtures used by medical and nursing staff and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. When blade handles are used for this purpose, they shall not exceed four and one-half inches (4 1/2") in length, except that handles on scrub sinks and clinical sinks shall be not less than six inches (6") long. All lavatories and sinks shall be equipped with stop valves.

0763 19 CSR 30-20.030(27)(G)(2)(C) - Clinical sinks shall have a bedpan flushing

Clinical sinks shall have a bedpan flushing device and shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

0764 19 CSR 30-20.030(27)(G)(2)(D) - Showers and tubs shall be provided with

Showers and tubs shall be provided with nonslip surfaces.

0765 19 CSR 30-20.030(27)(G)(2)(E) - All scrub sinks shall be equipped with

All scrub sinks shall be equipped with knee- or foot-operated controls.

0766 19 CSR 30-20.030(27)(G)(2)(F) - Water closets in patient areas shall be quiet

Water closets in patient areas shall be quiet operating types.

0767 19 CSR 30-20.030(27)(G)(2)(G) - Stools in patient, diagnostic and treatment

Stools in patient, diagnostic and treatment areas shall be the elongated bowl type with nonreturn stops, backflow preventers and silencers. Seats shall be the split type.

0768 19 CSR 30-20.030(27)(G)(2)(H) - Bedpan flushing devices shall be provided in

Bedpan flushing devices shall be provided in each patient toilet room except those in psychiatric units, alcohol abuse units and other ambulatory care facilities.

0769 19 CSR 30-20.030(27)(G)(3) - Water supply systems

Water supply systems.

0770 19 CSR 30-20.030(27)(G)(3)(A) - The water supply systems shall be designed

The water supply systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

0771 19 CSR 30-20.030(27)(G)(3)(B) - Each water service main, branch main, riser

Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

0772 19 CSR 30-20.030(27)(G)(3)(C) - Backflow preventers and vacuum breakers shall

Backflow preventers and vacuum breakers shall be installed on hose bibbs, laboratory sinks, janitors' sinks, bedpan-flushing attachments, autopsy tables and on all other fixtures to which hoses or tubing can be attached.

0773 19 CSR 30-20.030(27)(G)(3)(D) - The water supply system shall be designed to

The water supply system shall be designed to provide hot water at each hot water outlet at all times. Hot water at showers and bathing facilities shall not exceed one hundred ten degrees Fahrenheit (110°F). Hot water at hand-washing facilities shall not exceed one hundred twenty degrees Fahrenheit (120°F).

0774 19 CSR 30-20.030(27)(G)(4) - Hot Water Use

Hot Water Use

Clinical, Dietary, Laundry

Gallons (per hour per bed) 6 1/2 4 4 1/2

Liters (per second per bed) .007 .004 .005

Temperatures (°F) 110 120* 160**

Temperature (°C) 43 49* 71**

*The rinse water temperature of automatic ware-washing equipment shall be one hundred eighty degrees Fahrenheit (180°F).

**Sufficient hot water is to be delivered to the laundry to maintain this temperature in the washing machine during the entire wash and rinse period.

0775 19 CSR 30-20.030(27)(G)(5) - Consideration shall be given to the use

Consideration shall be given to the use of water softeners to soften domestic hot water and boiler water make-up whenever the water supply exceeds five (5) grain hardness.

0776 19 CSR 30-20.030(27)(G)(6) - Drainage systems

Drainage systems.

0777 19 CSR 30-20.030(27)(G)(6)(A) - Drain lines from sinks in which acid wastes

Drain lines from sinks in which acid wastes may be poured shall be fabricated from an acid-resistant material.

0778 19 CSR 30-20.030(27)(G)(6)(B) - Drain lines serving automatic blood cell

Drain lines serving automatic blood cell counters shall be of carefully selected material to prevent undesirable chemical reactions between blood count wastes and plumbing system materials such as copper, lead, brass and solder.

0779 19 CSR 30-20.030(27)(G)(6)(C) - Drainage piping shall not be installed in an

Drainage piping shall not be installed in an exposed location in operating and delivery rooms, recovery rooms, nurseries, food preparation centers, food service facilities, food storage areas and other critical areas; special precautions shall be taken to protect any of these areas from possible leakage or condensation from necessary overhead drainage piping systems. These special precautions include requiring noncorrosive semi-circular drip troughs with a minimum four inch (4")-outside diameter to be installed under the drainage pipe in the direction of slope to a point where the pipe leaves the protected space and terminates at that point-usually at a wall. The trough shall be supported with noncorrosive strap hangers and screws from the pipe above. Trough joints and hanging screw penetrations shall be sealed to maintain watertight integrity throughout.

0780 19 CSR 30-20.030(27)(G)(6)(D) - Floor drains shall not be installed in

Floor drains shall not be installed in general operating and delivery rooms. Flushing rim-type floor drains may be installed in cystoscopic operating rooms.

0781 19 CSR 30-20.030(27)(G)(6)(E) - Building sewers shall discharge into a

Building sewers shall discharge into a community sewerage system when available. If such a system is not available, a facility providing sewage treatment shall conform to 10 CSR 20-6.010.

0782 19 CSR 30-20.030(28) - Service Facilities

Service Facilities.

0783 19 CSR 30-20.030(28)(A) - Space shall be provided for the maintenance

Space shall be provided for the maintenance engineer's office, maintenance shop and storage for building maintenance supplies.

0784 19 CSR 30-20.030(28)(B) - Service entrances to receiving rooms shall

Service entrances to receiving rooms shall be protected from the weather.

0785 19 CSR 30-20.030(28)(C) - General storage space excluding space for

General storage space excluding space for receiving and the purchasing office shall be provided at the rate of twenty (20) square feet per bed for the first four hundred (400) beds and ten (10) square feet per bed for all additional beds. Off-site storage space is acceptable, however, one-half (1/2) of the required storage space shall be located in the hospital. General storage shall be concentrated in one (1) area.

0786 19 CSR 30-20.030(28)(D) - Space and facilities shall be provided for

Space and facilities shall be provided for the sanitary storage and disposal of waste.

0787 19 CSR 30-20.030(28)(E) - If an incinerator is provided, it shall be

If an incinerator is provided, it shall be separated as required in subparagraph (24)(C)2.T. of this rule.

0850 19 CSR 30-20.080(1) - The governing body is defined as an

The governing body is defined as an individual owner(s), partnership, corporate body, association or public agency having legal responsibility for the operation of a hospital subject to provisions of sections 197.020-197.120, RSMo.

0851 19 CSR 30-20.080(2) - The governing body shall be the legal

The governing body shall be the legal authority in the hospital and shall be responsible for the overall planning, directing, control and management of the activities and functions of the hospital.

0852 19 CSR 30-20.080(3) - The governing body shall establish and adopt

The governing body shall establish and adopt bylaws to provide for the appointment of a qualified chief executive officer and members of the medical staff and of the delegation of authority and responsibility to each. A copy of the governing body bylaws and of all amendments or revisions shall be submitted to the Department of Health for its records.

0853 19 CSR 30-20.080(4) - Meetings of the governing body shall be held

Meetings of the governing body shall be held at regular, stated intervals and at other times necessary for proper operation of the hospital. Minutes of all meetings shall be kept as permanent records, signed and made available to members of the governing body.

0854 19 CSR 30-20.080(5) - Bylaws of the governing body shall provide

Bylaws of the governing body shall provide for the election of officers and for the appointment of standing and special committees necessary to effectively carry out its responsibilities. Written minutes of all committee meetings shall be maintained on a confidential basis.

0855 19 CSR 30-20.080(6) - Bylaws of the governing body shall establish

Bylaws of the governing body shall establish a direct and effective means of liaison among the governing body, the administration and the medical staff.

0856 19 CSR 30-20.080(7) - The governing body shall select and employ

The governing body shall select and employ a chief executive officer who should be qualified, by education and experience, in the field of hospital or health care administration.

0857 19 CSR 30-20.080(8) - Bylaws of the governing body shall describe

Bylaws of the governing body shall describe and convey authority to the chief executive officer for the administration of the hospital in all its activities. The chief executive officer shall be subject to special policies adopted or specific orders issued by the governing body in accordance with its bylaws.

0858 19 CSR 30-20.080(9) - The Department of Health shall be notified of

The Department of Health shall be notified of any change in the appointment of the chief executive officer.

0859 19 CSR 30-20.080(10) - (Bylaws of the governing body shall require

(Bylaws of the governing body shall require that the medical staff, hospital personnel and all auxiliary organizations, directly or indirectly, shall be responsible to the governing body through the chief executive officer.

0860 19 CSR 30-20.080(11) - Bylaws of the governing body shall require

Bylaws of the governing body shall require that a qualified individual be designated by the chief executive officer to act in his/her absence.

0861 19 CSR 30-20.080(12) - Duly appointed representatives of the

Duly appointed representatives of the Department of Health shall be allowed to inspect the hospital as required in section 197.100, RSMo.

0862 19 CSR 30-20.080(13) - Bylaws of the governing body shall provide

Bylaws of the governing body shall provide for the selection and appointment of medical staff members based upon defined criteria and in accordance with an established procedure for processing and evaluating applications for membership. Applications for appointment and reappointment shall be in writing and shall signify agreement of the applicant to conform with bylaws of both the governing body and medical staff and to abide by professional ethical standards. Initial appointments to the medical staff shall not exceed two (2) years. Reappointments, which may be processed and approved at the discretion of the governing body on a monthly or other cyclical pattern, shall not exceed two (2) years.

0863 19 CSR 30-20.080(14) - Bylaws of the governing body shall require

Bylaws of the governing body shall require that the medical staff develop and adopt medical staff bylaws and rules which shall become effective when approved by the governing body.

0864 19 CSR 30-20.080(15) - The governing body, acting upon

The governing body, acting upon recommendations of the medical staff, shall approve or disapprove appointments and on the basis of established requirements shall determine the privileges extended to each member of the staff .

0865 19 CSR 30-20.080(16) - Bylaws of the governing body shall provide

Bylaws of the governing body shall provide that notification of denial of appointment, reappointment, curtailment, suspension, revocation or modification of privileges shall be in writing and shall indicate the reason(s) for this action.

0866 19 CSR 30-20.080(17) - The governing body shall establish mechanisms

The governing body shall establish mechanisms which assure the hospital's compliance with mandatory federal, state and local laws, rules and standards.

0867 19 CSR 30-20.080(18) - Although independent licensed practitioners

Although independent licensed practitioners are not authorized membership to the medical staff , the governing body may include provisions within its bylaws to grant licensed practitioners clinical privileges, on an outpatient basis, for diagnostic and therapeutic tests and treatment. The privileges shall be within the scope and authority of each practitioner's current Missouri license and practice act.

0868 19 CSR 30-20.080(18)(A) - The provisions shall include a mechanism to

The provisions shall include a mechanism to assure that independent practitioners who provide services have clinical privileges delineated by the governing body or designee.

0869 19 CSR 30-20.080(18)(B) - The mechanism shall include criteria for a

The mechanism shall include criteria for a review of an independent practitioner's credentials at least every two (2) years. At a minimum, the criteria shall include documentation of a current license, relevant training and experience, and competency.

0870 19 CSR 30-20.080(19) - The governing body shall establish and

The governing body shall establish and implement a mechanism which assures compliance with the reporting requirements in section 383.133, RSMo.

0900 19 CSR 30-20.082(1) - The chief executive officer shall be the

The chief executive officer shall be the direct representative of the governing body and shall be responsible for management of the hospital commensurate with the authority delegated by the governing body in its bylaws.

0901 19 CSR 30-20.082(2) - The chief executive officer shall be

The chief executive officer shall be responsible for maintaining liaison among the governing body , medical staff and all departments of the hospital.

0902 19 CSR 30-20.082(3) - The chief executive officer shall organize

The chief executive officer shall organize the administrative functions of the hospital through appropriate departmentalization and delegation of duties and shall establish a system of authorization, record procedures and internal controls.

0903 19 CSR 30-20.082(4) - The chief executive officer shall be

The chief executive officer shall be responsible for the recruitment and employment of qualified personnel to staff the various departments of the hospital and shall insure that written personnel policies and job descriptions are available to all employees.

0904 19 CSR 30-20.082(5) - The chief executive officer shall be

The chief executive officer shall be responsible for the development and enforcement of written policies and procedures governing visitors to all areas of the hospital.

0905 19 CSR 30-20.082(6) - The chief executive officer shall be

The chief executive officer shall be responsible for establishing effective security measures to protect patients , employees and visitors.

0906 19 CSR 30-20.082(7) - The chief executive officer shall maintain

The chief executive officer shall maintain policies protecting children admitted to or discharged from the hospital . Policies shall provide for at least the following:

- (A) A child shall not be released to anyone other than the child's parent(s), legal guardian or custodian;
- (B) The social work service personnel shall have knowledge of available social services for unmarried mothers and for the placement of children;
- (C) Adoption placements shall comply with section 453.010, RSMo; and
- (D) The reporting of suspected incidences of child abuse shall be made to the Division of Family Services as established under section 210.120, RSMo.

0907 19 CSR 30-20.082(8) - The chief executive officer shall be

The chief executive officer shall be responsible for developing a written emergency preparedness plan . The plan shall include procedures which provide for safe and orderly evacuation of patients, visitors and personnel in the event of fire, explosion or other internal disaster. The plan shall also include procedures for caring for mass casualties resulting from any external disaster in the region.

0908 19 CSR 30-20.082(9) - The emergency plan in section (8) of this

The emergency plan in section (8) of this rule shall be readily available to all personnel. The chief executive officer is responsible for ensuring all employees shall be instructed regarding their responsibilities during an emergency. Drills for internal disasters, such as fires, shall be held at least quarterly for each shift and shall include the simulated use of fire alarm signals and simulation of emergency fire conditions. Annual drills for external disasters shall be held in coordination with representatives of local emergency preparedness offices . The movement of hospital patients is not required as a part of the drills.

0909 19 CSR 30-20.082(10) - The chief executive officer shall be

The chief executive officer shall be responsible for carrying out policies of the governing body to ensure that patients are admitted to the hospital only by members of the medical staff and that each patient 's general medical condition shall be the primary responsibility of a physician member of the medical staff .

0910 19 CSR 30-20.082(11) - The chief executive officer shall bring to

The chief executive officer shall bring to the attention of the chief of the medical staff and governing body failure by members of that staff to conform with established hospital policies regarding administrative matters , professional standards or the timely preparation and completion of each patient's clinical record.

0911 19 CSR 30-20.082(12) - The chief executive officer shall be

The chief executive officer shall be responsible for developing and maintaining a hospital environment which provides for efficient care and safety of patients , employees and visitors.

0912 19 CSR 30-20.082(13) - The chief executive officer shall be

The chief executive officer shall be responsible for the development and enforcement of written policies and procedures which prohibit the use of tobacco products throughout the hospital and its facilities. At a minimum, such policies and procedures shall include a description of the area encompassed by the tobacco-free policy; how employees, patients and visitors will be educated and informed about the tobacco-free policy; who is responsible for enforcing the tobacco-free policy and how the tobacco-free policy will be enforced; how the hospital will address an employee's, patient's, or visitor's failure to comply with the tobacco-free policy; and how the hospital, if subject to Medicare Conditions of Participation for Long-Term Care Facilities, will comply with 42 CFR 483.15(b)(3). The chief executive officer shall enforce compliance with the written policies and procedures prohibiting the use of tobacco products throughout the hospital and its facilities beginning one (1) year from the effective date of this amendment.

0913 19 CSR 30-20.082(14) - An annual licensing survey for each fiscal

An annual licensing survey for each fiscal year shall be filed with the department on the survey document provided by the Department of Health and Senior Services. The survey shall be due within two (2) months after the hospital's receipt of the survey.

0914 19 CSR 30-20.082(15) - The chief executive officer shall be

The chief executive officer shall be responsible for establishing and implementing a mechanism which will assure that patient services provide care or an appropriate referral that is commensurate with the patient's needs. If services are provided by contract, the contractor shall furnish services that permit the hospital to comply with all applicable hospital licensing requirements.

0915 19 CSR 30-20.082(16) - The chief executive officer shall be

The chief executive officer shall be responsible for establishing and implementing a mechanism to assure that all equipment and physical facilities used by the hospital to provide patient services, including those services provided by a contractor, comply with applicable hospital licensing requirements.

0930 19 CSR 30-20.084(1) - The chief executive officer shall be

The chief executive officer shall be responsible for establishing and implementing a mechanism to assure that patients' rights are protected. At a minimum, the mechanism shall include the following:

0931 19 CSR 30-20.084(1)(A) - The patient has the right to be free from

The patient has the right to be free from abuse, neglect or harassment;

0932 19 CSR 30-20.084(1)(B) - The patient has the right to be treated with

The patient has the right to be treated with consideration and respect;

0933 19 CSR 30-20.084(1)(C) - The patient has the right to protective

The patient has the right to protective oversight while a patient in the hospital;

0934 19 CSR 30-20.084(1)(D) - The patient or his/her designated

The patient or his/her designated representative has the right to be informed regarding the hospital's plan of care for the patient;

0935 19 CSR 30-20.084(1)(E) - The patient or his/her designated

The patient or his/her designated representative has the right to be informed, upon request, regarding general information pertaining to services received by the patient;

0936 19 CSR 30-20.084(1)(F) - The patient or his/her designated

The patient or his/her designated representative has the right to review the patient's medical record and to receive copies of the record at a reasonable photocopy fee;

0937 19 CSR 30-20.084(1)(G) - The patient or his/her designated

The patient or his/her designated representative has the right to participate in the patient's discharge planning, including being informed of service options that are available to the patient and a choice of agencies which provide the service;

0938 19 CSR 30-20.084(1)(H) - When a patient has brought personal

When a patient has brought personal possessions to the hospital, s/he has the right to have these possessions reasonably protected;

0939 19 CSR 30-20.084(1)(I) - The patient has the right to accept medical

The patient has the right to accept medical care or to refuse it to the extent permitted by law and to be informed of the medical consequences of refusal. The patient has the right to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law;

0940 19 CSR 30-20.084(1)(J) - The patient, responsible party or designee

The patient, responsible party or designee has the right to participate in treatment decisions and the care planning process;

0941 19 CSR 30-20.084(1)(K) - The patient has the right to be informed of

The patient has the right to be informed of the hospital's patient grievance policies and procedures, including who to contact and how; and

0942 19 CSR 30-20.084(1)(L) - The patient has the right to file a formal

The patient has the right to file a formal or informal verbal or written grievance and to expect a prompt resolution of the grievance, including a timely written notice of the resolution. The grievance may be made by a patient or the patient's representative. Any patient service or care issue that cannot be resolved promptly by staff present will be considered a grievance for purposes of this requirement. The written notice of the resolution should include information on the steps taken on behalf of the patient to investigate the grievance, the results of the investigation, and the date the investigation was completed. If the corrective action is still being evaluated, the hospital's response should state that the hospital is still working to resolve the grievance and the hospital will follow-up with another written response when the investigation is complete or within a specified time frame.

0960 19 CSR 30-20.086(1) - The medical staff shall be organized, shall

The medical staff shall be organized, shall develop and, with the approval of the governing body, shall adopt bylaws, rules and policies governing their professional activities in the hospital.

0961 19 CSR 30-20.086(2) - Medical staff membership shall be limited to

Medical staff membership shall be limited to physicians, dentists, psychologists and podiatrists. They shall be currently licensed to practice their respective professions in Missouri. The bylaws of the medical staff shall include the procedure to be used in processing applications for medical staff membership and the criteria for granting initial or continuing medical staff appointments and for granting initial, renewed or revised clinical privileges.

0962 19 CSR 30-20.086(3) - No application for membership on the medical

No application for membership on the medical staff shall be denied based solely upon the applicant's professional degree or the school or health care facility in which the practitioner received medical, dental, psychology or podiatry schooling, postgraduate training or certification, if the schooling or postgraduate training for a physician was accredited by the American Medical Association or the American Osteopathic Association, for a dentist was accredited by the American Dental Association's Commission on Dental Accreditation, for a psychologist was accredited with accordance to Chapter 337, RSMo and for a podiatrist was accredited by the American Podiatric Medical Association. Each application for staff membership shall be considered on an individual basis with objective criteria applied equally to each applicant.

0963 19 CSR 30-20.086(4) - Each physician, dentist, psychologist or

Each physician, dentist, psychologist or podiatrist requesting staff membership shall submit a complete written application to the chief executive officer of the hospital or his designee on a form approved by the governing body. Each application shall be accompanied by evidence of education, training, professional qualifications, license and other information required by the medical staff bylaws or policies.

0964 19 CSR 30-20.086(5) - Written criteria shall be developed for

Written criteria shall be developed for privileges extended to each member of the staff. A formal mechanism shall be established for recommending to the governing body delineation of privileges, curtailment, suspension or revocation of privileges and appointments and reappointments to the medical staff. The mechanism shall include an inquiry of the National Practitioner Data Bank. Bylaws of the medical staff shall provide for hearing and appeal procedures for the denial of reappointment and for the denial, revocation, curtailment, suspension, revocation, or other modification of clinical privileges of a member of the medical staff.

0965 19 CSR 30-20.086(6) - Any applicant for medical staff membership

Any applicant for medical staff membership who is denied membership or whose completed application is not acted upon in ninety (90) calendar days of completion of verification of credentials data or a medical staff member whose membership or privileges are terminated, curtailed or diminished in any way shall be given in writing the reasons for the action or lack of action. The reasons shall relate to, but not be limited to, patient welfare, the objectives of the institution, the inability of the organization to provide the necessary equipment or trained staff, contractual agreements, or the conduct or competency of the applicant or medical staff member.

0966 19 CSR 30-20.086(7) - Initial appointments to the medical staff

Initial appointments to the medical staff shall not exceed two (2) years. Reappointments, which may be processed and approved at the discretion of the governing body on a monthly or other cyclical pattern, shall not exceed two (2) years.

0967 19 CSR 30-20.086(8) - The medical staff bylaws shall provide

The medical staff bylaws shall provide for-an outline of the medical staff organization; designation of officers, their duties and qualifications and methods of selecting the officers; committee functions; and an appeal and hearing process.

0968 19 CSR 30-20.086(9) - The medical staff bylaws shall provide for

The medical staff bylaws shall provide for an active staff and other categories as may be designated in the governing body bylaws. The medical staff bylaws shall describe the voting rights, attendance requirements, eligibility for holding offices or committee appointments, and any limitations or restrictions identified with location of residence or office practice for each category.

0969 19 CSR 30-20.086(10) - The organized medical staff shall meet at

The organized medical staff shall meet at intervals necessary to accomplish its required functions. A mechanism shall be established for monthly decision-making by or on behalf of the medical staff.

0970 19 CSR 30-20.086(11) - Written minutes of medical staff meetings

Written minutes of medical staff meetings shall be recorded. Minutes containing peer review information shall be retained on a confidential basis in the hospital. The medical staff determine retention guidelines and guidelines for release of minutes not containing peer review materials.

0971 19 CSR 30-20.086(12) - The medical staff as a body or through

The medical staff as a body or through committee shall review and evaluate the quality of clinical practice of the medical staff in the hospital in accordance with the medical staff's peer review function and performance improvement plan and activities.

0972 19 CSR 30-20.086(13) - The medical staff shall establish in its

The medical staff shall establish in its bylaws or rules criteria for the content of patients' records provisions for their timely completion and disciplinary action for noncompliance.

0973 19 CSR 30-20.086(14) - Bylaws of the medical staff shall require

Bylaws of the medical staff shall require that at all times at least one (1) physician member of the medical staff shall be on duty or available within a reasonable period of time for emergency service.

1060 19 CSR 30-20.092(1) - Each hospital providing general services to

Each hospital providing general services to the community shall provide an easily accessible emergency area which shall be equipped and staffed to ensure that ill or injured persons can be promptly assessed and treated or transferred to a facility capable of providing needed specialized services. In multiple-hospital communities where written agreements have been developed among the hospitals in accordance with an established community-based hospital emergency plan, individual hospitals may not be required by the Department of Health to provide a fully equipped emergency service.

1061 19 CSR 30-20.092(2) - A hospital shall have a written hospital

A hospital shall have a written hospital emergency transfer policy and written transfer agreements with one (1) or more hospitals within its service area which provide services not available at the transferring hospital. Transfer agreements shall be established which reflect the usual and customary referral practice of the transferring hospital, but are not intended to cover all contingencies.

1062 19 CSR 30-20.092(3) - Hospital emergency services shall be under

Hospital emergency services shall be under the medical direction of a qualified staff physician who is board-certified or board-admissible in emergency medicine and maintains a knowledge of current ACLS and ATLS standards or a physician who is experienced in the care of critically ill and injured patients and maintains current verification in ACLS and ATLS. In pediatric hospitals, PALS shall be substituted for ACLS. With the explicit advanced approval of the Department of Health, a hospital may contract with a qualified consultant physician to meet this requirement.

1063 19 CSR 30-20.092(3)(A) - That physician shall be responsible for

That physician shall be responsible for implementing rules of the medical staff relating to patient safety and privileges and to the quality and scope of emergency services.

1064 19 CSR 30-20.092(3)(B) - A qualified registered nurse shall supervise

A qualified registered nurse shall supervise and evaluate the nursing and patient care provided in the emergency area by nursing and ancillary personnel. Supervision may be by direct observation of staff or, at a minimum, the nurse shall be immediately available in the institution.

1065 19 CSR 30-20.092(3)(C) - Any person assigned to the emergency services

Any person assigned to the emergency services department administering medications shall be a licensed physician, registered nurse, EMT-paramedic or appropriately licensed or certified allied health practitioner and shall administer medications only within his/her scope of practice except for students who are participating in a training program to become physicians, nurses, emergency medical technician-paramedics who may be allowed to administer medication under the supervision of their instructors as a part of their training. Trained individuals from the respiratory therapy department may be allowed to administer aerosol medications when a certified respiratory therapy assistant is not available.

1066 19 CSR 30-20.092(4) - Any hospital which provides emergency service

Any hospital which provides emergency services and does not maintain a physician in-house twenty-four (24) hours a day for emergency care shall have a call roster which lists the name of the physician who is on call and available for emergency care and the dates and times of coverage. A physician who is on call and available for emergency care shall respond in a manner which is reasonable and appropriate to the patient's condition after being summoned by the hospital.

1067 19 CSR 30-20.092(5) - Any hospital with surgical services that also

Any hospital with surgical services that also provide emergency surgical services shall have a general surgical call roster which lists the name of the general surgeon who is on call for emergency surgical cases, and the dates and times of coverage. The surgeon who is on call for emergency surgical cases shall arrive at the hospital within thirty (30) minutes of being summoned. Patients arriving at a hospital that does not provide emergency surgical services and are found upon examination to require emergency surgery shall be immediately transferred to a hospital with the necessary services.

1068 19 CSR 30-20.092(6) - All patients admitted to the emergency

All patients admitted to the emergency service shall be assessed prior to discharge by a physician or registered professional nurse.

1069 19 CSR 30-20.092(7) - If discharged from the emergency department,

If discharged from the emergency department, other than to the inpatient setting, the patient or responsible person shall be given written instructions for care and an oral explanation of those instructions. Documentation of these instructions shall be entered on the emergency service medical record.

1070 19 CSR 30-20.092(8) - There shall be a quality improvement program

There shall be a quality improvement program for the emergency service which includes, but is not limited to, the collection and analysis of data to assist in identification of health service problems, and a mechanism for implementation and monitoring appropriate actions. The quality improvement program shall include the periodic evaluation of at least the following: length of time each patient is in the emergency room, appropriateness of transfers, physician response time, provision for written instructions, timeliness of diagnostic studies, appropriateness of treatment rendered, and mortality.

1071 19 CSR 30-20.092(9) - Written policies shall be adopted to assure

Written policies shall be adopted to assure that notification procedures are implemented concerning the significant exposure of prehospital emergency personnel to communicable diseases as required in 19 CSR 30- 40.047.

1072 19 CSR 30-20.092(10) - The emergency service medical record shall

The emergency service medical record shall contain patient identification, time and method of arrival, history, physical findings, treatment and disposition and shall be authenticated by the physician. These records, including an ambulance report when applicable, shall be filed under supervision of the medical records department.

1073 19 CSR 30-20.092(11) - There shall be a mechanism for the review and

There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of emergency services.

1074 19 CSR 30-20.092(12) - A hospital shall have a written plan that

A hospital shall have a written plan that details the hospital's criteria and process for diversion. The plan must be reviewed and approved by the Missouri Department of Health prior to being implemented by the hospital. A hospital may continue to operate under a plan in existence prior to the effective date of this section while awaiting approval of its plan by the department.

1075 19 CSR 30-20.092(12)(A) - The diversion plan shall:

The diversion plan shall:

1076 19 CSR 30-20.092(12)(A)(1) - Identify the individuals by title who are

Identify the individuals by title who are authorized by the hospital to implement the diversion plan;

1077 19 CSR 30-20.092(12)(A)(2) - Define the process by which the decision to

Define the process by which the decision to divert will be made;

1078 19 CSR 30-20.092(12)(A)(3) - Specify that the hospital will not implement

Specify that the hospital will not implement the diversion plan until the authorized individual has reviewed and documented the hospital's ability to obtain additional staff, open existing beds that may have been closed or take any other actions that might prevent a diversion from occurring;

1079 19 CSR 30-20.092(12)(A)(4) - Include that all ambulance services within a

Include that all ambulance services within a defined service area will be notified of the intent to implement the diversion plan upon the actual implementation. Ambulances that have made contact with the hospital before the hospital has declared itself to be on diversion shall not be redirected to other hospitals. In areas served by a real time, electronic reporting system, notification through such system shall meet the requirements of this provision so long as such system is available to all EMS agencies and hospitals in the defined service area;

1080 19 CSR 30-20.092(12)(A)(5) - Include procedures for assessment

Include procedures for assessment, stabilization and transportation of patients in the event that services, including but not limited to, ICU beds or surgical suites become unavailable or overburdened. These procedures must also include the evaluation of services and resources of the facility that can still be provided to patients even with the implementation of the diversion plan;

1081 19 CSR 30-20.092(12)(A)(6) - Include procedures for implementation of a

Include procedures for implementation of a resource diversion in the event that specialized services are overburdened or temporarily unavailable; and

1082 19 CSR 30-20.092(12)(A)(7) - Include that all other acute care hospitals

Include that all other acute care hospitals within a defined service area will be notified upon the actual implementation of the diversion plan. For defined service areas with more than two (2) hospitals, if more than one-half (1/2) of the hospitals implement their diversion plans, no hospital will be considered on diversion. For a defined service area with two (2) hospitals, if both hospitals implement their diversion plans, neither will be considered on diversion. Participation in a real time, electronic reporting system shall meet the notification requirements of this section. If a hospital participates in an approved community wide plan, the community wide plan may set the requirement for the number of hospitals to remain open.

1083 19 CSR 30-20.092(12)(B) - Each incident of diversion plan

Each incident of diversion plan implementation must be reviewed by the hospital's existing quality assurance committee. Minutes of these review meetings must be made available to the Missouri Department of Health and Senior Services upon request.

1084 19 CSR 30-20.092(12)(C) - The hospital shall assure compliance with

The hospital shall assure compliance with screening, treatment and transfer requirements as required by the Emergency Medical Treatment and Active Labor Act (EMTALA).

1085 19 CSR 30-20.092(12)(D) - A hospital or its designee shall report to

A hospital or its designee shall report to the department, by phone or electronically, upon actual implementation of the diversion plan. This implementation report shall contain the time the plan will be implemented. The hospital or its designee shall report to the department, by phone or electronically, within eight (8) hours of the termination of the diversion. This termination report shall contain the time the diversion plan was implemented, the reason for the diversion, the name of the individual who made the determination to implement the diversion plan, the time the diversion status was terminated, and the name of the individual who made the determination to terminate the diversion. In areas served by real time, electronic reporting system, reporting through such system shall meet the requirements of this provision so long as such system generates reports as required by the department.

1086 19 CSR 30-20.092(12)(E) - Each hospital shall implement a triage system

Each hospital shall implement a triage system within its emergency department. The triage methodology shall continue to apply during periods when the hospital diversion plan is implemented.

1087 19 CSR 30-20.092(12)(F) - Any hospital that has a written approved

Any hospital that has a written approved policy, which states that the hospital will not go on diversion or resource diversion, except as defined in the hospital's disaster plan in the event of a disaster, is exempt from the requirements of 19 CSR 30-20.021(3)(C)12.

1088 19 CSR 30-20.092(12)(G) - If a hospital chooses to participate in

If a hospital chooses to participate in a community wide plan, the requirements of number of hospitals to remain open, defined service areas, as well as community notification may be addressed within the community plan. Community plans must be approved by the department. Community plans must include that each hospital has a policy addressing diversion and the criteria used by each hospital to determine the necessity of implementing a diversion plan. Participation in a community plan does not exempt a hospital of the requirement to notify the department of a diversion plan implementation.

1170 19 CSR 30-20.097(1) - Safe Patient Handling and Movement

(1) There shall be an active multidisciplinary committee responsible for implementing and monitoring the safe patient handling and movement program. At least one-half (1/2) of the members of the committee shall be frontline non-managerial employees who are involved in patient care handling activities.

1171 19 CSR 30-20.097(2) - Safe Patient Handling and Movement

(2) This program shall include:

- (A) A safe patient handling policy for all shifts that will achieve elimination of manual lifting, transferring, and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;
- (B) A patient-handling hazard assessment that considers such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;
- (C) A process which assesses patient's needs for safe patient handling and movement;
- (D) Educational materials for patients and their families to help orient them to the hospital's safe patient handling program;
- (E) An annual evaluation of the program utilizing measurable outcome measures including but not limited to employee and patient injuries, lost work days, and workers' compensation claims; and
- (F) Evidence of changes based on the program evaluation.

1172 19 CSR 30-20.097(3) - Safe Patient Handling and Movement

(3) All employees involved in patient care handling activities are to be trained and demonstrate competence on safe patient handling policies, equipment, and devices before implementation, annually, and as changes are made to the program.

1200 19 CSR 30-20.100(1) - Pharmacy services shall be identified and

Pharmacy services shall be identified and integrated within the total hospital organizational plan. Pharmacy services shall be directed by a pharmacist who is currently licensed in Missouri and qualified by education and experience. The director of pharmacy services shall be responsible for the provision of all services required in subsection (4)(G) of this rule and shall be a participant in all decisions made by pharmacy services or committees regarding the use of medications. With the assistance of medical, nursing and administrative staff, the director of pharmacy services shall develop standards for the selection, distribution and safe and effective use of medications throughout the hospital.

1201 19 CSR 30-20.100(2) - Additional professional and supportive

Additional professional and supportive personnel shall be available for services provided. Pharmacists shall be currently licensed in Missouri and all personnel shall possess the education and training necessary for their responsibilities.

1202 19 CSR 30-20.100(3) - Support pharmacy personnel shall work under

Support pharmacy personnel shall work under the supervision of a pharmacist and shall not be assigned duties that by law must be performed by a pharmacist. Interpreting medication orders, selecting, compounding, packaging, labeling and the dispensing of medications by pharmacy staff shall be performed by or under the supervision of a pharmacist. Interpretation of medication orders by support personnel shall be limited to order processing and shall not be of a clinical nature.

1203 19 CSR 30-20.100(4) - Hours shall be established for the provision

Hours shall be established for the provision of pharmacy services. A pharmacist shall be available to provide required pharmacy services during hours appropriate for necessary contact with medical and nursing staff. A pharmacist shall be on call at all other times.

1204 19 CSR 30-20.100(5) - Space, equipment and supplies shall be

Space, equipment and supplies shall be available according to the scope of pharmacy services provided. Office or other workspace shall be available for administrative, clerical, clinical and other professional services provided. All areas shall meet standards to maintain the safety of personnel and the security and stability of medications stored, handled and dispensed.

1205 19 CSR 30-20.100(6) - The pharmacy and its medication storage areas

The pharmacy and its medication storage areas shall have proper conditions of sanitation, temperature, light, moisture, ventilation and segregation. Refrigerated medication shall be stored separate from food and other substances. The pharmacy and its medication storage area shall be locked and accessible only to authorized pharmacy and supervisory nursing personnel. The director of pharmacy services, in conjunction with nursing and administration, shall be responsible for the authorization of access to the pharmacy by supervisory nursing personnel to obtain doses for administering when pharmacy services are unavailable.

1206 19 CSR 30-20.100(7) - Medication storage areas outside of the

Medication storage areas outside of the pharmacy shall have proper conditions of sanitation, temperature, light, moisture, ventilation and segregation. Refrigerated medications shall be stored in a sealed compartment separate from food and laboratory materials. Medication storage areas shall be accessible only to authorized personnel and locked when appropriate.

1207 19 CSR 30-20.100(8) - The evaluation, selection, source of supply

The evaluation, selection, source of supply and acquisition of medications shall occur according to the hospital's policies and procedures. Medications and supplies needed on an emergency basis and necessary medications not included in the hospital formulary shall be acquired according to the hospital's policies and procedures.

1208 19 CSR 30-20.100(9) - Records shall be maintained of medication

Records shall be maintained of medication transactions, including: acquisition, compounding, repackaging, dispensing or other distribution, administration and controlled substance disposal. Persons involved in compounding, repackaging, dispensing, administration and controlled substance disposal shall be identified and the records shall be retrievable. Retention time for records of bulk compounding, repackaging, administration, and all controlled substance transactions shall be a minimum of two (2) years. Retention time for records of dispensing and extemporaneous compounding, including sterile medications, shall be a minimum of six (6) months.

1209 19 CSR 30-20.100(10) - Security and record keeping procedures in all

Security and record keeping procedures in all areas shall ensure the accountability of all controlled substances, shall address accountability for other medications subject to theft and abuse and shall be in compliance with 19 CSR 30-1.030(3). Inventories of Schedule II controlled substances shall be routinely reconciled. Inventories of Schedule III-V controlled substances outside of the pharmacy shall be routinely reconciled. Records shall be maintained so that inventories of Schedule III-V controlled substances in the pharmacy shall be reconcilable.

1210 19 CSR 30-20.100(11) - Controlled substance storage areas in the

Controlled substance storage areas in the pharmacy shall be separately locked and accessible only to authorized pharmacy staff. Reserve supplies of all controlled substances in the pharmacy shall be locked. Controlled substance storage areas outside the pharmacy shall be separately locked and accessible only to persons authorized to administer them and to authorized pharmacy staff.

1211 19 CSR 30-20.100(12) - Authorization of access to controlled

Authorization of access to controlled substance storage areas outside of the pharmacy shall be established by the director of pharmacy services in conjunction with nursing and administration. The distribution and accountability of keys, magnetic cards, electronic codes or other mechanical and electronic devices shall occur according to the hospital's policies and procedures.

1212 19 CSR 30-20.100(13) - All variances involving controlled substances

All variances involving controlled substances -including inventory, security, record keeping, administration and disposal- shall be reported to the director of pharmacy services for review and investigation. Loss, diversion, abuse or misuse of medications shall be reported to the director of pharmacy services, administration, and local, state and federal authorities as appropriate.

1213 19 CSR 30-20.100(14) - The provision of pharmacy services in the

The provision of pharmacy services in the event of a disaster, removal from use of medications subject to product recall and reporting of manufacturer drug problems shall occur according to the hospital's policies and procedures.

1214 19 CSR 30-20.100(15) - Compounding and repackaging of medications

Compounding and repackaging of medications in the pharmacy shall be done by pharmacy personnel under the supervision of a pharmacist. Those medications shall be labeled with the medication name, strength, lot number, expiration date and other pertinent information. Record keeping and quality control, including end-product testing when appropriate, shall occur according to the hospital's policies and procedures.

1215 19 CSR 30-20.100(16) - Compounding, repackaging or relabeling of

Compounding, repackaging or relabeling of medications by nonpharmacy personnel shall occur according to the hospital's policies and procedures. Medications shall be administered routinely by the person who prepared them, and preparation shall occur just prior to administration except in circumstances approved by the director of pharmacy, nursing and administration. Compounded sterile medications for parenteral administration prepared by nonpharmacy personnel shall not be administered beyond twenty-four (24) hours of preparation. Labeling shall include the patient's name, where appropriate, medication name, strength, beyond use date, identity of the person preparing and other pertinent information.

1216 19 CSR 30-20.100(17) - Compounded sterile medications shall be

Compounded sterile medications shall be routinely prepared in a suitably segregated area in a Class 100 environment by pharmacy personnel. Preparation by nonpharmacy personnel shall occur only in specific areas or in situations when immediate preparation is necessary and pharmacy personnel are unavailable and shall occur according to policies and procedures. All compounded cytotoxic/hazardous medications shall be prepared in a suitably segregated area in a Class II biological safety cabinet or vertical airflow hood. The preparation, handling, administration and disposal of sterile or cytotoxic/hazardous medications shall occur according to policies and procedures including: orientation and training of personnel, aseptic technique, equipment, operating requirements, environmental considerations, attire, preparation of parenteral medications, preparation of cytotoxic/hazardous medications, access to emergency spill supplies, special procedures/products, sterilization, extemporaneous preparations and quality control.

1217 19 CSR 30-20.100(18) - Radiopharmaceuticals shall be acquired

Radiopharmaceuticals shall be acquired, stored, handled, prepared, packaged, labeled, administered and disposed of according to the hospital's policies and procedures and only by or under the supervision of personnel who are certified by the Nuclear Regulatory Commission.

1218 19 CSR 30-20.100(19) - A medication profile for each patient shall

A medication profile for each patient shall be maintained and reviewed by the pharmacist and shall be reviewed by the pharmacist upon receiving a new medication order prior to dispensing the medication. The pharmacist shall review the prescriber's order or a direct copy prior to the administration of the initial dose, except in an emergency or when the pharmacist is unavailable, in which case the order shall be reviewed within seventy-two (72) hours.

1219 19 CSR 30-20.100(20) - Medications shall be dispensed only upon the

Medications shall be dispensed only upon the order of an authorized prescriber with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved policy/protocol after an assessment for contraindications, and only dispensed by or under the supervision of the pharmacist.

1220 19 CSR 30-20.100(21) - All medications dispensed for administration

All medications dispensed for administration to a specific patient shall be labeled with the patient name, drug name, strength, expiration date and, when applicable, the lot number and other pertinent information.

1221 19 CSR 30-20.100(22) - The medication distribution system shall

The medication distribution system shall provide safety and accountability for all medications, include unit of use and ready to administer packaging, and meet current standards of practice.

1222 19 CSR 30-20.100(23) - To prevent unnecessary entry to the pharmacy

To prevent unnecessary entry to the pharmacy, a locked supply of routinely used medications shall be available for access by authorized personnel when the pharmacist is unavailable. Removal of medications from the pharmacy by authorized supervisory nursing personnel, documentation of medications removed, restricted and unrestricted medication removal, later review of medication orders by the pharmacist, and documented audits of medications removal shall occur according to the hospital's policies and procedures. The nurse shall remove only amounts necessary for administering until the pharmacist is available.

1223 19 CSR 30-20.100(24) - Floorstock medications shall be limited to

Floorstock medications shall be limited to emergency and nonemergency medications which are authorized by the director of pharmacy services in conjunction with nursing and administration. The criteria, utilization and monitoring of emergency and non-emergency floorstock medications shall occur according to the hospital's policies and procedures. Supplies of emergency medications shall be available in designated areas.

1224 19 CSR 30-20.100(25) - All medication storage areas in the hospital

All medication storage areas in the hospital shall be inspected at least monthly by a pharmacist or designee according to the hospital's policies and procedures.

1225 19 CSR 30-20.100(26) - The pharmacist shall be responsible for the

The pharmacist shall be responsible for the acquisition, inventory control, dispensing, distribution and related documentation requirements of investigational medications according to the hospital's policies and procedures. A copy of the investigational protocol shall be available in the pharmacy to all health care providers who prescribe or administer investigational medications. The identity of all recipients of investigational medications shall be readily retrievable.

1226 19 CSR 30-20.100(27) - Sample medications shall be received and

Sample medications shall be received and distributed by the pharmacy according to the hospital's policies and procedures.

1227 19 CSR 30-20.100(28) - Dispensing of medications by the pharmacist

Dispensing of medications by the pharmacist to patients who are discharged from the hospital or who are outpatients shall be in compliance with 4 CSR 220.

1228 19 CSR 30-20.100(29) - Persons other than the pharmacist may provide

Persons other than the pharmacist may provide medications to patients leaving the hospital only when prescription services from a pharmacy are not reasonably available. Medications shall be provided according to the hospital's policies and procedures, including: circumstances when medications may be provided, practitioners authorized to order, specific medications and limited quantities, prepackaging and labeling by the pharmacist, final labeling to facilitate correct administration, delivery, counseling and a transaction record. Final labeling, delivery and counseling shall be performed by the prescriber or a registered nurse.

1229 19 CSR 30-20.100(30) - Current medication information resources

Current medication information resources shall be maintained in the pharmacy and patient care areas. The pharmacist shall provide medication information to the hospital staff as requested.

1230 19 CSR 30-20.100(31) - The director of pharmacy services shall be

The director of pharmacy services shall be an active member of the pharmacy and therapeutics committee or its equivalent, which shall advise the medical staff on all medication matters. A formulary shall be established which includes medications based on an objective evaluation of their relative therapeutic merits, safety and cost and shall be reviewed and revised on a continual basis. A medication use evaluation program shall be established which evaluates the use of selected medications to ensure that they are used appropriately, safely and effectively. Followup educational information shall be provided in response to evaluation findings.

1231 19 CSR 30-20.100(32) - The pharmacist shall be available

The pharmacist shall be available to participate with medical and nursing staff regarding decisions about medication use for individual patients, including: not to use medication therapy; medication selection, dosages, routes and methods of administration; medication therapy monitoring; provision of medication-related information; and counseling to individual patients. The pharmacist or designee shall personally offer to provide medication counseling when discharge or outpatient prescriptions are filled. The pharmacist shall provide requested counseling.

1232 19 CSR 30-20.100(33) - Medication orders shall be initiated or

Medication orders shall be initiated or modified only by practitioners who have independent statutory authority to prescribe or who are legally given authority to order medications. That authority may be given through an arrangement with a practitioner who has independent statutory authority to prescribe and who is a medical staff member. The authority may include collaborative practice agreements, protocols or standing orders and shall not exceed the practitioner's scope of practice. Practitioners given this authority who are not hospital employees shall be approved through the hospital credentialing process. When hospital-based agreements, protocols or standing orders are used, they shall be approved by the pharmacy and therapeutics or equivalent committee.

1233 19 CSR 30-20.100(34) - All medication orders shall be written in

All medication orders shall be written in the medical record and signed by the ordering practitioner with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician approved hospital policy/protocol after an assessment for contraindications. When medication therapy is based on a protocol or standing order and a specific medication order is not written, a signed copy of the protocol or of an abbreviated protocol containing the medication order parameters or of the standing order shall be placed in the medical record with the exception of physician approved policies/protocols for the administration of influenza and pneumococcal polysaccharide vaccines after an assessment for contraindications. The assessment for contraindications shall be dated and signed by the registered nurse performing the assessment and placed in the medical record. Telephone or verbal orders shall be accepted only by authorized staff, immediately written and identified as such in the medical record and signed by the ordering practitioner within a time frame defined by the medical staff.

1234 19 CSR 30-20.100(35) - Medication orders shall be written according

Medication orders shall be written according to policies and procedures and those written by persons who do not have independent statutory authority to prescribe shall be included in the quality improvement program.

1235 19 CSR 30-20.100(36) - Automatic stop orders for all medications

Automatic stop orders for all medications shall be established and shall include a procedure to notify the prescriber of an impending stop order. A maximum stop order shall be effective for all medications which do not have a shorter stop order. Automatic stop orders are not required when the pharmacist continuously monitors medications to ensure that they are not inappropriately continued.

1236 19 CSR 30-20.100(37) - Medications shall be administered only by

Medications shall be administered only by persons who have statutory authority to administer or who have been trained in each pharmacological category of medication they administer, and administration shall be limited to the scope of their practice. Persons who do not have statutory authority to administer shall not administer parenteral medications, controlled substances or medications that require professional assessment at the time of administration. A person who has statutory authority to administer shall be readily available at the time of administration. Training for persons who do not have statutory authority to administer shall be documented and administration by those persons shall be included in the quality improvement program. Medications shall be administered only upon the order of a person authorized to prescribe or order medications. Administration by all persons shall occur according to the hospital's policies and procedures.

1237 19 CSR 30-20.100(38) - Medications brought to the hospital by

Medications brought to the hospital by patients shall be handled according to policies and procedures. They shall not be administered unless so ordered by the prescriber and identified by the pharmacist or the prescriber.

1238 19 CSR 30-20.100(39) - Medications shall be self-administered or

Medications shall be self-administered or administered by a responsible party only upon the order of the prescriber and according to policies and procedures.

1239 19 CSR 30-20.100(40) - Medication incidents, including medication

Medication incidents, including medication errors shall be reported to the prescriber and the appropriate manager. Medication incidents shall be reported to the appropriate committee. Adverse medication reactions shall be reported to the prescriber and the director of the pharmacy services. The medication administered and medication reaction shall be recorded in the patient's medical record. Adverse medication reactions shall be reviewed by the pharmacy and therapeutics committee and other medical or administrative committees when appropriate.

1250 19 CSR 30-20.102(1) - Radiographic and fluoroscopic diagnostic

Radiographic and fluoroscopic diagnostic services shall be provided in each hospital.

1251 19 CSR 30-20.102(2) - The director of radiology services shall be

The director of radiology services shall be a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing the quality and scope of radiology services and safety precautions to protect patients and personnel.

1252 19 CSR 30-20.102(3) - Radiotherapy services shall be administered

Radiotherapy services shall be administered only under the supervision of a physician appropriately qualified by special training and experience.

1253 19 CSR 30-20.102(4) - Requests for radiology services shall be

Requests for radiology services shall be authenticated in the patient's medical record by the attending physician, licensed house staff or other medical staff member authorized to request radiologic services .

1254 19 CSR 30-20.102(5) - A written interpretation, authenticated by a

A written interpretation, authenticated by a radiologist or other medical staff member appropriately trained and qualified through the medical staff credentialing process , shall be made for all radiological diagnostic services.

1255 19 CSR 30-20.102(6) - Documentation of each radiotherapy treatment

Documentation of each radiotherapy treatment shall be authenticated and become a part of the patient's medical record.

1256 19 CSR 30-20.102(7) - A qualified radiologic technologist shall be

A qualified radiologic technologist shall be on duty or on call at all times . Emergency radiologic services shall be available at all times.

1257 19 CSR 30-20.102(8) - Protection from radiation to patients and

Protection from radiation to patients and personnel shall comply with 19 CSR 20- 10.010-19 CSR 20-10.190.

1258 19 CSR 30-20.102(9) - There shall be periodic inspection of

There shall be periodic inspection of equipment by a medical physicist qualified to furnish complete evaluation. Documentation shall be maintained and available for two (2) years.

1280 19 CSR 30-20.106(1) - A facility to be classified as a general

A facility to be classified as a general hospital shall provide inpatient care for medical or surgical patients , or both, and may include pediatric, obstetrical and newborn, psychiatric or rehabilitation patients. To be classified a specialized pediatric, psychiatric or rehabilitation hospital, a facility shall provide inpatient care in an exclusive specialty such as pediatrics, psychiatry or rehabilitation and shall have a medical staff and other professional or technical personnel especially qualified in the particular specialty for which the hospital is operated.

1380 19 CSR 30-20.120(1) - Anesthesia services, if provided, shall be

Anesthesia services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing the quality and scope of anesthesia care provided .

1381 19 CSR 30-20.120(2) - Approved written policies and procedures

Approved written policies and procedures shall include: patient and employee safety, pre- and post-anesthesia evaluation, care of equipment, storage of anesthesia agents and the administration of anesthesia.

1382 19 CSR 30-20.120(3) - Anesthesia shall be administered only by

Anesthesia shall be administered only by qualified anesthesiologists, physicians or dentists trained in anesthesia, certified nurse anesthetists or supervised students in an approved educational program.

1383 19 CSR 30-20.120(4) - An anesthesia record documenting the care

An anesthesia record documenting the care given shall be a permanent part of the patient's medical record.

1384 19 CSR 30-20.120(5) - The pre-anesthesia patient evaluation shall

The pre-anesthesia patient evaluation shall be accomplished by a physician and documented within forty-eight (48) hours before surgery and shall include the history and physical examination; anesthetic, drug and allergy history; essential laboratory data; and other diagnostic test results to establish potential anesthetic risks. These procedures may be waived in the event of a life threatening emergency, provided the surgeon so certifies on the patient medical record.

1385 19 CSR 30-20.120(6) - A post-anesthesia evaluation shall be

A post-anesthesia evaluation shall be documented in the patient's medical record within twenty-four (24) hours after surgery.

1386 19 CSR 30-20.120(7) - The use of flammable anesthetic agents shall

The use of flammable anesthetic agents shall be limited to those areas of the hospital which comply with all applicable requirements of the Standard for Inhalation Anesthetics 1980 published by the National Fire Protection Association.

1387 19 CSR 30-20.120(8) - Prior to surgery, the patient's medical

Prior to surgery, the patient's medical record shall contain evidence that the patient has been advised regarding the surgical procedure(s) contemplated, the type of anesthesia to be administered and the risks involved with each. Evidence that informed consent has been given shall become a part of the patient's medical record.

1388 19 CSR 30-20.120(9) - There shall be a mechanism for the review and

There shall be a mechanism for the review and evaluation on a regular basis of the quality and scope of anesthesia services.

1390 19 CSR 30-20.122(1) - Home-care services, if provided, shall be

Home-care services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing rules of the medical staff governing the quality and scope of home-care services.

1391 19 CSR 30-20.122(2) - The objectives and description of homecare

The objectives and description of homecare services shall be related to identifiable needs and shall include those services the hospital provides or those provided through participating community agencies.

1392 19 CSR 30-20.122(3) - There shall be written policies and

There shall be written policies and procedures delineating administrative control, scope of services offered and the manner in which they are provided. These policies and procedures shall be reviewed annually and revised as necessary.

1393 19 CSR 30-20.122(4) - A medical record shall be maintained on every

A medical record shall be maintained on every patient receiving home-care services. These records shall contain the overall care plan, physician's orders, services provided, progress notes and disposition of the patient. Records shall be filed under supervision of the medical records department.

1394 19 CSR 30-20.122(5) - There shall be a mechanism for the review and

There shall be a mechanism for the review and evaluation on a regular basis of the quality and scope of home-care services provided.

1437 19 CSR 30-20.126(1) - Obstetrical services, if provided, shall be

Obstetrical services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing obstetrical privileges, quality of obstetrical care and patient safety.

1438 19 CSR 30-20.126(2) - Obstetrical services shall be supervised by

Obstetrical services shall be supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency.

1439 19 CSR 30-20.126(3) - The obstetrical nursing supervisor shall have

The obstetrical nursing supervisor shall have the authority to implement and enforce hospital policies and procedures governing obstetrical services and shall have the responsibility for evaluating the competency of nursing personnel assigned to obstetrical services.

1440 19 CSR 30-20.126(4) - Facilities for obstetrical services shall be

Facilities for obstetrical services shall be designed to prevent unauthorized traffic.

1441 19 CSR 30-20.126(5) - Undelivered patients receiving intravenous

Undelivered patients receiving intravenous oxytocin shall be under continuous observation by trained personnel. Induction or augmentation of labor with oxytocin may be initiated only after a qualified physician has evaluated the patient, determined that induction or augmentation is beneficial to the mother, fetus, or both, recorded the indication and established the plan of management. The physician initiating these procedures shall be readily accessible to manage complications that arise during infusion and a physician who has privileges to perform Caesarean deliveries shall be in consultation and readily accessible in order to manage any complications that require surgical intervention.

1442 19 CSR 30-20.126(6) - There shall be provision for isolation of

There shall be provision for isolation of infants with known or suspected infections or communicable diseases. Policies and procedures regarding isolation shall be integrated with the hospital infection control program.

1443 19 CSR 30-20.126(7) - Each newborn shall be identified by an

Each newborn shall be identified by an acceptable method which includes the name, date and time of birth, the infant's sex and the mother's hospital number.

1444 19 CSR 30-20.126(8) - A delivery room record shall be maintained.

A delivery room record shall be maintained.

1445 19 CSR 30-20.126(9) - A nursery shall be provided for care of the

A nursery shall be provided for care of the newborn.

1446 19 CSR 30-20.126(10) - Hospitals with an obstetrical service shall

Hospitals with an obstetrical service shall have at least one (1) premature-care incubator by an independent testing laboratory.

1447 19 CSR 30-20.126(11) - All cases of acute infectious conjunctivitis

All cases of acute infectious conjunctivitis (Ophthalmia neonatorum) shall be reported immediately to the individual(s) responsible for the infection control program and to the local or district health department in accordance with section 210.080, RSMo.

1448 19 CSR 30-20.126(12) - All cases of epidemic diarrhea of the newborn

All cases of epidemic diarrhea of the newborn shall be reported immediately to the individual(s) responsible for the infection control program and the local or district health department.

1449 19 CSR 30-20.126(13) - Resuscitation, suction, oxygen, monitoring

Resuscitation, suction, oxygen, monitoring and newborn temperature control equipment shall be available for the care of newborn. Supplies for the proper care of newborn shall be available.

1450 19 CSR 30-20.126(14) - An incubator or bassinet with controlled

An incubator or bassinet with controlled temperature shall be available for each delivery room and for transport to the nursery.

1451 19 CSR 30-20.126(15) - Space shall be provided for the preparation

Space shall be provided for the preparation or the handling and storage of formula. Separate refrigeration shall be provided for formula.

1452 19 CSR 30-20.126(16) - Eye care of newborn shall be in accordance

Eye care of newborn shall be in accordance with section 210.070, RSMo.

1453 19 CSR 30-20.126(17) - Written policies and procedures shall be

Written policies and procedures shall be established to provide safe transport of infants within the hospital or to another health-care facility.

1454 19 CSR 30-20.126(18) - Written policies and procedures governing

Written policies and procedures governing special care programs shall be approved by the medical staff and governing body.

1455 19 CSR 30-20.126(19) - There shall be a mechanism for the review and

There shall be a mechanism for the review and evaluation on a regular basis of the quality of obstetrical and newborn services provided.

1460 19 CSR 30-20.128(1) - The pediatric unit, if provided, shall be

The pediatric unit, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing the rules of the medical staff governing the quality and scope of pediatric services.

1461 19 CSR 30-20.128(2) - The pediatric unit shall be supervised by a

The pediatric unit shall be supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency.

1462 19 CSR 30-20.128(3) - The pediatric supervisor shall have the

The pediatric supervisor shall have the authority to implement and enforce hospital policies and procedures governing pediatric services and shall have the responsibility for evaluating the competency of nursing personnel assigned to pediatric services.

1463 19 CSR 30-20.128(4) - The pediatric unit shall be designed for

The pediatric unit shall be designed for specific needs of children and located apart from adult patients and the newborn.

1464 19 CSR 30-20.128(5) - The pediatric unit shall have at least one

The pediatric unit shall have at least one (1) room suitable for isolation.

1465 19 CSR 30-20.128(6) - Supplies and equipment required for

Supplies and equipment required for emergencies shall be readily available in the pediatric unit.

1466 19 CSR 30-20.128(7) - There shall be a mechanism for the review and

There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of pediatric services provided.

1470 19 CSR 30-20.130(1) - Post-anesthesia recovery services, if

Post-anesthesia recovery services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This director shall be responsible for implementing the rules of the medical staff governing post-anesthesia recovery services.

1471 19 CSR 30-20.130(2) - A qualified registered professional nurse

A qualified registered professional nurse shall direct and evaluate the nursing care provided by post-anesthesia recovery services.

1472 19 CSR 30-20.130(3) - A post-anesthesia recovery record documenting

A post-anesthesia recovery record documenting patient care shall be a permanent part of the patient's medical record.

1473 19 CSR 30-20.130(4) - Patients receiving post-anesthesia recovery

Patients receiving post-anesthesia recovery care shall be closely observed by qualified personnel until each patient is stabilized for safe transfer. Written procedures for discharge from the post-anesthesia recovery service shall be approved by the medical staff.

1474 19 CSR 30-20.130(5) - There shall be a mechanism for the review and

There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of post-anesthesia recovery services provided.

1480 19 CSR 30-20.132(1) - Emergency psychiatric care

Emergency psychiatric care.

1481 19 CSR 30-20.132(1)(A) - If the hospital does not have a psychiatric

If the hospital does not have a psychiatric unit, written policies and procedures shall be developed to provide for the safe management of patients requiring psychiatric services until they can be safely transferred to an appropriate facility.

1482 19 CSR 30-20.132(1)(B) - Written policies shall be established

Written policies shall be established regarding the use of restraints or seclusion . These restraints or seclusion shall be used only on the order of a physician. In the absence of a physician, a registered professional nurse shall make the decision that the use of a physical restraint or seclusion is the least restrictive procedure appropriate at the time of the emergency situation. The physician shall be notified immediately and a physician's order obtained as soon as possible after the occurrence of an emergency. Physicians' orders for use of physical restraints or seclusion shall be rewritten every twenty-four (24) hours. A full record of any restriction of activity for any patient shall be recorded on the nurses' notes and shall include the reason for restriction, the type of restriction used, the time of starting and ending the restriction and regular observations of the patient while restricted.

1483 19 CSR 30-20.132(2) - Acute psychiatric services. If a psychiatric

Acute psychiatric services. If a psychiatric unit is designed within the hospital, it shall comply with the following requirements as a minimum:

1484 19 CSR 30-20.132(2)(A) - Psychiatric services shall be under the

Psychiatric services shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. The director shall be responsible for implementing rules of the medical staff governing psychiatric privileges, quality and scope of care and patient safety;

1485 19 CSR 30-20.132(2)(B) - Psychiatric services shall be supervised by

Psychiatric services shall be supervised by a qualified registered professional nurse with relevant education, experience and demonstrated current competency;

1486 19 CSR 30-20.132(2)(C) - The psychiatric nursing supervisor shall have

The psychiatric nursing supervisor shall have the authority to implement and enforce hospital policies and procedures governing psychiatric care and shall have the responsibility for evaluating the competency of all nursing personnel assigned to psychiatric services;

1487 19 CSR 30-20.132(2)(D) - Appropriate registered nurse staffing

Appropriate registered nurse staffing patterns shall be developed to meet the care needs and activity demands of each patient in the psychiatric unit;

1488 19 CSR 30-20.132(2)(E) - New employees shall attend appropriate

New employees shall attend appropriate orientation, in-service and staff development programs prior to being considered part of the staff required to meet the minimum standards of patient care ;

1489 19 CSR 30-20.132(2)(F) - Written policies shall be established

Written policies shall be established regarding the use of restraints or seclusion . These restraints or seclusion shall be used only on the order of a physician. In the absence of a physician, a registered professional nurse shall make the decision that the use of a physical restraint or seclusion is the least restrictive procedure appropriate at the time of the emergency situation. The physician shall be notified immediately and a physician's order obtained as soon as possible after the occurrence of an emergency. Physician's orders for use of physical restraints or seclusion shall be rewritten every twenty-four (24) hours. A full record of any restriction of activity for any patient shall be recorded on the nurses' notes and shall include the reason for restriction, the type of restriction used, the time of starting and ending the restriction and regular observations of the patient while restricted;

1490 19 CSR 30-20.132(2)(G) - The social work services staff shall be

The social work services staff shall be available to participate as members of the treatment team , exchanging information and evaluations with the attending physician and other professional disciplines in order to insure a comprehensive treatment program for patients;

1491 19 CSR 30-20.132(2)(H) - Activity therapy services shall be available

Activity therapy services shall be available with the services provided under the direction of a qualified therapist. All therapy shall be given on the written order of a physician and documented in the patients' clinical records; and

1492 19 CSR 30-20.132(2)(I) - There shall be a mechanism for the review

There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of psychiatric services provided.

1500 19 CSR 30-20.134(1) - The rehabilitation services, if provided

The rehabilitation services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. The director shall be responsible for implementing rules of the medical staff governing the quality and scope of rehabilitation services.

1501 19 CSR 30-20.134(2) - Rehabilitation services shall be supervised

Rehabilitation services shall be supervised by a qualified physician or a qualified therapist with relevant education and experience.

1502 19 CSR 30-20.134(3) - Rehabilitation services shall be integrated

Rehabilitation services shall be integrated within the total organizational plan and the director shall assist in the formulation of policies and development of long-range planning affecting patient care.

1503 19 CSR 30-20.134(4) - Therapy shall be administered in accordance

Therapy shall be administered in accordance with a physician's written orders and shall be documented in the patient's medical record.

1504 19 CSR 30-20.134(5) - Rehabilitation services shall be provided by

Rehabilitation services shall be provided by qualified personnel. In-service shall be ongoing and documented.

1505 19 CSR 30-20.134(6) - Approved written policies and procedures

Approved written policies and procedures which define and describe the scope and conduct of rehabilitative care shall be reviewed annually and revised as necessary.

1506 19 CSR 30-20.134(7) - The qualified therapist shall evaluate and

The qualified therapist shall evaluate and reevaluate the therapy administered and this shall be documented in the patient's medical record.

1507 19 CSR 30-20.134(8) - Space and equipment shall be provided to meet

Space and equipment shall be provided to meet the needs of rehabilitation services. Space, supplies and equipment shall be maintained to ensure patient safety.

1508 19 CSR 30-20.134(9) - There shall be a mechanism for the review and

There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of rehabilitation services provided.

3300 19 CSR 30-20.070(1)(A) - Yrly Registration, Infectious Waste Generator

Application for Registration as a Hospital Infectious Waste Generator .
Annually every hospital shall submit to the Department of Health and Senior Services an application for registration as an infectious waste generator. The application shall be furnished by the Department of Health and Senior Services and is included herein.

3301 19 CSR 30-20.070(1)(B)(1) - Plan for Handling/Treatment of Inf. Waste

Application for Registration as a Hospital Infectious Waste Generator .
Each application shall include:
An operational plan for the handling and treatment of infectious waste as specified in 19 CSR 30-20. 114(1)(C).

3302 19 CSR 30-20.070(1)(B)(2) - Statement of Understanding and Compliance

Application for Registration as a Hospital Infectious Waste Generator .
Each application shall include:
A statement that the applicant understands and complies with sections 260.200-260.345, RSMo; 19 CSR 30-20.011; 19 CSR 30-20.114(1)(C); 10 CSR 80-2.010; and 10 CSR 80-7.010.

3303 19 CSR 30-20.070(1)(B)(3) - Signatures of CEO and Program Director

Application for Registration as a Hospital Infectious Waste Generator .
Each application shall include:
The signature of the hospital's chief executive officer and the director of the infectious waste management program .

3304 19 CSR 30-20.070(1)(C) - Review and Decision Within Thirty Days

Application for Registration as a Hospital Infectious Waste Generator .
The application shall be submitted annually. It shall be reviewed and denial or acceptance given within thirty (30) days after the Department of Health and Senior Services receives the application. If denied, specific reasons, with references, shall be given for the denial.

3305 19 CSR 30-20.070(1)(D) - Renewal Date Assignment

Application for Registration as a Hospital Infectious Waste Generator .
The date of annual registration of a licensed hospital as an infectious waste generator shall be the hospital license renewal date and a nonlicensed hospital shall be assigned an annual registration date.

3800 19 CSR 30-20.088(1) - Integration With Other Hospital Services

Central services shall be organized and integrated with patient care services in the hospital.

3801 19 CSR 30-20.088(2) - Qualifications of Central Services Director

The director of central services shall be qualified by education, training and experience in aseptic technique, principles of sterilization and disinfection, and distribution of medical/surgical supplies. The director shall be responsible to an administrative officer or a qualified designee .

3802 19 CSR 30-20.088(3) - Sufficient and Competent Staff

Sufficient supervisory and support staff shall be assigned as related to the scope of services provided.

3803 19 CSR 30-20.088(4) - Adequate Space

Sufficient space and equipment shall be provided for the safe and efficient operation of the services as determined by the scope of hospital services delivered.

3804 19 CSR 30-20.088(5) - Central Services Policies and Procedures

Policies and procedures shall define the activities and locations of all services provided, be reviewed and kept current per hospital policy, and be readily available to staff. Sterilization and disinfection standards of practice shall be established, kept current, and approved by the hospital's infection control committee.

3805 19 CSR 30-20.088(6) - Procedure for Obtaining Supplies

Written procedures shall specify how items stored in central services can be obtained when central services is considered closed.

3806 19 CSR 30-20.088(7) - Reprocessing Supplies

Reprocessed, reusable packaged item(s) shall be identified as to content, show evidence of sterilization, and be labeled indicating the sterilizer used and the load/cycle number. A policy on the shelf life of a packaged sterile item shall be established in accordance with acceptable standards of sterilization and dependent on the quality of the packaging material, storage conditions, and the amount of handling of the item.

3807 19 CSR 30-20.088(8) - Manufacturer Documentation

Central services shall maintain documentation from the manufacturer that packaging material utilized for reprocessing is appropriate for this use. Expiration dates shall comply with the packaging material utilized.

3808 19 CSR 30-20.088(9) - Handling and Storing Supplies

Sterile medical-surgical packaged items shall be handled only as necessary and stored in vermin-free areas where controlled ventilation, temperature and humidity are maintained. The integrity of sterile items shall be maintained throughout reprocessing, storage, distribution, and transportation.

3809 19 CSR 30-20.088(10) - Preventive Maintenance

Preventive maintenance of equipment shall not be performed less frequently than as recommended by the manufacturer or as specified by hospital policy. Records shall be maintained as specified by hospital policy. Records shall include documentation that items have been processed in accordance with the manufacturer's recommendations to obtain pathogenic microbial kill.

3810 19 CSR 30-20.088(11) - Policy to Eliminate Reprocessing Hazards

Hospital policy shall be developed based on the manufacturer's recommendations to eliminate the hazards from processed items to patients and staff.

3900 19 CSR 30-20.090(1)(A-D) - Food Svcs Dir Qualifications/Responsibilities

The hospital shall have an employee or contracted individual designated who-

(A) Serves as director of food and nutrition services;

(B) Is responsible for the daily management of the food and nutrition services;

(C) Is qualified by education, training, and experience in food service management and nutrition through an approved course for certification by the Dietary Managers Association or registration by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics, or an associate degree in dietetics or food systems management; and

(D) Has documented evidence of annual continuing education.

3901 19 CSR 30-20.090(2) - Duties of Consulting Dietitian

When the director is not a qualified dietitian, a qualified dietitian shall be employed on a part-time or consultant basis. The dietitian shall make visits to the facility to assist in meeting the nutritional needs of the patients and the scope of services offered.

3902 19 CSR 30-20.090(3)(A-B) - Qualified Dietitian Responsibilities

The director shall ensure that a qualified dietitian provides high quality nutritional care to patients in accordance with recognized dietary practices as evidenced by the following:

- (A) Continuing liaison with the administration, medical staff, and nursing staff; and
- (B) Evaluation and approval of the planned written menus including regular and routine modified diets for nutritional adequacy.

3903 19 CSR 30-20.090(4)(A-E) - Food Service Director/Designee Mandates

The director or designee shall ensure the following:

- (A) Patient and family counseling and diet instructions;
- (B) Nutritional screening within twentyfour (24) hours of inpatient admission to identify patients at nutritional risk. The hospital shall develop criteria to use in conducting the nutritional screening and staff who conduct the screening shall be trained to use the criteria;
- (C) Comprehensive nutritional assessments within seventy-two (72) hours after screens on patients at nutritional risk, including height, weight, and pertinent laboratory tests;
- (D) Documentation of pertinent information in patient's records, as appropriate; and
- (E) Participation in committee activities concerned with nutritional care.

3904 19 CSR 30-20.090(5)(A-F) - Additional FS Director/Designee Mandates

The director or designee shall be responsible for-

- (A) Representing the food and nutrition service in interdepartmental meetings;
- (B) Recommending the quantity and quality of food purchased;
- (C) Participating in the selection, orientation, training, scheduling, and supervision of food and nutrition personnel;
- (D) Developing a procedure to provide appropriate substitutions or a selective menu for patients with food preferences and/or intolerances;
- (E) Monitoring adherence to the written planned menu; and
- (F) Scheduling food and nutrition services meetings.

3905 19 CSR 30-20.090(6) - Consultant Dietitian Collaboration with CEO

When the qualified dietitian serves as a consultant, written reports shall be submitted to and approved by the chief executive officer or designee concerning the services provided .

3906 19 CSR 30-20.090(7) - Food and Nutrition Services P&P

The director shall have the authority to implement written policies and procedures governing food and nutrition services and shall have the responsibility for evaluating and monitoring to ensure they are followed. The policies and procedures shall include processes to ensure appropriate nutritional care and clinically-indicated nutritional interventions are provided during the admission. Nutritional care planning shall be a component of the overall discharge plan when clinically indicated. Policies and procedures shall be reviewed and kept current per hospital policy and readily available to staff.

3907 19 CSR 30-20.090(8) - Sufficient and Competent Staff

Food and nutrition services shall be staffed with a sufficient number of qualified personnel.

3908 19 CSR 30-20.090(9) - Adherence to Menu Plans

Menus shall be planned, written, and followed to meet the nutritional needs of the patients as determined by the recommended dietary allowances (RDA) of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, or as modified by physician's order.

3909 19 CSR 30-20.090(10) - Diet Manual

Diets shall be prescribed in accordance with the diet manual approved by the qualified dietitian and the medical staff. The diet manual shall be available to all medical, nursing, and food service personnel.

3910 19 CSR 30-20.090(11) - Provision of Three Meals/Snacks

At least three (3) meals or their equivalent shall be offered with supplementary snacks as necessary.

3911 19 CSR 30-20.090(12) - Maintenance of Food Services Records

Food and nutrition records shall be maintained which include: food specifications and purchase orders; meal count; standardized recipes; menu plans; nutritional evaluation of menus; and minutes of departmental and in service education meetings.

3912 19 CSR 30-20.090(13) - Compliance with Food Establishment Regs

The food and nutrition services shall comply with 19 CSR 20-1.025 Sanitation of Food Establishments.

3913 19 CSR 30-20.090(14) - Monitoring Contractor Compliance via QAPI

When there is a contract to provide food and nutrition services to a hospital, the hospital is responsible for assuring that contractual services comply with rules concerning food and nutrition services in hospitals.

4100 19 CSR 30-20.094(1) - Qualifications of Medical Records Director

The director of the medical record services shall be appointed by the chief executive officer or chief operating officer. This director may be a registered health information administrator, a health information technician, or an individual with demonstrated competence and knowledge of medical record department activities supervised by a qualified consultant who is a registered health information administrator or health information technician.

4101 19 CSR 30-20.094(2) - Legible, Dated, Timed, Signed, Recorded

All patient care documentation shall be entered in the patient's medical record promptly. Such documentation shall be legible, dated, timed, authenticated, and recorded.

4102 19 CSR 30-20.094(3) - Order Authentication Within Thirty Days

All orders, including verbal orders, shall be dated, timed, and authenticated according to hospital policy, but no later than thirty (30) days, by the ordering practitioner or another practitioner who is responsible for the care of the patient and authorized to write orders by hospital policy and shall be kept in the patient's medical record. Authentication shall consist of written signatures, initials, or computer-generated signature codes.

4103 19 CSR 30-20.094(4) - Approved Abbreviation List

The hospital shall have a written policy that includes abbreviations, acronyms, symbols, and dose designations approved by the medical staff for use in the hospitals and those prohibited from use in the hospital. The prohibited list applies to all orders, preprinted forms and medication related documentation.

4104 19 CSR 30-20.094(5) - Medical Record Maintenance and Retrieval

The medical record of each patient shall be maintained in order to justify admission and continued hospitalization, support the diagnosis, describe the patient's progress and response to medications and services, and to facilitate rapid retrieval and utilization by authorized personnel.

4105 19 CSR 30-20.094(6) - Removal of Med Records from the Hospital

Medical records are the property of the hospital and shall not be removed from the hospital except by court order, subpoena, or for off-site storage approved by the governing body.

4106 19 CSR 30-20.094(7) - Release of Medical Records

Written consent of the patient or the patient's legal representative is required for access to or release of information, copies or excerpts from the medical record to persons not otherwise authorized to receive this information.

4107 19 CSR 30-20.094(8) - Medical Record Completion

Patient records shall be considered complete when the required contents are assembled and authenticated. Hospital policy shall define circumstances in which incomplete medical records may be closed.

4108 19 CSR 30-20.094(9)(A) - H&P Completion, Authentication

All medical records shall include, as appropriate:

A medical history and physical examination completed and authenticated no more than thirty (30) days before or twenty-four (24) hours after admissions or registration, but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies. The medical history and physical examination shall be placed in the patient's medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies.

4109 19 CSR 30-20.094(9)(B) - Updating History and Physicals

All medical records shall include, as appropriate:

An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within thirty (30) days before admission or registration. Documentation of the updated examination shall be placed in the patient's medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies

4110 19 CSR 30-20.094(9)(C) - Admitting Diagnosis Requirement

All medical records shall include, as appropriate:
Admitting diagnosis.

4111 19 CSR 30-20.094(9)(D) - Consultation Results

All medical records shall include, as appropriate:

Results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patient.

4112 19 CSR 30-20.094(9)(E) - Documentation of Complications, HAI, A/R

All medical records shall include, as appropriate:

Documentation of complications, healthcare-associated infections, and unfavorable reactions to drugs and anesthesia.

4113 19 CSR 30-20.094(9)(F) - Informed Consents

All medical records shall include, as appropriate:

Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by federal or state law if applicable, requiring written patient consent.

4114 19 CSR 30-20.094(9)(G) - Required Medical Record Components

All medical records shall include, as appropriate:

All practitioners' orders, nursing notes, reports of treatment, medication records, radiology, laboratory reports, vital signs, and other information necessary to monitor the patient's condition.

4115 19 CSR 30-20.094(9)(H) - Discharge Summary

All medical records shall include, as appropriate:
Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care.

4116 19 CSR 30-20.094(9)(I) - Final Diagnosis Within Thirty Days

All medical records shall include, as appropriate:
Final diagnosis with completion of medical records within thirty (30) days following discharge.

4117 19 CSR 30-20.094(10) - Birth Certificate Within Five Days

A certificate of live birth shall be prepared for each child born alive and shall be forwarded to the local registrar , or as otherwise directed by the state registrar within five (5) days after the date of delivery. If the physician or other person in attendance does not certify to the facts of birth within five (5) days after the birth, the person in charge of the institution shall complete and sign the certificate.

4118 19 CSR 30-20.094(11) - Fetal Death Report Within Seven Days

When a dead fetus is delivered in an institution, the person in charge of the institution or his/her designated representative shall prepare and, within seven (7) days after delivery, file a report of fetal death with the local registrar or as otherwise directed by the state registrar.

4119 19 CSR 30-20.094(12) - Documentation of Autopsy

Medical records of deceased patients shall contain the date and time of death, autopsy permit, if granted, disposition of the body, by whom received and when.

4120 19 CSR 30-20.094(13) - Reporting Unclaimed Body to State Board

The State Anatomical Board shall be notified of an unclaimed dead body . A record of this notification shall be maintained.

4121 19 CSR 30-20.094(14) - Medical Record Protection, Maintenance

The patient's medical records shall be maintained to safeguard against loss, defacement, unauthorized access, and tampering and to prevent damage from fire and water. Medical records shall be preserved in a permanent file in the original, on microfilm, or other electronic media. Patients' medical records shall be retained for a minimum of ten (10) years, except that a minor shall have his/her record retained until his/her twentieth birthday, whichever occurs later. Preservation of medical records may be extended by the hospital for clinical, educational, statistical, or administrative purposes.

4122 19 CSR 30-20.094(15) - Participation in QAPI, Eval of Effectiveness

There shall be a process for the review and evaluation on a regular basis of the quality of medical record services.

4123 19 CSR 30-20.094(16) - Disposition of Medical Records

Should the hospital cease to be licensed, arrangements for disposition of the patient medical records shall be made with nearby hospitals, the patient's physician, or a reliable storage company. Notification of the disposition is to be provided to the Department of Health and Senior Services.

4200 19 CSR 30-20.096(1) - Integration With Other Hospital Services

The nursing service shall be integrated and identified within the total hospital organizational structure.

4201 19 CSR 30-20.096(2) - Written Organizational Plan

The nursing service shall have a written organizational structure that indicates lines of authority, accountability, and communication.

4202 19 CSR 30-20.096(3) - Staffing to Meet the Needs of Patients

The organization of the nursing service shall conform with the variety of patient care services offered and the range of nursing care activities.

4203 19 CSR 30-20.096(4) - Nursing Services Policies and Procedures

Nursing policies and standards of practice describing patient care shall be in writing and be kept current and readily available to staff.

4204 19 CSR 30-20.096(5) - Collaboration of Nursing, Other Disciplines

Policies shall provide for the collaboration of nursing personnel with members of the medical staff and other health care disciplines regarding patient care issues.

4205 19 CSR 30-20.096(6) - Nursing Services Oversight Committee

Nursing service policies shall establish an appropriate committee structure to oversee and assist in the provision of quality nursing care. The purpose and function of each committee shall be defined and a record of its activities shall be maintained.

4206 19 CSR 30-20.096(7) - Committee Participation of Nursing Staff

Policies shall make provision for nursing personnel to be participants of hospital committees concerned with patient care activities.

4207 19 CSR 30-20.096(8) - Overtime Policies

Policies shall be developed regarding the use of overtime. The policies shall be based on the following standards:

4208 19 CSR 30-20.096(8)(A)(1-4) - Doc of Efforts to Prevent Mandatory OT

Overtime shall not be mandated for any licensed nursing personnel except when an unexpected nurse staffing shortage arises that involves a substantial risk to patient safety and a reasonable effort has been made to secure safe staffing. Reasonable efforts undertaken shall be documented by the hospital. Reasonable efforts shall include pursuing all of the following:

1. Reassigning on-duty staff;
2. Seeking volunteers to work extra time from all available qualified nursing staff who are presently working ;
3. Contacting qualified off-duty employees who have made themselves available to work extra time, per diem staff, float pool, and flex team nurses; and
4. Seeking personnel from a contracted temporary agency or agencies when such staffing is permitted by law or an applicable collective bargaining agreement and when the employer regularly uses the contracted temporary agency or agencies.

4209 19 CSR 30-20.096(8)(B) - Mandatory OT Due to Emergencies

The prohibition of mandatory overtime does not apply to overtime work that occurs because of an unforeseeable emergency or when a hospital and a subsection of nurses commit, in writing, to a set, predetermined staffing schedule or prescheduled on-call time. An unforeseeable emergency is defined as a period of unusual, unpredictable, or unforeseeable circumstances such as, but not limited to, an act of terrorism, a disease outbreak, adverse weather conditions, or natural disasters which impact patient care and which prevent replacement staff from reporting for duty.

4210 19 CSR 30-20.096(8)(C) - Overtime Jeopardizing Patient Safety

Other than overtime permitted under subsections (8)(A) and (B), the facility is prohibited from requiring a nurse to work additional consecutive hours beyond the nurse's predetermined schedule of hours when doing so may, in the nurse's judgment, jeopardize patient safety and from taking action against a nurse on the grounds that a nurse failed to work the additional hours or when a nurse declines to work additional consecutive hours.

4211 19 CSR 30-20.096(8)(D) - Twelve Hour Shifts/Ten Hour Rest Periods

Nurses required to work more than twelve (12) consecutive hours under subsections (8)(A) or (B) shall be provided the option to have at least ten (10) consecutive hours of uninterrupted off-duty time immediately following the worked time.

4212 19 CSR 30-20.096(8)(E) - On Call/Back Up Nurse Staffing

The nursing service shall maintain and make available upon request to the department a list of qualified nurses, nurse registries, and per diem nurses that may be called upon to provide replacement staff in the event of sickness, vacations, vacancies, disasters, and other absences of direct care nursing staff.

4213 19 CSR 30-20.096(9) - Qualifications of Nursing Services Director

The nursing service shall be administered and directed by a qualified registered professional nurse with appropriate education, experience, and demonstrated ability in nursing practice and management.

4214 19 CSR 30-20.096(10) - Nursing Administrator Responsible to CEO

The nursing service administrator shall be responsible to the chief executive officer or chief operating officer.

4215 19 CSR 30-20.096(11) - FT Nursing Admin, Participation in QAPI

The nursing service administrator shall be a full-time employee and shall have the authority and be accountable for assuring the provision of quality nursing care for those patient areas delineated in the organizational structure.

4216 19 CSR 30-20.096(12) - Participation in Pt Care P&P Formulation

The nursing service administrator shall participate in the formulation of hospital policies and the development of long-range plans relating to patient care.

4217 19 CSR 30-20.096(13) - Representation at Medical Staff, GB Mtgs

The nursing service administrator, or designee, shall represent nursing at all appropriate meetings of the medical staff and governing board of the hospital.

4218 19 CSR 30-20.096(14) - Selecting, Promoting, and Terminating Staff

The nursing service administrator shall be accountable for the selection, promotion, and termination of all nursing personnel under the authority of nursing service.

4219 19 CSR 30-20.096(15) - Qualified RN Authorized to Sub For NS Dir

A qualified registered professional nurse shall be designated and authorized to act in the absence of the nursing service administrator.

4220 19 CSR 30-20.096(16) - Valid Current Nursing License Requirement

Nursing personnel shall hold a valid and current license in accordance with sections 335.011-335.096, RSMo.

4221 19 CSR 30-20.096(17) - Job Descriptions for Nursing Staff

There shall be a job description for each classification of nursing personnel which delineates the specific qualifications, licensure, certification, authority, responsibilities, functions, and performance standards for that classification. Job descriptions shall be reviewed per hospital policy and revised as necessary to reflect current job requirements.

4222 19 CSR 30-20.096(18) - Annual Evaluations of Job Performance

There shall be scheduled annual evaluations of job performance for all classifications of nursing personnel.

4223 19 CSR 30-20.096(19) - Orientation of New Staff, Competencies

All nursing personnel shall be oriented to the hospital, nursing services, their position classification, the use of overtime, and the nursing service regulation 19 CSR 30-20.096. The orientation shall be of sufficient length and content to prepare nursing personnel for their specified duties and responsibilities. Competency shall be validated and documented prior to assuming independent performance in actual patient situations.

4224 19 CSR 30-20.096(20) - Documentation of Staff Meetings

Nursing personnel meetings shall be conducted at intervals necessary for leadership and to communicate management information. Separate meetings for the various job classifications of personnel may be conducted. Minutes of all meetings shall be maintained and reflect attendance, scope of discussion, and action(s) taken. The minutes shall be filed according to hospital policy.

4225 19 CSR 30-20.096(21) - Annual Nurse Staffing Plan to DHSS

By January 15 of each year, every hospital shall develop, implement, and submit to the Department of Health and Senior Services, a written or electronic copy of the hospital-wide staffing plan for nursing services. Every hospital shall have a policy that requires the input on the staffing plan from direct care nursing staff from within the hospital.

4226 19 CSR 30-20.096(22)(A-E) - Hospital-Wide Nurse Staffing Plan

The hospital-wide staffing plan for nursing services shall:

- (A) Include the number, skill mix, and qualifications of direct care nursing staff needed for each unit of the hospital;
- (B) Be based on the expected nursing care required by the unit population and individual needs of each patient. The expected unit population and individual nursing care needs of each patient shall be the major consideration in determining the number and skill mix of direct care nursing staff needed;
- (C) Identify relevant factors in each hospital unit including, but not limited to, the number of patients in a unit; intensity of care required; skill and experience of care givers including registered nurses, licensed practical nurses, ancillary personnel, and other members of the patient care team consistent with the level of authority and responsibility delegated under state licensure; admission, discharge, and transfers; nonpatient care duties; geography of a unit; and the availability of technological support;
- (D) Provide for documentation of the actual staffing plan; and
- (E) Nurses included in the staffing plan count shall spend a minimum of seventy-five percent (75%) of their time providing direct patient care.

4227 19 CSR 30-20.096(23)(A-C) - Eval of Pt Outcomes via QAPI, Req Elements

Every hospital shall establish nursing sensitive indicators and monitor outcomes of these indicators to evaluate the adequacy of the hospital-wide staffing plan for nursing services. At least one (1) of each of the following three (3) types of outcomes shall be used to evaluate the adequacy of the staffing plan:

- (A) Patient outcomes such as patient falls, adverse drug events, injuries to patients, skin breakdown, infection rates, length of stay, or patient readmissions;
- (B) Operational outcomes such as work-related injury or illness, vacancy and turnover rates, nursing care hours per patient day, on call use, or overtime rates; and
- (C) Validated patient complaints related to staffing levels.

4228 19 CSR 30-20.096(24) - QAPI Eval of Staffing Plan Effectiveness

The hospital shall, in consultation with its direct care nursing staff, monitor and evaluate the hospital-wide staffing plan and nursing sensitive outcomes for effectiveness on a continual basis and revise the plan annually and as necessary.

4229 19 CSR 30-20.096(25) - Staffing Methodology Utilizing Skill Mix

Each facility shall develop and utilize a methodology which ensures it is staffed with sufficient numbers and skill mix of appropriately qualified direct care nursing staff in each unit to meet the unit population and individualized care needs of the patients. Each unit shall document actual staffing and patient census during every shift.

4230 19 CSR 30-20.096(26) - Minimum Staffing

At a minimum, there shall be a sufficient number of registered professional nurses on duty at all times to provide patient care requiring the judgment and skills of a registered professional nurse and to supervise the activities of all nursing personnel.

4231 19 CSR 30-20.096(27) - Staffing Using Standards of Nursing Practice

There shall be sufficient licensed and ancillary nursing personnel on duty on each nursing unit to meet the needs of each patient in accordance with accepted standards of nursing practice.

4232 19 CSR 30-20.096(28) - Posting Nurse Staffing Plan

Each nursing unit shall post in a visible location on the nursing unit or make available to the patient(s) or patient's authorized representative a copy of the unit's hospital-wide staffing plan for nursing services and documentation of actual daily staffing levels.

4233 19 CSR 30-20.096(29) - Patient Care Assignments

Patient care assignments shall be consistent with the qualifications of the nursing personnel and the identified patient needs.

4234 19 CSR 30-20.096(30) - Nursing Assessment by RN Within 24 Hours

A registered professional nurse shall assess the patient's needs for nursing care in all settings where nursing care is provided. A nursing assessment shall be completed within twenty-four (24) hours of admission as an inpatient. The registered professional nurse may be assisted in the process by other qualified nursing staff members.

4235 19 CSR 30-20.096(31) - Comprehensive Nursing Care Plan

Evidence of planning the patient's care, education, and discharge needs shall be addressed, kept current, and appropriately documented in the medical records.

4236 19 CSR 30-20.096(32) - Adequate Supplies, Equip to Meet Pt Needs

The necessary types and quantities of supplies and equipment shall be available to meet the current needs of each patient. Reference materials pertinent to patient care shall be readily accessible.

4400 19 CSR 30-20.098(1) - Timely Test Results

Provision shall be made, either on the premises or by contract with a reference laboratory, for the prompt performance of adequate examinations in the fields of hematology, clinical chemistry, urinalysis, microbiology, immunology, anatomic pathology, cytology and immunohematology.

4401 19 CSR 30-20.098(2) - Qualifications of Medical Director

The medical director of the pathology and medical laboratory services shall be a physician who is a member of the medical staff and appointed by the governing body. If the director is not a pathologist, a pathologist shall be retained on a part-time basis as a consultant on-site. Consultation shall be provided no less than monthly. A written report of the consultant's evaluation and recommendations shall be submitted after each visit.

4402 19 CSR 30-20.098(3) - Integration With Other Services, QAPI

Pathology and medical laboratory services shall be integrated with other hospital services. The pathologist(s) shall have an active role in in-service educational programs and in medical staff functions, the laboratory quality assurance program and shall participate in committees that review tissue, infection control, and blood usage.

4403 19 CSR 30-20.098(4) - Sufficient and Competent Staff

There shall be sufficient qualified laboratory technologists and supportive technical staff currently competent in their field to perform the tests required. Laboratory personnel shall have the opportunity for continuing education.

4404 19 CSR 30-20.098(5) - Tests Only With Order, Specimen Labeled

The laboratory shall perform tests for and examine specimens from hospital patients only on the order of a medical staff member or authorized personnel as stated in the medical staff bylaws. The laboratory shall perform tests and examine specimens from other sources only on the order of a medical staff member or authorized personnel as stated in the medical staff bylaws. Test orders received by the laboratory shall clearly identify the patient, the source of the order, the tests required, and the date. Orders for examinations of surgical specimens shall contain necessary clinical information.

4405 19 CSR 30-20.098(6) - Lab Procs, Manufacturers Recommendation

The laboratory shall maintain complete written or electronic instructions for specimen collection and processing, storage, testing, and reporting of results. The instructions shall at a minimum follow the manufacturer's recommendation and include, but not be limited to, a step-by-step description of the testing procedure, reagent use and storage, control and calibration procedures, and pertinent literature references.

4406 19 CSR 30-20.098(7) - Test Result Retention

Dated reports of all laboratory examinations shall become a part of the patient's medical record. If the original report from a reference laboratory is not part of the patient's record, the original shall be retained and retrievable for a period of not less than two (2) years. Dated reports of tests on outpatients and from referring laboratories shall be sent promptly to the individual or facility ordering the test. Copies of all laboratory tests and examinations shall be retained and retrievable for at least two (2) years.

4407 19 CSR 30-20.098(8) - Retention of Equip Maint, Testing Records

Instruments and equipment shall be evaluated following the manufacturer's recommendations at a minimum to insure that they function properly at all times. Records shall be maintained per hospital's record retention policy for each piece of equipment, showing the date of inspection, calibration, performance evaluation, and action taken to correct deficiencies. Temperatures shall be recorded daily for all temperature-controlled instruments.

4408 19 CSR 30-20.098(9) - Quality Control Program Test Records

Each section of the pathology and medical laboratory shall have a written quality control program to verify accuracy, measure precision, and detect error. Quality control results shall be documented and retained for at least two (2) years.

4409 19 CSR 30-20.098(10) - Proficiency Testing

The hospital laboratory shall successfully participate in a proficiency testing program covering all anatomical and clinical specialties in which the laboratory performs tests and in which proficiency testing is available. Laboratory tests without a proficiency testing program shall be validated twice per year. Records shall be maintained for at least two (2) years.

4410 19 CSR 30-20.098(11) - Specimens Submitted for Pathology

All specimens, except for teeth and foreign objects, removed during a surgical, diagnostic, or other procedure shall be submitted for pathologic examination, except for specimens that have been previously determined to be exempt. Specimens submitted for pathological examination shall be accompanied by pertinent clinical information. Specimens exempted from pathologic examination shall be those for which examination does not add to the diagnosis, treatment or prognosis, shall be determined by the medical staff in consultation with the pathologist, and shall be documented in writing. When the specimen is not submitted for pathological examination, a report of the removal must be present in the patient's medical record. Specimens requiring only a gross description and diagnosis shall be determined by the medical staff in consultation with the pathologist and shall be documented in writing.

4411 19 CSR 30-20.098(12) - Autopsy Services

An autopsy service shall be available to meet the needs of the hospital. Each autopsy shall be performed by, or under the supervision of, a pathologist or a physician whose credentials document his/her qualifications in anatomical pathology. All microscopic interpretations shall be made by a pathologist who is qualified in anatomical pathology.

4412 19 CSR 30-20.098(13) - Blood and Blood Product Supply and Storage

At all times there shall be an established procedure for obtaining a supply of blood and blood components. Facilities for the safekeeping and safe administration of blood and blood products shall be provided. Positive patient identification shall be provided through two (2) unique patient identifiers. The refrigerator used for the routine storage of blood for transfusion shall maintain a temperature between one degree and six degrees Celsius (1°-6° C) and this temperature shall be verified by an outside recording thermometer. This refrigerator shall be constantly monitored by an audible and visible alarm that is located in an area that is staffed at all times. The alarm shall be battery-operated or powered by a circuit different from the one supplying the refrigerator. This refrigerator shall be on the power line supplied by the emergency generator.

4413 19 CSR 30-20.098(14) - Safety Equipment

The hospital shall provide safety equipment for laboratory employees that includes, but is not limited to, appropriate personal protective equipment.

4414 19 CSR 30-20.098(15) - Hazardous Materials

Laboratories employing quantities of flammable, combustible, or hazardous materials which are considered a severe hazard shall be protected in accordance with the Safety Standards for Laboratories in Health-Related Institutions 1980 which are incorporated by reference in this rule and is published by the National Fire Protection Association, Chapter 8 of NFPA 101 Life Safety Code, 2000 Edition, NFPA Headquarters, 1 Batterymarch Park, Quincy, MA 02169. This rule does not incorporate any subsequent amendments or additions.

4415 19 CSR 30-20.098(16) - Provision of Reports

The hospital shall provide reports to the department as required by 19 CSR 10-33.050 and section 192.131, RSMo.

4700 19 CSR 30-20.104(1)(A-C) - SW Dir Qualification and Responsibilities

The hospital shall have an employee designated who-

- (A) Serves as the director of social services;
- (B) Is responsible for the daily management of social services; and
- (C) Is qualified by education, training, and experience.

4701 19 CSR 30-20.104(2) - Qualified Social Worker/Consultant Duties

When the director is not a qualified social worker, a qualified social worker shall be employed on a part-time or consultant basis. The qualified social worker shall make visits to the facility to monitor and evaluate the psychosocial and discharge planning needs of the patients.

4702 19 CSR 30-20.104(3) - Social Service Program Requirements

The social service program shall include: care coordination, a method of screening to determine the psychosocial and discharge planning needs of the patient; a method for assessing and documenting such needs and of providing appropriate social service interventions, including discharge planning and counseling; and a process for referrals to community agencies when appropriate.

4703 19 CSR 30-20.104(4) - Integration With Other Svcs, SW Assess/Plan

Social services including discharge planning shall be integrated with other direct patient-care services of the hospitals. A social service assessment and plan of action shall be implemented for each patient who has need for social services.

4704 19 CSR 30-20.104(5) - Outpatient Policies and Procedures

Written policies and procedures relating to the quality and scope of social services shall be reviewed and kept current.

4705 19 CSR 30-20.104(6) - Freestanding Rehab Hosp Must Provide SW

Freestanding rehabilitation hospitals and rehabilitation distinct part units shall make social services available to identify and help resolve personal and social problems interfering with the rehabilitation process; enhance the social functioning of patients; help patients understand and effectively use medical and rehabilitation services; help families of patients adjust to the patient's disability and participate effectively in the rehabilitation program; and identify and develop resources within the rehabilitation hospital and the community which are needed by patients.

4706 19 CSR 30-20.104(7) - Freestanding Psych Hosp Must Provide SW

Freestanding psychiatric hospitals and psychiatric distinct part units shall have social services staff. Their purpose shall be to identify and help resolve personal and social problems interfering with the treatment process, enhance the social functioning of patients; help patients understand and effectively use medical and psychiatric services, help families of patients adjust to the patient's disability and participate effectively in the treatment program and identify and develop resources within the behavioral health hospital or unit and the community which are needed by patients.

4707 19 CSR 30-20.104(7)(A) - FSH SW Dir Qualification and Responsibilities

There shall be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. The director of social services shall have a master's degree from an accredited school of social work or shall be qualified by education and experience in the social services needs of the mentally ill. If the director of social services does not hold a master's degree in social work, at least one (1) staff member shall have this qualification.

4708 19 CSR 30-20.104(7)(B) - FSH Interdisc Team Mtgs, Documentation

The social services staff shall participate as members of the treatment team, exchanging information and evaluations with the physician and other professional disciplines in order to ensure a comprehensive treatment program for patients. Essential information regarding the patients' social situation and social history shall be recorded in the patient's chart to aid the treatment team and other disciplines in understanding the patient and developing an appropriate plan of treatment.

4900 19 CSR 30-20.108(1) - Compliance with NFPA

Each hospital shall comply with the " Operating Features " requirements of Chapter 19 of NFPA 101, 2000. New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment shall be maintained so that the building and its various operating systems comply with NFPA 99, 1999 and NFPA 101, 2000, which are incorporated by reference in this rule and are published by the National Fire Protection Association (NFPA), NFPA Headquarters, 1 Batterymarch Park, Quincy, MA 02169. This rule does not incorporate any subsequent amendments or additions. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and safety regulations in effect at the time of their construction.

4901 19 CSR 30-20.108(2) - Hospital Shall be Maintained in Good Repair

Each hospital shall be maintained in good repair to facilitate the maintenance of an appropriate health care delivery environment and to minimize hazards.

4902 19 CSR 30-20.108(3) - Process for ID/Abatement of Safety Hazards

Each hospital shall develop a process for the identification and abatement of occupant safety hazards in their facilities. Any safety hazard or threat to the general safety of patients, staff, or the public shall be corrected.

4903 19 CSR 30-20.108(4) - Disaster Plan

Each hospital shall develop and maintain current a disaster plan which is specified to its facility for response to man-made or natural disasters. Chapter 11 of NFPA 99, 1999 which is incorporated by reference in this rule and is published by the National Fire Protection Association (NFPA), NFPA Headquarters, 1 Batterymarch Park, Quincy, MA 02169, shall be used as a guide in the preparation and revision of the hospital's health care disaster plan. This rule does not incorporate any subsequent amendments or additions.

4904 19 CSR 30-20.108(5) - Interval Testing/Maint of Fire Prot Devices

Fire detection and alarm systems, smoke containment and evacuation systems, exit lighting, fire and smoke doors, and other equipment required by this rule shall be tested at intervals not to exceed six (6) months and shall be continuously maintained in proper operating condition. Automatic sprinkler systems will be tested in accordance with 101 NFPA 2000, section 9.7.5, which is incorporated by reference in this rule and is published by the National Fire Protection Association (NFPA), NFPA Headquarters, 1 Batterymarch Park, Quincy, MA 02169. This rule does not incorporate any subsequent amendments or additions.

4905 19 CSR 30-20.108(6) - Fire-Retardant Protective Panel Coatings

Fire-retardant protective coatings shall be applied to paneling and other materials at intervals as necessary to maintain the required flame-retardant properties.

4906 19 CSR 30-20.108(7) - Flame-Retardant Curtains and Draperies

All draperies, curtains, and cubicle curtains shall be inherently flame-retardant or treated and maintained to retard flame.

4907 19 CSR 30-20.108(8) - Written Fire Safety and Evacuation Plan

A written fire safety and evacuation plan shall be available to all personnel. The plan shall provide for the protection of all persons in the event of fire and for their evacuation to areas of refuge in or outside the building when necessary. All employees shall be periodically instructed and kept informed respecting their duties under the plan.

4908 19 CSR 30-20.108(9) - Fire Drill at Least Quarterly For Each Shift

Fire drills shall be held at least quarterly for each shift and shall include the simulated use of fire alarm signals and simulation of emergency fire conditions. The movement of patients is not required.

5000 19 CSR 30-20.110(1) - Orientation and Cont Education of Staff

There shall be an orientation and continuing education program for the development and improvement of necessary skills and knowledge of the facility personnel.

5001 19 CSR 30-20.110(2) - Scope and Duration of Staff Training

The orientation program shall be of the scope and duration necessary to effectively prepare personnel new to a unit for their assigned duties and responsibilities based on job descriptions. Temporary personnel shall have documented evidence of hospital and unit specific orientation prior to providing direct patient care.

5002 19 CSR 30-20.110(3) - Doc of Educ Programs, Record Retention

Educational programs shall be conducted using internal or external resources and shall be planned and documented. Documentation on the topic, presenter, date/time of presentation, and the program attendance shall be available.

5003 19 CSR 30-20.110(4) - Educational Resources and References

Educational resources and suitable references shall be identified and supplied as needed for the staff of each department or unit that provides direct patient care.

5004 19 CSR 30-20.110(5) - Participation in QAPI, Eval of Effectiveness

The orientation and continuing education program shall participate in the performance improvement process and shall provide evaluation opportunities appropriate to its goals and objectives.

5005 19 CSR 30-20.110(6)(A) - Training Appropriate for Job Duties

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Problems and needs of specific age groups, chronically ill, acutely ill, and disabled patients.

5006 19 CSR 30-20.110(6)(B) - Inf Cont and Universal Precautions Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Prevention, cause, effect, transmission, and control of infections including universal precautions.

5007 19 CSR 30-20.110(6)(C) - Reporting Infections and Injuries Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Reporting employee infections and injuries.

5008 19 CSR 30-20.110(6)(D) - Cust Serv, Teamwork, and Comm Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Customer service, teamwork, and communication skills.

5009 19 CSR 30-20.110(6)(E) - Fire Prev, Safety, and Accident Prev Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Fire prevention, safety, and accident prevention.

5010 19 CSR 30-20.110(6)(F) - Pt Rights, Complaints/Grievances,HIPAA Trng

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Patient rights including dignity, handling grievances, Health Insurance Portability and Privacy Act of 1996 (HIPAA), and privacy issues.

5011 19 CSR 30-20.110(6)(G) - CPR and First Aid Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Licensed nursing personnel training on basic cardiac life support and choking prevention and intervention.

5012 19 CSR 30-20.110(6)(H) - Safety Risk Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Prevention, identification, minimization, and reporting of patient and employee safety risks.

5013 19 CSR 30-20.110(6)(I) - Abuse and Neglect Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Prevention, detection, intervention, and reporting abuse and neglect.

5014 19 CSR 30-20.110(6)(J) - Disaster Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Responsibilities during internal and external disasters.

5015 19 CSR 30-20.110(6)(K) - Tobacco Free Policy Training

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Tobacco-free policy.

5016 19 CSR 30-20.110(6)(L) - Other Educ Needs Identified Through QAPI

The orientation and continuing education program shall include, as appropriate for the job, but not be limited to: Any other educational need identified through the quality improvement activities and those generated by advances made in health care science and technology.

5017 19 CSR 30-20.110(7) - Staff Competency Testing

Competency of all employees shall be evaluated annually based on job description and necessary job skills and knowledge.

5100 19 CSR 30-20.112(1) - Governing Body's Role in QAPI

The governing body shall ensure the development and implementation of an effective , ongoing, systematic hospital-wide, patient-oriented quality assessment and performance improvement plan.

5101 19 CSR 30-20.112(2) - Participation in QAPI, Eval of Effectiveness

This plan shall be designed to measure, assess, and improve the quality of patient care as evidenced by patient health outcomes or improvement in processes, or both.

5102 19 CSR 30-20.112(3)(A) - Description QAPI Plan Elements

The performance improvement plan shall be written and shall include:
Description of the plan purpose, objectives, organizations, scope, authority, responsibility, and mechanisms of a planned systematic, organization-wide approach to designing, measuring, assessing, and improving performance.

5103 19 CSR 30-20.112(3)(B) - Collaborative Participation Assurance

The performance improvement plan shall be written and shall include:
Assurance of collaborative participation from appropriate departments and services, both clinical and nonclinical, including those services provided directly and under contract.

5104 19 CSR 30-20.112(3)(C) - Oversight of QAPI Activities

The performance improvement plan shall be written and shall include:
Provision for assessment and coordination of quality improvement activities through an established oversight team that meets on an established periodic basis.

5105 19 CSR 30-20.112(3)(D) - Communicating QAPI Data to GB/Med Staff

The performance improvement plan shall be written and shall include:
Assurance of ongoing communication, reporting, and documentation of patient-care issues and quality improvement activities and their effectiveness to the governing body and medical staff at least quarterly .

5106 19 CSR 30-20.112(3)(E) - Annual Assessment of Plan Effectiveness

The performance improvement plan shall be written and shall include:
Development of an annual assessment of the effectiveness of the plan .

5107 19 CSR 30-20.112(4)(A) - Organization Wide Participation in QAPI

At a minimum, the plan shall include:
Organization-wide design, measurement, assessment, and improvement of patient care and organizational functions.

5108 19 CSR 30-20.112(4)(B) - Review of Patient Care Outcomes

At a minimum, the plan shall include:
Review of care that includes outcomes of care provided by the medical and nursing staff and by other health care practitioners employed or contracted by the hospital.

5109 19 CSR 30-20.112(4)(C) - Quality of Care Assessment

At a minimum, the plan shall include:
Measurements of quality of care which are outcome- or process-based, specific to the hospital, and to identified needs and expectations of the patients and staff .

5110 19 CSR 30-20.112(4)(D) - Inclusion of High Risk Areas of Patient Care

At a minimum, the plan shall include:
Review on a continuing basis of the processes that affect a large percentage of patients , that place patients at risk or that have caused or are likely to cause quality problems.

5111 19 CSR 30-20.112(4)(E) - Doc of Cont Plan Assessment and Revision

At a minimum, the plan shall include:
The performance improvement plan shall be designed to review activity, actions initiated, and reassessments.
Documentation shall be maintained on these activities.

5200 19 CSR 30-20.114(1)(A)(1) - Qualifications of Housekeeping Director

Each hospital shall have an organized service which maintains a clean and safe environment.
Housekeeping Services.

The housekeeping services shall have a director who is qualified by education, training, and experience in the principles of hospital housekeeping. This individual shall report to a designated administrative officer or his or her designee.

5201 19 CSR 30-20.114(1)(A)(2) - Housekeeping Policies and Procedures

Each hospital shall have an organized service which maintains a clean and safe environment.
Housekeeping Services.

Approved written policies and procedures shall define and describe the scope of housekeeping services. These shall be reviewed in cooperation with the infection prevention control program, kept current per hospital policy, and be readily available to staff.

5202 19 CSR 30-20.114(1)(A)(3) - Adequate Space

Each hospital shall have an organized service which maintains a clean and safe environment.
Housekeeping Services.

Adequate space for housekeeping services shall be provided.

5203 19 CSR 30-20.114(1)(A)(4) - Sufficient and Competent Staff

Each hospital shall have an organized service which maintains a clean and safe environment.
Housekeeping Services.

There shall be sufficient trained personnel to meet the needs of housekeeping services .

5204 19 CSR 30-20.114(1)(A)(5) - Solid Waste Collection

Each hospital shall have an organized service which maintains a clean and safe environment.
Housekeeping Services.

All solid waste generated within the hospital shall be collected in appropriate containers for disposal.

5205 19 CSR 30-20.114(1)(A)(6) - Participation in QAPI, Eval of Effectiveness

Each hospital shall have an organized service which maintains a clean and safe environment.
Housekeeping Services.

There shall be a process for the review and evaluation on a regular basis of the quality of housekeeping services provided.

5206 19 CSR 30-20.114(1)(B)(1) - Adeq Linen Supplies, Laundry P&P

Each hospital shall have an organized service which maintains a clean and safe environment.
Laundry and Linen Services.

The hospital shall have organized services which ensure that adequate supplies of clean linens are available. There shall be specific written procedures for the processing, distribution, and storage of linen. These shall be reviewed in cooperation with the infection control committee and kept current.

5207 19 CSR 30-20.114(1)(B)(2) - Separation of Linen Processing Functions

Each hospital shall have an organized service which maintains a clean and safe environment.
Laundry and Linen Services.

Soiled linen processing functions shall be physically separated from both clean linen storage and soiled linen holding areas. Only commercial laundry equipment shall be used to process hospital linen.

5208 19 CSR 30-20.114(1)(B)(3) - Clean Linen Storage

Each hospital shall have an organized service which maintains a clean and safe environment.
 Laundry and Linen Services.
 Clean linen shall be stored and distributed to the point of use in a way that minimizes microbial contamination from surface contact or airborne particles.

5209 19 CSR 30-20.114(1)(B)(4) - Handling of Soiled Linen

Each hospital shall have an organized service which maintains a clean and safe environment.
 Laundry and Linen Services.
 Soiled linen shall be collected at the point of use and transported to the soiled linen holding room in a manner that minimizes microbial dissemination into the environment.

5210 19 CSR 30-20.114(1)(B)(5) - Commercial Laundry Requirements

Each hospital shall have an organized service which maintains a clean and safe environment.
 Laundry and Linen Services.
 If a commercial laundry service is used, verification shall be provided to assure the hospital that the processing and handling of linen complies with paragraphs (1)(B)1.-4. of this rule and by following manufacturer recommendations.

5211 19 CSR 30-20.114(1)(B)(6) - Participation in QAPI, Eval of Effectiveness

Each hospital shall have an organized service which maintains a clean and safe environment.
 Laundry and Linen Services.
 There shall be a process for the review and evaluation on a regular basis of the quality of laundry and linen services provided.

5212 19 CSR 30-20.114(1)(C)(1) - Qualifications of Infectious Waste Director

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 The director of this program shall be qualified by education, training, and experience in the principles of infectious waste management.

5213 19 CSR 30-20.114(1)(C)(2) - Annual Waste Management Plan Review

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 Every hospital shall write an infectious waste management plan with an annual review identifying infectious waste generated on-site, the scope of the infectious waste program, and policies and procedures to implement the infectious waste program. The plan shall include at least the following:

5214 19 CSR 30-20.114(1)(C)(2)(A) - Infectious Waste Management Plan

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 Every hospital shall write an infectious waste management plan with an annual review identifying infectious waste generated on-site, the scope of the infectious waste program, and policies and procedures to implement the infectious waste program. The plan shall include at least the following:
 Contact information for responsible individuals; organizational chart; schematic(s) of waste disposal routes; definition of those wastes handled by the system; department and individual responsibilities; hospital policies and procedures for waste identification, segregation, containment, transport, treatment, and disposal; emergency and contingency procedures; training and educational procedures; and appendices (rules and other applicable institutional policy statements).

5215 19 CSR 30-20.114(1)(C)(2)(B) - Infectious Waste Processing, Exemption

Each hospital shall have an organized service which maintains a clean and safe environment.

Infectious Waste Management.

Every hospital shall write an infectious waste management plan with an annual review identifying infectious waste generated on-site, the scope of the infectious waste program, and policies and procedures to implement the infectious waste program. The plan shall include at least the following:

Any hospital exempt from infectious waste processing facility permit requirements of 10 CSR 80-7.010 and that accepts infectious waste from off-site shall include in its plan requirements for storage, processing, and record keeping of this waste and the cleanup of potential spills in the unloading area.

5216 19 CSR 30-20.114(1)(C)(2)(C) - Infectious Waste Processing, Mfr's Specs

Each hospital shall have an organized service which maintains a clean and safe environment.

Infectious Waste Management.

Every hospital shall write an infectious waste management plan with an annual review identifying infectious waste generated on-site, the scope of the infectious waste program, and policies and procedures to implement the infectious waste program. The plan shall include at least the following:

Manufacturers' specifications for temperature, residence time, and control devices for any infectious waste processing devices shall be included in the plan.

5217 19 CSR 30-20.114(1)(C)(3) - Operation of Equipment by Trained Staff

Each hospital shall have an organized service which maintains a clean and safe environment.

Infectious Waste Management.

A trained operator shall operate the equipment during any infectious waste treatment procedures .

5218 19 CSR 30-20.114(1)(C)(4) - Segregation of Infectious Waste

Each hospital shall have an organized service which maintains a clean and safe environment.

Infectious Waste Management.

Infectious waste shall be segregated from other wastes at the point of generation and shall be placed in distinctive, clearly marked, leakproof containers or plastic bags appropriate for the characteristics of the infectious waste.

Containers for infectious waste shall be identified with the universal biological hazard symbol. All packaging shall maintain its integrity during storage and transport. Infectious waste shall not be placed in a gravity waste disposal chute.

5219 19 CSR 30-20.114(1)(C)(5) - Infectious Waste Storage and Disposal

Each hospital shall have an organized service which maintains a clean and safe environment.

Infectious Waste Management.

Pending disposal, infectious waste shall be stored, separated from other wastes, in a limited-access enclosure posted with the biological hazard symbol. This enclosure shall afford protection from vermin , be a dry area, and be provided with an impervious floor with a perimeter curb. The floor shall slope to a drain connected to the sanitary sewage system or collection device. If infectious waste is compacted, the mechanical device shall contain the fluids and aerosols and shall not release aerosols or fluids when opened and the container is removed. Provisions for waste stored seventy-two (72) hours or more shall be separately addressed in the infectious waste management plan to include proper storage, handling, and disposal by commercial vendors when utilized.

5220 19 CSR 30-20.114(1)(C)(6)(A) - Sterilization of Infectious Waste

Each hospital shall have an organized service which maintains a clean and safe environment.

Infectious Waste Management.

Hospital infectious waste treated on site shall be rendered innocuous, using one (1) of the following methods: Sterilization of the waste in an autoclave is permitted, provided that the unit is operated in accordance with the manufacturer's recommendations and that the autoclave's effectiveness is verified at least weekly with a biological spore assay containing *Bacillus Stearothermophilus*. If the autoclave is used for other functions, the infectious waste management plan will develop specific guidelines for its use

5221 19 CSR 30-20.114(1)(C)(6)(B) - Other Decontamination of Infectious Waste

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 Hospital infectious waste treated on site shall be rendered innocuous, using one (1) of the following methods:
 Decontamination of the infectious waste by other technologies in a manner acceptable to the Department of Health and Senior Services shall be permitted

5222 19 CSR 30-20.114(1)(C)(6)(C) - Disposal Via Sewer

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 Hospital infectious waste treated on site shall be rendered innocuous, using one (1) of the following methods:
 Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer

5223 19 CSR 30-20.114(1)(C)(6)(D) - Disposal Following Decontamination

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 Hospital infectious waste treated on site shall be rendered innocuous, using one (1) of the following methods:
 Infectious waste rendered innocuous by the methods in subparagraphs (1)(C)6.A. or B. of this rule shall be disposed of in accordance with the requirements of 10 CSR 80-7.010.

5224 19 CSR 30-20.114(1)(C)(7) - Infectious Waste Treatment Recordkeeping

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 An infectious waste treatment program shall include records of biological spore assay tests if required by treatment methods and the approximate amount of waste disinfected per hour measured by weight per load. The program director shall maintain records demonstrating the proper operation of the disinfection equipment.

5225 19 CSR 30-20.114(1)(C)(8) - Packaging Infectious Waste for Transport

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 All infectious waste when transported off the premises of the hospital shall be packaged and transported as provided in sections 260.200-260.207, RSMo.

5226 19 CSR 30-20.114(1)(C)(9) - Requirements for DNR Notification

Each hospital shall have an organized service which maintains a clean and safe environment.
 Infectious Waste Management.
 Any hospital which accepts infectious waste from small quantity generators as defined by 10 CSR 80-7.010 or from other Missouri hospitals-in quantities exceeding fifty percent (50%) of the total poundage of infectious waste generated on-site at the hospital-shall notify the Department of Natural Resources and comply with permitting requirements of sections 260.200-260.207, RSMo. The weight of infectious waste generated on-site shall be calculated by multiplying one and five-tenths (1.5) pounds per day times the number of beds complying with Department of Health and Senior Services standards for hospital licensure. Infectious waste generated off-site may be accepted by a hospital only if packaged according to 10 CSR 80-7.010(2)(A)-(D).

5227 19 CSR 30-20.114(1)(D)(1) - Disposal of Medications

Each hospital shall have an organized service which maintains a clean and safe environment.
 Medication Waste Management.
 Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

5228 19 CSR 30-20.114(1)(D)(1)(A) - Med Waste Management Requirements

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Specific waste streams shall be identified for each category including storage container type, storage prior to disposal, and final disposition.

5229 19 CSR 30-20.114(1)(D)(1)(B)(I) - Single Dose Medication Disposal

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Medications shall be returned to the pharmacy for disposal except-

Single doses that may be disposed of by medication staff at the time of administration .

5230 19 CSR 30-20.114(1)(D)(1)(B)(II) - Disposal of Meds That Are Infectious Hazard

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Medications shall be returned to the pharmacy for disposal except-

Doses that are an infectious hazard.

5231 19 CSR 30-20.114(1)(D)(1)(B)(III) - Radiopharmaceutical Disposal

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Medications shall be returned to the pharmacy for disposal except-

Radiopharmaceuticals.

5232 19 CSR 30-20.114(1)(D)(1)(C) - Disposal per DNR, FDA, and EPA Regulations

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Medications shall be disposed of according to the Missouri Department of Natural Resources, the United States Food and Drug Administration, and the United States Environmental Protection Agency .

5233 19 CSR 30-20.114(1)(D)(1)(D) - Disposal of Controlled Substances

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Disposal of controlled substances shall be according to 19 CSR 30-1.078.

5234 19 CSR 30-20.114(1)(D)(1)(E) - Disposal of Unused Radiopharmaceuticals

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Unused radiopharmaceuticals shall be returned to the supplier or held and disposed of according to Nuclear Regulatory Commission guidelines.

5235 19 CSR 30-20.114(1)(D)(1)(F)(I) - Staff Training Requirements

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Disposal of hazardous medications including, but not limited to, antineoplastic medications shall be handled as follows:

Personnel who handle hazardous medications and/or medication waste shall be trained regarding collection, transportation, containment, segregation, manifest, and disposal.

5236 19 CSR 30-20.114(1)(D)(1)(F)(II) - Containment and Disposal of Haz Waste

Each hospital shall have an organized service which maintains a clean and safe environment.

Medication Waste Management.

Disposal of unwanted medications and medication waste shall be identified in the following categories: general, controlled substances, radiologic, infectious, and hazardous. Medication waste shall include materials contaminated with such medications.

Disposal of hazardous medications including, but not limited to, antineoplastic medications shall be handled as follows:

Waste shall be contained and segregated from other waste in leak proof containers clearly labeled with a statement such as CAUTION: HAZARDOUS CHEMICAL WASTE and held in a secure place until disposed.

5300 19 CSR 30-20.116(1) - Multidisciplinary Inf Control Comm Duties

There shall be an active multidisciplinary infection prevention and control committee responsible for implementing and monitoring the infection prevention and control program for patients and staff. The committee shall include, but not be limited to, the infection control officer, a member of the medical staff, registered professional nursing staff, quality improvement staff, and administration. This program shall include measures for preventing, identifying, reporting, and investigating healthcare-associated infections and shall establish procedures for collecting data, participating in root cause analysis, and implementing corrective actions as relevant to infection prevention and control. These measures and procedures shall be applied throughout the hospital.

5301 19 CSR 30-20.116(2) - Review of Healthcare-Associated Infections

The infection prevention and control committee shall conduct an ongoing review and analysis of healthcare-associated infections (HAI) data and risk factors. Priorities and goals related to active surveillance, monitoring, reporting, and preventing the acquisition and the acquisition and transmission of potentially infectious agents will be established based on risks identified.

5302 19 CSR 30-20.116(3) - Infection Control P&P, CDC Guidelines

Hospitals shall implement written policies and procedures outlining infection prevention and control measures. These measures shall include, but are not limited to, a hospital-wide hand hygiene program. This program must comply with current national standards endorsed by Centers for Disease Control and Prevention (CDC) or World Health Organization guidelines. At a minimum, the program shall require every healthcare worker to properly wash or sanitize his or her hands immediately before and immediately after having direct contact with a patient. Procedures shall include, at a minimum, requirements for the facility's infection prevention and control program to conduct surveillance of personnel in accordance with section 197.150, RSMo. Surveillance procedures may also include monitoring the employees' and medical staff's use of hand hygiene products.

5303 19 CSR 30-20.116(4) - Process for Monitoring I/C Compliance, Proc

All areas of the hospital shall have a process for reporting patient and employee infections. A process for monitoring compliance with infection prevention and control policies and procedures shall be coordinated with the infection prevention and control committee.

5304 19 CSR 30-20.116(5) - Qtrly Infection Control Mtgs, Minutes

Infection prevention and control committee meetings shall be held at least quarterly. Minutes shall be retained per hospital policy.

5305 19 CSR 30-20.116(6) - Participation in QAPI, Eval of Effectiveness

There shall be a process for the review and evaluation on a regular basis of the quality and scope of the infection prevention and control program.

5400 19 CSR 30-20.118(1) - Outpt Med Dir Qual, Participation in QAPI

Outpatient services, if provided through an organized department of the hospital, shall be under the medical direction of qualified physician member(s) of the medical staff and appointed by the governing body. The physician(s) shall be responsible for implementing rules of the medical staff governing the quality and scope of outpatient services provided.

5401 19 CSR 30-20.118(2) - Integration With Other Hospital Services

Outpatient services shall be integrated with other hospital services as required to meet the needs of the patient.

5402 19 CSR 30-20.118(3) - Qual of Outpatient Nursing Supervisor

Nursing personnel assigned to outpatient services shall be under the supervision of a qualified registered professional nurse with relevant education, experience, and demonstrated current competency.

5403 19 CSR 30-20.118(4) - Outpatient Policies and Procedures

Approved written policies and procedures shall describe the scope of outpatient care provided. Policies and procedures shall be reviewed, kept current per hospital policy, and made readily available to staff.

5404 19 CSR 30-20.118(5) - Sufficient and Competent Staff

Outpatient services shall be staffed by personnel qualified by education, training, and experience to provide safe patient care.

5405 19 CSR 30-20.118(6) - Record of Outpt Care, Inclusion in Med Rec

Patient's medical records shall reflect outpatient care and treatment provided. These records shall be filed and maintained under supervision of the medical records department.

5406 19 CSR 30-20.118(7) - Participation in QAPI, Eval of Effectiveness

There shall be a process for the review and evaluation on a regular basis of the quality and appropriateness of outpatient services provided.

5700 19 CSR 30-20.124(1) - Chief of Staff Requirements and Respons

Medical services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body as chief of the medical services . This director shall be responsible for implementing the rules of the medical staff governing medical privileges and the quality of medical care provided .

5701 19 CSR 30-20.124(2) - Medical Services Oversight of Care Provided

Medical services shall be responsible for the medical care of all patients except those under the care of physicians or other services as defined in the medical staff or governing body bylaws .

5702 19 CSR 30-20.124(3) - Integration With Other Hospital Services

The activities of medical services shall be integrated with other services in the hospital.

5703 19 CSR 30-20.124(4) - Participation in QAPI, Eval

There shall be a process for the review and evaluation on a regular basis of the quality and appropriateness of medical services provided.

5800 19 CSR 30-20.125(1) - Employment/Contract with UAP

Hospitals may only employ or contract with a staffing agency for unlicensed assistive personnel (UAP) in accordance with this rule.

5801 19 CSR 30-20.125(2)(A)(1) - UAP Training - Minimum of 75 Classroom Hrs

The hospital training policy for UAPs shall include the following minimum standards:
The curriculum of the UAP Program shall consist of a standard plan of instruction to include :
A minimum of seventy-five (75) hours of classroom instruction.

5802 19 CSR 30-20.125(2)(A)(2) - UAP Training - Learning Modules

The hospital training policy for UAPs shall include the following minimum standards:
The curriculum of the UAP Program shall consist of a standard plan of instruction to include :
Computer or paper-based learning modules that provide documentation of completion may be substituted for up to sixty (60) hours of classroom time.

5803 19 CSR 30-20.125(2)(A)(3) - UAP Training - Comparable CMA Training

The hospital training policy for UAPs shall include the following minimum standards:
The curriculum of the UAP Program shall consist of a standard plan of instruction to include :
Comparable certified medical assistant training from an accredited medical assistant program may be substituted for up to fifty (50) hours of classroom time of comparable subject matter.

5804 19 CSR 30-20.125(2)(A)(4) - UAP Training - Clinical Practicum

The hospital training policy for UAPs shall include the following minimum standards:
The curriculum of the UAP Program shall consist of a standard plan of instruction to include :
A minimum of one hundred (100) hours of clinical practicum.

5805 19 CSR 30-20.125(2)(A)(5)(A) - UAP Training - Role of the UAP

The hospital training policy for UAPs shall include the following minimum standards:
Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
The Role of the UAP (ethics, law, team member communication, observation, reporting, documentation, medical terminology).

5806 19 CSR 30-20.125(2)(A)(5)(B) - UAP Training - Required Training Topics

The hospital training policy for UAPs shall include the following minimum standards:
Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
Patient/Client Rights (Health Insurance Portability and Accountability Act (HIPAA), privacy, confidentiality, advanced directives, abuse and neglect, age specific care, cultural diversity, pain management, restraint-free care, end-of-life care, death and dying, do not resuscitate (DNR) orders, postmortem care).

5807 19 CSR 30-20.125(2)(A)(5)(C) - UAP Training - Vital Signs

The hospital training policy for UAPs shall include the following minimum standards:
Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
Vital Signs.

5808 19 CSR 30-20.125(2)(A)(5)(D) - UAP Training - Provision of Basic Human Needs

The hospital training policy for UAPs shall include the following minimum standards:
Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
Basic Human Needs (age specific cognitive/psychological/social needs, activities of daily living, ambulation, positioning, personal care, elimination and toileting, nutrition, hydration, feeding, bed making).

5809 19 CSR 30-20.125(2)(A)(5)(E) - UAP Training - Infection Control Measures

The hospital training policy for UAPs shall include the following minimum standards:
Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
Infection Control (universal precautions, blood-borne pathogens, safe needle devices, aseptic technique, hand washing, gloving, isolation).

5810 19 CSR 30-20.125(2)(A)(5)(F) - UAP Training - Skin Care

The hospital training policy for UAPs shall include the following minimum standards:
Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
Skin Care (wound care, pressure ulcers and prevention).

5811 19 CSR 30-20.125(2)(A)(5)(G) - UAP Training - Safety Measures

The hospital training policy for UAPs shall include the following minimum standards:
Curriculum content of the program shall include procedures and instructions on basic patient care skills including, but not limited to, the areas of:
Safety (cardiopulmonary resuscitation (CPR), allergies, fall prevention, environmental safety issues, fire/electrical, hazardous materials transportation safety information (HAZMAT), emergency procedures, body mechanics).

5812 19 CSR 30-20.125(2)(B) - Initiation of One Hundred Hour Requirement

The hospital training policy for UAPs shall include the following minimum standards:
The clinical practicum of one hundred (100) hours shall start after the student has enrolled and started the course curriculum.

5813 19 CSR 30-20.125(2)(C) - Validation and Verification of Skills

The hospital training policy for UAPs shall include the following minimum standards:
Skill validation and knowledge verification is to be used to determine student competence.

5814 19 CSR 30-20.125(2)(D) - Annual In-Service Training

The hospital training policy for UAPs shall include the following minimum standards:
Annual in-service training also shall occur as required by 19 CSR 30-20. 110.

5815 19 CSR 30-20.125(3) - Clinical Competency Exclusions

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned.

5816 19 CSR 30-20.125(3)(A) - Nursing Student, Fundamentals Course

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and-
Is enrolled in a professional or practical nursing education program and has or will complete within ninety (90) days a fundamentals of nursing course.

5817 19 CSR 30-20.125(3)(B) - Failure to Pass State Licensure Exams

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and-
Was a professional nursing or practical nursing licensure candidate who failed to pass the state licensure examinations in the past three (3) years.

5818 19 CSR 30-20.125(3)(C) - Certified CNA

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and-
Is certified as a nursing assistant as defined in section 198.082, RSMo.

5819 19 CSR 30-20.125(3)(D) - Certified CNA from Another State

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and-
Has documentation of current registration as a certified nursing assistant in another state that meets the requirements listed in 42 CFR 483.151 and 483.152 (April 2012) which are incorporated by reference in this rule and are published by the U.S. Government Printing Office, 710 North Capitol Street, NW, Washington, DC 20401.
This rule does not incorporate any subsequent amendments or additions.

5820 19 CSR 30-20.125(3)(E) - Documented Experience

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and-
Has documented experience as a nurse assistant, emergency medical technician, or surgical technician in the past three (3) years.

5821 19 CSR 30-20.125(3)(F) - Completion of UAP Program, Meets Reqs

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and- Has proof of completion of UAP training program in Missouri or another state which meets the requirements of this rule within the last three (3) years.

5822 19 CSR 30-20.125(3)(G) - Completion of Nursing Program Outside USA

Hospitals shall not be required to meet the UAP training requirements if an employee demonstrates competency in the content areas required by this rule; in the duties specific to their job and the patient population assigned and- Has completed a professional or licensed practical nursing program outside the United States and is awaiting the licensure examination in this country.

5823 19 CSR 30-20.125(4)(A) - RN Course Coordinator

The hospital training policy for UAPs shall meet the following faculty qualifications and responsibilities:
A registered professional nurse shall be designated as the course coordinator and shall be responsible for all aspects of the course, and must supervise all classroom and clinical instruction.

5824 19 CSR 30-20.125(4)(B) - Required Instructor Qualifications

The hospital training policy for UAPs shall meet the following faculty qualifications and responsibilities:
Instructors shall hold a current license or temporary permit to practice as a registered professional nurse in Missouri or in another Nurse Licensure Compact state and have a minimum of two (2) years of nursing experience in an acute care, long-term care, or ambulatory surgery facility within the prior five (5) years, or an experience as a clinical faculty member in a nursing program within the prior five (5) years. An instructor's nursing license shall not be under current disciplinary action.

5825 19 CSR 30-20.125(4)(C) - License Not Under Disciplinary Action

The hospital training policy for UAPs shall meet the following faculty qualifications and responsibilities:
A clinical supervisor's or preceptor's nursing license shall not be under current disciplinary action.

5826 19 CSR 30-20.125(4)(D) - UAPs/LPNs May Assist in Clinical Practicum

The hospital training policy for UAPs shall meet the following faculty qualifications and responsibilities:
UAPs who have satisfied the training requirements of this rule and Licensed Practical Nurses may assist with the clinical practicum under the direction of the course coordinator.

5827 19 CSR 30-20.125(5)(A) - Sufficient Classroom Space

A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:
Provide designated space sufficient to accommodate the classroom teaching portion of the course or have a written agreement with another acute care hospital, an area vocational-technical school, a high school offering a health service occupation program, a community college, or a provider agency to provide the classroom portion of the course.

5828 19 CSR 30-20.125(5)(B) - On-the-Job Practicums/Written Agreement

A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:
Provide on-the-job clinical practicum or have a written agreement with one (1) or more hospitals or ambulatory surgical centers in their vicinity to do so.

5829 19 CSR 30-20.125(5)(C) - Assess and Review Program Outcomes

A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:

Assess and review the program and outcomes of any training provided by another facility to ensure that all of the requirements of this rule have been met.

5830 19 CSR 30-20.125(5)(D) - Records of Completion and Competency

A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:

Maintain, either electronically or on paper records of course completion and competency for a minimum of three (3) years. Records shall be signed and dated by the course coordinator and each of the instructors and clinical supervisors verifying classroom time, clinical time, and competency for each student.

5831 19 CSR 30-20.125(5)(E) - Signed Copy of Course Completion

A hospital or ambulatory surgical center that provides training for UAPs shall meet the following training site requirements:

Provide a signed copy of the course completion and competency record to the student, that includes the elements in subsection (5)(D) of this rule.

5832 19 CSR 30-20.125(6) - Completion Within 90 Days of Employment

The UAP training shall be completed within ninety (90) days of employment for any individual who is hired as a UAP. A UAP shall not work in direct patient care, except as part of their supervised practicum, until the entire UAP training requirements have been met.

6400 19 CSR 30-20.136(1) - Resp Med Dir Qual, Participation in QAPI

Respiratory care services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. The director shall be responsible for implementing rules of the medical staff governing the quality and scope of respiratory care services.

6401 19 CSR 30-20.136(2) - Integration With Other Hospital Services

Respiratory care services shall be integrated within the total hospital organizational plan.

6402 19 CSR 30-20.136(3) - Qualifications of Respiratory Services Mgr

Respiratory care services shall be under the direction of a licensed respiratory care practitioner or a registered professional nurse with relevant education and experience. When the director is not a licensed respiratory care practitioner, a licensed respiratory care practitioner shall be employed on a part-time consultant basis.

6403 19 CSR 30-20.136(4) - Therapy Only With Orders, Documentation

Therapy shall be administered in accordance with the orders of a qualified and licensed practitioner and shall be documented in the patient's medical record.

6404 19 CSR 30-20.136(5) - Qualifications of Respiratory Care Staff

Respiratory care services shall be provided by qualified personnel as specified by the medical staff.

6405 19 CSR 30-20.136(6) - Respiratory Care Policies and Procedures

Approved written policies and procedures which define and describe the scope and conduct of respiratory care shall be reviewed and kept current per hospital policy and readily available to staff.

6406 19 CSR 30-20.136(7) - Eval of Effectiveness/Documentation

Personnel administering respiratory therapy services shall evaluate and reevaluate the therapy administered and this shall be documented in the patient's medical record.

6407 19 CSR 30-20.136(8) - Sufficient Space and Equipment

Space and equipment shall be provided to meet the needs of respiratory care services. Space, supplies, and equipment shall be maintained to ensure patient safety.

6408 19 CSR 30-20.136(9) - Participation in QAPI, Eval of Effectiveness

There shall be a process for the review and evaluation on a regular basis of the quality and appropriateness of respiratory care services provided.

6500 19 CSR 30-20.138(1) - Qualifications of Medical Director

Each specialized inpatient care service, if provided, shall be under the medical direction of a qualified physician who is a member of the medical staff and appointed by the governing body. This shall not prohibit a qualified physician from being the medical director of more than one (1) specialized inpatient care service area.

6501 19 CSR 30-20.138(2) - Integration With Other Hospital Services

Patient care in each specialized inpatient care service area shall be integrated with the other nursing services and supervised by a qualified registered professional nurse with relevant education, experience, and demonstrated current competency.

6502 19 CSR 30-20.138(3) - Specialty Area Policies and Procedures

Each specialized inpatient care service area shall have written policies and procedures that are reviewed and kept current per hospital policy and are readily available to staff.

6503 19 CSR 30-20.138(4) - Qualifications of Staff in Specialty Areas

Qualifications of personnel assigned to each specialized inpatient care service area shall be delineated in writing.

6504 19 CSR 30-20.138(5) - Multi-Disciplinary Comm for Each Spec Area

A multi-disciplinary committee, chaired by the director, shall develop protocols for patient care in each specialized inpatient care service area. This committee shall meet at least quarterly and minutes shall be kept and filed on a confidential basis.

6505 19 CSR 30-20.138(6) - Participation in QAPI, Eval of Effectiveness

There shall be a process for the review and evaluation on a regular basis of the quality and appropriateness of care provided in each specialized inpatient care service area.

6600 19 CSR 30-20.140(1) - Surgery Med Dir Qual, Participation in QAPI

Surgical services, if provided, shall be under the medical direction of a qualified physician member of the medical staff and appointed by the governing body. This physician shall be responsible for implementing rules of the medical staff governing the quality and scope of surgical services.

6601 19 CSR 30-20.140(2) - Surgical Services Policies and Procedures

Approved written policies and procedures shall define and describe the scope and conduct of surgical services. These shall be kept current per hospital policy and are readily available to staff.

6602 19 CSR 30-20.140(3) - Qualifications of Surgical Services Manager

The surgical suite shall be directed by a qualified registered professional nurse with relevant education and experience. This director shall have the authority to implement hospital policies and procedures for the surgical suite and shall have the responsibility for evaluating all nursing personnel assigned to the surgical suite.

6603 19 CSR 30-20.140(4) - Qualifications of Circulating Nurse

A qualified registered professional nurse with relevant education, experience, and competency shall be assigned circulating duties for surgical procedures performed.

6604 19 CSR 30-20.140(5) - Standards of Patient Care

Accepted standards of patient care, sterility, and aseptic techniques shall be maintained.

6605 19 CSR 30-20.140(6) - Informed Consent Prior to Surgery

Prior to surgery, except in the case of emergencies, the patient's medical record shall contain evidence of informed consent.

6606 19 CSR 30-20.140(7) - History and Physical Prior to Surgery

A medical history and physical examination must be completed and documented no more than thirty (30) days before or twenty-four (24) hours after admission or registration but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies. An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within twenty-four (24) hours after admission or registration when the medical history and physical examination are completed within thirty (30) days before admission or registration, except in the case of emergencies. The medical history and physical examination must be placed in the patient's medical record within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, except in the case of emergencies.

6607 19 CSR 30-20.140(8) - Required Surgery Documentation

An operating room record documenting the patient care provided shall become a part of the patient's medical record. The record shall contain at least the name and hospital identification number of the patient; date and times of the surgery; name(s) of the surgeon(s) and assistants or other practitioners who performed surgical tasks; pre-operative and post-operative diagnosis; name of the specific surgical procedure(s) performed; type of anesthesia administered; any complications; description of techniques, findings, and tissues removed or altered; any prosthetic devices, grafts, tissues, transplants, or devices implanted; and the verification of countable materials.

6608 19 CSR 30-20.140(9) - Participation in QAPI, Eval of Effectiveness

There shall be a process for the review and evaluation on a regular basis of the quality and appropriateness of surgical services.

6700 19 CSR 30-20.142(1) - Variance Request Requirements

Requests for variance from the requirements of 19 CSR 30-20.015 through 19 CSR 30-20.140 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

6701 19 CSR 30-20.142(1)(A)(1) - Section Number/Text of Rule in Question

Requests for variance from the requirements of 19 CSR 30-20.015 through 19 CSR 30-20.140 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

Requests shall contain at a minimum-
The section number and text of the rule in question.

6702 19 CSR 30-20.142(1)(A)(2) - Explanation of Undue Hardship/Est of Cost

Requests for variance from the requirements of 19 CSR 30-20.015 through 19 CSR 30-20.140 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

Requests shall contain at a minimum-
Specific reasons why compliance with the rule would impose an undue hardship on the operator, including an estimate of any additional cost which might be involved.

6703 19 CSR 30-20.142(1)(A)(3) - Explanation of Relevant Extenuating Factors

Requests for variance from the requirements of 19 CSR 30-20.015 through 19 CSR 30-20.140 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

Requests shall contain at a minimum-
An explanation of the extenuating factors which may be relevant.

6704 19 CSR 30-20.142(1)(A)(4) - Descr of How Variance Would Meet the Rule

Requests for variance from the requirements of 19 CSR 30-20.015 through 19 CSR 30-20.140 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

Requests shall contain at a minimum-
A complete description of the individual characteristics of the facility or patients or any other factors which would fulfill the intent of the rule in question to safeguard the health, safety, and the welfare of the patient, staff, or public if the variance from the requirement is granted.

6705 19 CSR 30-20.142(1)(A)(5) - Time Frame for Requested Variance

Requests for variance from the requirements of 19 CSR 30-20.015 through 19 CSR 30-20.140 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

Requests shall contain at a minimum-
A length of time the variance is being requested.

6706 19 CSR 30-20.142(2) - DHSS Notification of Approval, Reapplication

The department's written determination shall identify a variance expiration date, if approved. The facility may re-apply for a variance up to ninety (90) days prior to the expiration of a department-approved variance.

6707 19 CSR 30-20.142(3) - Notification to DHSS if Variance Changes

Any facility granted a variance by the department shall inform the department in writing if the conditions warranting the variance change. This written notification to the department shall be made within thirty (30) days of the change affecting the variance. The department may revoke the granted variance if the changes in conditions detrimentally impact the health, safety, and the welfare of the patient, staff, or public, as determined by the department.

6708 19 CSR 30-20.142(4) - License Renewals, Variance Requirement

All previously approved variances shall be submitted at the time of annual licensure renewal.

9999 - Final Observations