
Relations with Standard Setting and Survey Agencies

The standards specified in paragraphs (a) and (b) of section 4.11, page 42 of the Plan are set forth in Title 7 of the Alaska Administrative Code, Chapter 12, "Facilities and Local Units", Articles 1-11 which encompass General Acute Care, Rural Primary Care, and Specialized Hospitals, Nursing Facilities, ICF/MR, Ambulatory Surgical Facilities, Freestanding Birth Centers, and Home Health Agencies.

TN No: 03-15 Approval Date: 1/13/2004 Effective Date: October 1, 2003

Supersedes TN No. MA 74-1 and MA 78-77

(D) A license is valid only for the licensee and premises named in the license.

(E) Separate licenses are required for institutions maintained on separate premises, even though they are operated under the same management; provided, however, that several separate licenses are not required for separate buildings on the same ground.

(F) The license shall be posted in a conspicuous place on the premises, in the public lobby or waiting room of the institution.

(G) Each license to operate a hospital or different types of hospitals shall expire on June 30, following the date of issue, and if a renewal is desired, the licensee shall make application at least 30 days prior to the expiration date upon a form adopted by the Licensing Agency.

(H) Revocation of License

(i) A license issued to any hospital or different types of hospitals will be suspended or revoked by the Licensing Agency in any case where the agency finds that there has been a substantial failure to comply with the requirements established under the Hospital Licensing Law, AS 18.20.020-.130.

(ii) A license may be revoked if the agency, upon investigation, finds that any illegal act affecting the welfare of a patient in the institution has been permitted.

(I) Each license shall be returned to the agency immediately upon its suspension or revocation, or if the institution voluntarily ceases operation.

(b) Definitions

(1) Hospital. Any institution or establishment, public or private, providing facilities to the general public over a continuous period of 24 hours each day for the bedside treatment and care of two or more nonrelated individuals suffering from illness, injury, deformity, abnormality, or any other condition

for which medical or surgical services would be appropriate for care, diagnosis, or treatment.

(2) Hospitalization. Within the meaning of the Hospital Licensing Law, "hospitalization" is defined as the reception and care of any person for the purpose of providing room, board, and nursing service and other hospital facilities required in connection with the diagnosis and treatment of any condition of infirmity.

(3) Medical Staff. The "medical staff" of a hospital shall be defined as an organized body composed of all individuals who are appointed to the staff of a hospital by its governing board.

(4) Registered Nurse. A "registered nurse" shall be a person graduated from a school of nursing and who is currently registered in the State of Alaska.

(c) For the purpose of administering the hospital licensing law, all institutions subject to licensure shall be classified in the following manner:

(1) General Hospital. Any institution providing "hospitalization" for inpatient medical and surgical care of acute illness or injury and for obstetrics.

(2) Specialized Hospitals and Sanatoria. Any institution providing "hospitalization" for one type of care such as mental hospital, psychiatric hospital, tuberculosis hospital, chronic disease hospital, maternity hospital, maternity home, etc.

(3) Specialized Unit of a General Hospital. When a general hospital provides ten or more beds in a segregated unit for a specialized type of care such as psychiatric, tuberculosis, chronic disease, etc., such a unit is a specialized unit of a general hospital. For licensing purposes, one license shall be issued to a general hospital having one or more specialized units, when such units are adjacent to or located on property adjoining that of the general hospital. (Refer to subsection (a)(1)(E).)

(4) Small Hospital. Any institution providing hospitalization with a bed capacity limited to 25 beds or less.

(d) General Provision

(1) All hospitals licensed as of the effective date of these regulations shall comply with these regulations.

(2) Hospital Planning. When any individual or group in a given locality believes a need exists for a hospital and would like to investigate the need for and possibilities of such a hospital, the Department of Health and Social Services shall be so notified in writing. The Department of Health and Social Services shall thereupon make available to such body all of the latest information relative to hospital needs in that hospital area.

(3) When the occupancy rates of a hospital are determined by the Department of Health and Social Services to be so excessively high as to thereby create serious overcrowding and interference with the provision of proper care for patients, the Department of Health and Social Services shall so inform the governing body which shall thereupon make provisions for expansion of the bed capacity and needed services, or make other arrangements to alleviate such conditions.

(4) On and after the effective date of these regulations, any building or structure not then operating as a hospital but which is converted for use as a hospital, shall be of fire-resistive construction and, upon completion, shall conform with sec. 20 of this chapter of these hospital regulations. The Department of Health and Social Services shall be advised immediately in writing when the acquisition or purchase of a building or structure is contemplated for use as a hospital.

(e) Administration of Hospitals and Sanatoria

(1) Nonprofit Corporation

(A) Governing Body. There shall be a Board of Directors, Board of Trustees, or other similar body in each institution which shall be the supreme authority in the hospital responsible for its management, control, and

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.010

operation, including the appointment of a qualified medical staff, the conservation and use of hospital moneys, and the formulation of administrative policy.

(i) It should be composed of at least three representative residents in the area served by the institution, or as many more additional members who need not be such residents, as are required to effect efficient direction. It is recognized that a hospital operated by a religious order or body may have an established governing body as its supreme authority which may be composed and organized of officials or members of such religious body or organization and in accordance with the practice or rule thereof, notwithstanding lack of residence in the area served by the institution. For such hospital, operated by a religious organization, it is recommended that a local board of residents be established to act as the authority in all matters which may be delegated to it by the rule of the organization and to act in an advisory capacity and referral authority to the supreme authority of the organization.

(ii) The governing body shall consist of at least a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.

(iii) It shall conduct regular meetings and such special meetings as are required.

(iv) The governing body of the institution shall notify the Department of Health and Social Services within 30 days, in writing, of the termination of service of the administrator as well as of the appointment, name, and address of the new administrator, including dates of change.

(B) All institutions shall have an administrative officer, superintendent, or director, who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. The administrative officer shall have

charge of and be responsible for the administration of the institution.

(2) Profit Corporation Organized and operated for profit.

(A) The owner, partners, or in the case of a private corporation, the board of trustees of a profit-making hospital, shall carry out the same functions reserved for the governing body of a nonprofit institution. Such persons, or board, shall be the ultimate authority in the hospital responsible for the formulation of its policies, management, control, and operation, including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients, and such other duties and responsibilities as are necessary to carry out the purpose of the institution. The owner, or the board of trustees of any privately incorporated hospital shall certify to the Department of Health and Social Services the names, addresses, occupation, or professions of the owners.

(i) Any change in the ownership, or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Health and Social Services within 30 days of the date of which such change occurred.

(ii) The owner, partner, or the board of trustees of any profit-making hospital shall notify the Department of Health and Social Services within 30 days, in writing, of the termination of service of the administrator as well as of the appointment, name, and address of the new administrator, including dates of change.

(B) All profit-making institutions shall have an administrative officer, superintendent, or director. He shall be selected by the person or persons exercising the ultimate authority in each institution. He shall be responsible for carrying out the policies of the owners and for the overall administration of all departments and branches in the institution.

3) The Medical Staff

(A) The medical staff shall be responsible to the governing body of the hospital for the clinical and scientific work of the hospital. It shall be called upon to advise regarding professional problems and policies.

(B) In any hospital used by three or more practitioners, the medical staff should be an organized group which shall formulate, and with the approval of the governing body, adopt by-laws, rules, regulations, and policies for the proper conduct of its work and eligibility for membership to the staff, subject to final action by the governing body. The medical staff shall

(i) designate one of its members as chief of staff;

(ii) hold regular meetings for which minutes and records of attendance shall be kept;

(iii) review and analyze, at regular intervals, the clinical experience of the hospital.

(C) All persons admitted to the hospital shall be under the professional care of a member of the medical staff.

(D) No medication or treatment shall be given to a patient except by the written order of a member of the medical staff. Emergency orders, given by telephone, shall be reduced to writing immediately upon receipt and shall be signed by the staff member within 24 hours after the order is given.

(E) All hospitals shall have a licensed physician available on call for emergencies at all times; provided, however, this regulation shall not apply during such time that any hospital is without the services of a licensed physician and/or every diligent effort has been made to secure a competent licensed physician. Provided further, that in no event shall any hospital be without a competent licensed physician for any reasonable time not to exceed three months.

(F) It is recommended that the medical staff, with approval of the governing body, adopt by-laws, rules, and regulations in conformance with those recommended in "Principles For Establishing Medical Staff By-Laws, Rules, and Regulations" by the Joint Commission on Accreditation of Hospitals, 660 North Rush Street, Chicago 11, Illinois.

(4) Personnel

(A) Written policies, procedures, rules, and regulations shall be established for the administrative and technical guidance of the personnel of the entire hospital. Employees shall be instructed in the requirements, policies, and procedures pertaining to their respective duties.

(B) At all times there shall be enough qualified personnel on duty to provide the standard of care and maintenance in the hospital, which is necessary for the well-being of the persons received for care. This includes night duty, vacation, and other relief periods. A record shall be kept of the length of service of each employee.

(C) Nursing Personnel

(i) The department of nursing shall be organized to provide complete and efficient nursing care to each patient, and the authority, responsibility, and function of each nurse shall be clearly defined.

(ii) All graduate nurses employed in a hospital must be licensed in the State of Alaska to practice their profession. Temporary permits shall be honored for such period as may be reasonably necessary to permit final action on the nurse's application for a license by the Alaska Nurses' Examining Board for the state but in no case shall the temporary permit be for a longer period than three months. Licenses must be renewed annually, in accordance with the State Law, AS 08.68.250 - .260. Nurses employed by a hospital to practice are subject to immediate restrictions from the practice of nursing in such hospital upon recommendation of the Nurses'

Examining Board of the State of Alaska when such recommendation precedes denial of license to practice in the state.

(iii) The superintendent or director of nursing service shall be a competent and well-trained person, with administrative and executive ability, and she shall be a graduate nurse and currently licensed to practice in the State of Alaska.

(iv) Supervisors and head nurses shall have had preparation courses and experience commensurate with the responsibility of the specific assignment.

(v) Applications for employment as a professional or practical nurse shall be submitted in writing to the person responsible for nursing personnel, and each application shall contain accurate information as to the education, training, experience, and personal background of each applicant. Professional and practical nurses already licensed to practice in the state shall submit their current state license, or registration card to the person responsible for the nursing personnel for review. Such responsible person shall maintain a continuing record of the current registration numbers of professional and practical nurses on the staff, and shall be responsible for seeing that all professional and practical nurses on the staff maintain renewal of their licensure. Duties of the professional and practical nurse staff shall be clearly defined and not in conflict with restrictions in responsibilities set forth in the Alaska Nurse Practice Act, AS 08.68. They shall be instructed in all duties assigned to them.

(vi) There shall be regular meetings of the graduate nursing staff to review and analyze the nursing service to determine the quality of the nursing care rendered to patients and to increase the efficiency of the nursing service.

D) Health of Employees

(i) All regular paid personnel should be given pre-employment examinations

consisting of a general physical examination, including a chest X-ray and stool cultures if a history of typhoid fever is elicited. A physical examination, including chest X-ray, should be repeated annually on all such personnel. Other personnel who show signs of other respiratory infections, skin lesions, diarrhea, and other communicable disease, should be excluded from work and return only after a checkup by a physician.

(ii) Personnel absent from duty because of any reportable communicable disease, infection, or exposure thereto, shall be excluded from the hospital until examined by a physician designated for such purpose, and shall be certified by him to the Administrator as not suffering any condition that may endanger the health of patients or employees.

(f) Records and Reports

(1) Accurate and complete confidential medical records shall be prepared for all patients. These shall be filed in such a manner as to be accessible to the medical and nursing staff.

(A) A trained medical record librarian, or other authorized hospital employee, shall be given the responsibility for the proper custody, supervision, indexing, and filing of the completed medical records of patients.

(B) Space and equipment shall be provided for the recording and completion of the record by the physician as well as for indexing, filing, and safe storage of medical records.

(C) Accurate and complete medical records shall be maintained on all patients from the time of admission to the time of discharge. To be considered complete, a medical record should include:

(i) adequate identification data;

(ii) admitting diagnosis (to be completed within 24-48 hours);

(iii) history and physical examination including history of pregnancy on

maternity cases (to be completed within 24-48 hours);

(iv) progress notes;

(v) signed doctor's orders;

(vi) operative notes where applicable (to include course of delivery on maternity cases);

(vii) special reports and examinations including clinical and laboratory findings, X-ray findings, records of consultation, anesthesia reports, etc.;

(viii) nurse's notes;

(ix) discharge diagnosis

(x) autopsy report where applicable;

(xi) full and true name of patient and spouse or nearest relative and address;

(xii) the place of residence of the patient prior to hospitalization, and place of residence following discharge.

(D) A medical record shall be maintained on all newborn infants and shall include a physical examination performed and recorded by the physician, and a statement relative to the physical condition of the infant at the time of discharge. When the child leaves the hospital with any person other than his parent, the hospital should obtain and record the true name of the person or persons with whom the child leaves, and the place of residence where it is planned that he is to be taken. (Reporting of children born out of wedlock, and any child taken from the hospital by persons other than his own parent, and referrals for child placement and adoptions shall be in accordance with AS 29.10.189.)

(E) The medical staff shall have a policy requiring that the medical records shall be completed within a reasonable time following the discharge of the patient. The completion of the medical record shall be the responsibility of the attending physician.

(F) The history and physical examination record shall be completed and signed by the attending staff member prior to the performance of any surgery except in case of emergency, when an admission note including significant findings and diagnosis shall be written.

(G) All medical records shall contain the orders for medication and other services written in ink and signed by the prescribing physician, or undersigned by him within 24 hours. In surgery cases, a copy of the pathologist's tissue report shall be made a part of the patient's permanent medical record.

(2) The following hospital records shall be maintained in a form and manner acceptable to the Department of Health and Social Services and such reports from them shall be made as requested:

(A) record of admission and discharges, total patient days, average length of stay, and number of autopsies performed. Separate data shall be maintained for

(i) adults and children, excluding newborns;

(ii) newborn infants, excluding stillbirths;

(B) register of births;

(C) register of deaths

(D) the official original records of birth, death, and stillbirth, required by law for each of these events, are the prime responsibility of the attending physician. The hospital shall be responsible for the completeness and accuracy of the data furnished from its records, and for the prompt filing of the original with the proper U.S. Commissioner when so requested by the attending physician in accordance with instructions by the Bureau of Vital Statistics;

(E) register of Operations

(F) register of out-patients

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

AAC 12.010

(G) narcotics shall be handled in complete conformance with the Federal Narcotic Law and the Uniform Narcotic Act adopted by the State of Alaska, AS 17.10 and AS 17.12. Hospitals shall keep a daily record of the kind and quantity of narcotics dispensed or administered, the name of the physician upon whose authority, and the purpose for which dispensed or administered. The initials or signature of the practitioner ordering the drug shall appear on the patient's chart, or on a separate prescription properly executed by the physician, filed with the pharmacist in charge of the pharmacy before the narcotic leaves his control. If both chart and prescription are used, the chart shall bear a reference to the prescription. The nurse's notes and the doctor's orders in the patient's chart shall carry a record of narcotics together with their signature. A periodic checkup shall be made to verify that the amounts purchased balance with the dispensed and on hand amounts;

(H) all original hospital records or photographs of same shall be stored in the hospital, and none shall be disposed of except by the approval of the Department of Health and Social Services.

(g) Chemical laboratory service shall be provided in or available for the hospital.

(1) Personnel. A physician shall have responsibility for the supervision of the laboratory. The laboratory personnel shall be qualified by education, training, and experience for the type of service performed.

(2) Facilities and equipment for the performance of routine clinical diagnostic procedures, and other laboratory techniques shall be adequate for the services provided.

(3) The extent of these services shall be based on the services rendered by the hospital. It is recommended that hospitals rendering general service, including surgery, and obstetrics, provide facilities for at least the following: Examination of urine for sugar, albumen, acetone bodies, and microscopic examinations, sediment; for the determination of blood hemoglobin, erythrocyte count, leucocyte count, differential count, volume index,

coagulation time, blood group and matching, and for quantitative blood sugar determination. It is also recommended that mailing containers for the submission of specimens for tuberculosis, intestinal parasites, enteric fever, diphtheria culture, malaria, serological agglutination tests, and agglutination tests for syphilis be secured from the Section of Laboratories, Department of Health and Social Services and a supply kept on hand for the convenience of physicians.

(4) It shall be the policy of all hospitals providing services for surgical care, to have available facilities for the pathological examination of all tissue specimens, either on the premises or by arrangement through affiliation, or other means, with a competent pathological laboratory.

(h) X-ray service shall be provided in or available to the hospital.

(1) A physician shall have responsibility for the supervision of the X-ray service. The X-ray personnel shall be qualified by education, training, and experience for the type of service performed.

(2) Diagnostic and therapeutic X-ray facilities shall be adequate for the services provided. Protection against radiation hazards shall be provided for the patients, operators, and other personnel.

(3) Hospitals providing Radio Isotope, or other atomic treatment services, shall report the type of such services to the Department of Health and Social Services.

(i) Accommodations, Furnishings and Equipment for Care

(1) Nursing Department

A) Patient Rooms

(i) All bedrooms used for patients shall be outside rooms, dry, well ventilated, naturally lighted, and otherwise suitable for occupancy. Each bedroom shall have direct access to corridor.

(ii) Rooms extending below ground level shall not be used as bedrooms for

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.010

patients except that any patient bedroom, in use prior to the effective date of these regulations, may be continued provided it does not extend more than three feet below ground level.

(iii) No patient shall, at any time, be admitted for regular bed care to any room other than one regularly designed as a patient room or ward, except in case of emergency, and then only as a temporary measure.

(iv) Patients' beds should not be placed in corridors nor should furniture or equipment be kept in corridors except in the process of moving from one room to another.

(v) There should be a space of at least three feet between beds, and sufficient space around the bed to facilitate nursing care and to accommodate the necessary equipment for care. Beds shall be located to avoid drafts or other discomforts to patients.

(vi) The window area of each bedroom shall equal at least one-eighth of the total floor area. The minimum floor area should be at least 100 square feet in single bedrooms and at least 80 square feet per bed in multi-bedrooms. All hospitals in operation, as of the effective date of these Regulations, shall comply with the requirements of this subsection (i) of this section to the extent possible, but nothing contained herein shall be so construed as to require major alterations by such hospitals, nor shall a license be suspended or revoked for an inability to comply fully with subsection (i) of this section.

(B) the following items shall be provided for each patient unless clinically contraindicated:

(i) a comfortable, hospital-type bed, a clean mattress, waterproof sheeting or pad, pillows, and necessary covering. Clean bedding, towels, washcloths, bath blankets, and other necessary supplies shall be kept on hand for use at all times;

(ii) at least one chair

(iii) a locker or closet for storage of clothing. Where one closet is used for two or more persons, provisions shall be made for separation of patients' clothing;

(iv) a bedside table with compartment or drawer to accommodate personal possession for each person;

(v) cubicle curtains or bed screens to afford privacy in all multi-bed rooms;

(vi) a device for signaling attendants, which shall be kept in working order at all times except in psychiatric and pediatric units, where an emergency call should be available in each patient's room for the use of the nurse;

(vii) handwashing facilities, located in the room or convenient to the room, for the use of patients and personnel. It is recommended that these be equipped with gooseneck spouts and wrist action controls;

(viii) a clinical thermometer to be sterilized before each use;

(ix) individual bedpans, wash basins, emesis basins, and mouth wash cups shall be provided for each patient confined to bed. This equipment shall be stored so that it will not be interchanged and shall be sterilized when the patient is discharged;

(x) no linen shall be interchangeable from one patient to another before being properly laundered.

(C) There shall be one nurses' station provided for each nursing unit. Each station shall be conveniently located for patient service and observation of signals. It shall have a locked, well-illuminated medicine cabinet. Where narcotics are kept on the nursing station, a separate, locked, permanently secured cabinet for narcotics shall be provided. Adequate lighting space for

keeping patients' charts, and for personnel to record and chart shall be maintained.

(D) There shall be at least one conveniently located, well-illuminated and ventilated utility room for each nursing unit. Such room shall provide adequate space and facilities for the emptying, cleansing, sterilizing, and storage of equipment. Bathtubs or lavatories, or laundry trays shall not be used for these purposes. A segregation of clean and dirty activities shall be maintained.

(E) A linen closet or linen supply cupboard shall be provided convenient to the nurses' station.

(F) Supplies and equipment for medical and nursing care shall be provided according to the type of patients accepted. Storage areas shall be provided for supplies and equipment. A separate enclosed space shall be provided and identified for the storage of sterile supplies. Sterile supplies and equipment for the administration of blood and intravenous, or subcutaneous solutions, shall be readily available. Acceptable arrangements shall be made for the provision of whole blood whenever indicated.

(G) A room, or rooms, equipped for the isolation of cases, or suspected cases of communicable disease, shall be provided. Policies and procedures for the care of infectious patients, including the handling of linens, utensils, dishes, and other supplies and equipment, shall be established. The hospital and its staff shall provide for compliance with the regulations for the control of communicable disease of the Department of Health and Social Services. (7 AAC 27.010.080)

(H) All medications which have been prepared for an individual patient shall be discarded when orders have been discontinued, or patient has been dismissed. Individual narcotic medications shall be returned to the pharmacy for accounting.

(i) Restraints shall be applied only when they are necessary to prevent injury to the patient or to others, and shall be

used only when alternative measures are not sufficient to accomplish their purposes. Careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

(ii) Hot water bags must be covered before being placed in a bed, and carefully checked as to temperature and leakage. Electrical heating pads shall be checked periodically, at least annually, by an electrician.

(2) Surgical Department

(A) All hospitals providing for the surgical care of patients shall have an operating room or rooms, scrub-up facilities, clean-up facilities, and space for the storage of surgical supplies and instruments. The surgical suite shall be located to prevent routine traffic through it to any other part of the hospital. It is recommended that the surgical and obstetrical suites be entirely separate.

(B) The operating room shall be of a sufficient size to accommodate the personnel and equipment needed.

(C) There shall be satisfactory illumination of the operative field as well as general illumination.

(D) Adequate work space, sterilizing space, and sterile storage space shall be provided. A central sterilizing and supply room is recommended. Sterilizers and autoclaves of the proper type, and necessary capacity for the sterilization of utensils, instruments, dressings, water and other solutions, shall be provided and maintained in an operating conditions. Provision of sterile water in flasks is recommended. Special precautions shall be taken so that sterile supplies are readily identifiable as such and are completely separated from unsterile supplies.

(E) In hospitals providing care for surgical patients, provisions should be made for the setting aside of surgical beds and surgical wards, and the arrangement shall be in a manner such as to protect elective and clean

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.010

tical cases from cross-infection from clean or infectious surgical cases.

(3) Anesthesia

(A) Anesthesia shall be administered by a person adequately trained and competent in anesthesia administration, or under the close supervision of a physician.

(B) Suitable equipment for the administration of the type of anesthesia used shall be available. Where conductive flooring is installed in anesthetizing areas, all equipment shall have safety features as reflected in reference listed below.

(C) Oxygen and equipment for its use shall be available.

(D) Proper provision shall be made for the safe storage of anesthetic materials as reflected in reference listed below.

Part II of Standard No. 56, current issue, entitled "Recommended Safe Practice for Hospital Operating Rooms" published by the National Fire Protection Association, 60 Batterymarch Street, Boston 10, Massachusetts, which part of said standard is hereby adopted by reference as Standards of the Department of Health and Social Services.

(4) Obstetrical Department

(A) Hospitals providing for the obstetrical care of maternity patients shall have a delivery room or rooms in a ratio commensurate with the size of the hospital, scrub-up facilities, clean-up facilities, and space for the storage of obstetrical supplies and instruments. The obstetrical suite shall be located to prevent routine traffic through it to any other part of the hospital. An exception is made for those hospitals which, on the effective date of these Regulations, provide a single room which is used for both surgery and delivery purposes. Scrub-up facilities, clean-up facilities, and space for the storage of supplies and instruments shall be provided in such hospitals. Precautions shall be taken to avoid cross-infection.

(B) The delivery room shall be of sufficient size to accommodate the personnel and equipment needed.

(C) There shall be satisfactory illumination of the delivery field as well as general illumination.

(D) One labor bed for each ten maternity beds, or fraction thereof, should be provided in a labor room or rooms adjacent to or in the delivery suite unless the patient's own room is used for labor. It is suggested that the labor room be acoustically-treated and provided with a toilet and lavatory.

(E) Maternity patients shall not be placed in rooms with other than maternity patients.

(F) Minimum Equipment Requirements for Delivery Room. The following shall be provided in the delivery room:

(i) Equipment for anesthesia and for the administration of oxygen to the mother;

(ii) a source of oxygen with a mechanism for controlling the concentration of oxygen and with a suitable device for administering oxygen to the infant;

(iii) a safe and suitable type of suction device for cleaning the infant's upper respiratory tract of mucus and other fluid;

(iv) a properly heated bassinet for reception of the newborn infant. This shall include no hazardous electrical equipment;

(v) sterile equipment suitable for clamping, cutting, tying and dressing the umbilical cord;

(vi) provision for the prophylactic treatment of the infant's eyes;

(vii) a device, as well as an established procedure, for easy and positive identification of the infant before removal from the delivery room. This shall be of a

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

AAC 12.010

type which cannot be inadvertently removed during routine care of the infant;

(viii) sterile supplies and equipment for the administration of blood and intravenous, or subcutaneous solutions, shall be readily available. Acceptable arrangements shall be made for the provision of whole blood whenever indicated.

(G) Maternity patients with infection, fever or other conditions, or symptoms which may constitute a hazard to other maternity patients, shall be isolated immediately in a separate room which is properly equipped for isolation in an area removed from the obstetrical department.

(5) Nursery Department

A) Each hospital with a maternity service shall provide at least one newborn nursery for the exclusive use of well infants delivered within the institution. The number of bassinets provided shall be at least equal to the number of maternity beds. It is suggested that each newborn nursery be limited to twelve bassinets. Each nursery should be provided with a lavatory with goose-neck spout and other than hand-operated faucets.

(i) In hospitals constructed after the effective date of these Regulations, the total nursery space, exclusive of the work room, shall provide a floor area of at least 24 square feet for each bassinet, with a distance of at least two feet between each bassinet and aisle space of at least three feet.

(ii) Hospitals operating as of the effective date of these Regulations, should comply with subsections (i), (5), (A) of this section, to the extent possible, but no hospital should have a nursery area which provides less than 18 inches between each bassinet and an aisle space of at least three feet, exclusive of the work room or work area.

(iii) Each bassinet should be mounted on a single stand and be removable to facilitate cleaning.

(iv) An observation window should be installed between the corridor and nursery to facilitate the viewing of infants.

(v) Each nursery department shall have one or more incubators whereby temperatures, humidity and oxygen can be controlled and measured.

(vi) A separate premature nursery and work room are advisable for hospitals with 25 or more maternity beds, on the basis of 30 square feet per incubator and a maximum of six incubators per nursery.

(vii) It is suggested that the oxygen concentration be checked by measurement with an oxygen analyzer at least every eight hours, or that an incubator attached, minus 40 per cent oxygen concentration limiting device be used.

(6) Examination and Work Room

(A) An adjoining examination and work room shall be provided for each nursery or between each two nurseries.

(B) The work room shall be of adequate size to provide facilities necessary to prepare personnel for work in the nursery, for the examination and treatment of infants by physicians, for charting, for storage of nursery linen, for disposal of soiled linen, for storage and dispensing of feedings and for initial rinsing of bottles and nipples.

(C) Each work room shall be provided with a scrub-up sink, having foot, knee, or elbow-acting controls; counter with counter sink having a goose-neck spout and other than hand-operated controls.

(D) Hospitals operating as of the effective date of these Regulations shall comply with subsections (i), (6), (A), (B), (C) of this section, to the extent possible, but if a separate examination and work room is not provided, there shall be a segregated examination and work area in the nursery. The work area shall be of adequate size and provide the facilities and equipment necessary to prepare personnel for work in the nursery, for the examination and

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.010

treatment of infants by physicians, for storage of nursery linen and for the suspending of feedings.

(7) Space and equipment for clean-up preparation and refrigeration to be used exclusively for infant formulas, should be provided apart from care areas and apart from other food service areas. A registered nurse or a dietitian should be responsible for the formula preparation.

(8) There shall be a room available for the care of newborn infants suspected of having a communicable disease and for newborn infants admitted from the outside. Where a suspect nursery is available, it should provide 40 square feet per bassinet with a maximum of six bassinets, and have a separate work room. Isolation technique should be used in the suspect nursery.

(9) Infants found to have an infectious condition shall be transferred promptly to an isolation area elsewhere in the hospital.

Pediatric Services

(1) A hospital providing for care of children shall have registered nursing personnel commensurate with the needs of the hospital and the size of the service.

(2) Hospitals providing pediatric care shall have proper facilities for the caring of children apart from the services for adult patients, apart from the newborn nursing service, and there shall be proper facilities and procedures for the isolation of children with infectious, contagious, or communicable conditions.

(k) Psychiatric Services

(1) Upon admission to the hospital, the doctor's written orders for psychiatric patients should indicate whether or not there will be a need for seclusions, restraints, special nurse, or attendant. If there is a question with respect to the need for seclusion, restraints, special nurse, or special attendant which arises *after* the patient has been admitted, such order should be given by the doctor. If such order is a verbal phone order, it should be signed by the doctor within 24 hours. If there are special

quarters for a psychiatric patient in the hospital, then these rooms should be used for psychiatric patients unless specific physician's orders to the contrary are written in the medical record. If a general acute patient is occupying the psychiatric room when it is needed for a psychiatric patient, orders to remove the general acute patient must be written in the patient's medical record by his attending physician. If there is a nurse on the staff who has had training in the care of the psychiatric patient, the hospital should establish a course to be given to their practical nurses, nurse aides, and attendants in the care of psychiatric patients.

(2) The use of mechanical restraints is to be avoided. If used, they shall be applied only on written order of the physician-in-charge.

(3) Patients shall be placed in seclusion only by written order of the physician-in-charge. The placing of more than one patient in a single room for seclusion is prohibited.

(4) No patient may be placed in mechanical restraints or seclusion unless there is a nurse or nurse attendant continually on the immediate floor to watch the patient.

(5) Sharp instruments, knives, ice picks, matches, or other objects which might be used for homicidal or suicidal purposes, must never be available to the patients without supervision.

(l) Food Service and Food Sanitation

(1) The Preparation and Service of Food

(A) The dietary department shall be under the supervision of a trained dietitian or other person experienced in the handling, preparation, and serving of foods; in the preparation of special diets; and in the supervision and management of food service personnel. This person shall be responsible for compliance with safe practices in food service and sanitation.

(B) There shall be sufficient space and equipment for the proper preparation and serving of food for both patients and personnel. The kitchen shall be used for no other purpose than activities connected with the dietary service and the washing and

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.010

storage of dishes and utensils. A dining room or rooms shall be provided for personnel. It is recommended that a separate dishwashing area or room be provided.

(C) Food for patients and employees shall be nutritious, free from contamination, properly prepared, palatable, and easily digestible. A file of the menus served shall be maintained for at least 30 days.

(D) All foods shall be sorted and served so as to be protected from dust, flies, rodents, vermin, unnecessary handling, overhead leakage, and other means of contamination. All readily perishable food shall be stored in clean refrigerators at a temperature of 50 degrees Fahrenheit or lower. Each refrigerator shall be equipped with a thermometer.

(E) All fluid milk, cream, and milk products should be safe for human consumption. Where pasteurized milk is not available, condensed, evaporated or dried milk shall be used. Ice used in contact with food or drink shall be obtained from a source acceptable to the Department of Health and Social Services and handled and dispensed in a sanitary manner.

(F) Handwashing facilities with hot and cold running water, soap, and individual towels shall be accessible for the use of all food handlers and so located in the kitchen to permit direct observation by the supervisor. No employee shall resume work after using the toilet room without first washing his hands.

(G) Dishwashing Facilities and Methods. Either of the following methods may be employed in dishwashing:

(i) Manual. A three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load for a period sufficient to permit complete air-drying. Water-heating equipment capable of maintaining the temperature of the water in the disinfection compartment

at 170 degrees Fahrenheit shall be provided. Drain boards shall be part of the three-compartment sink and adequate space shall be available for drainage. The dishes shall be washed in the first compartment of the sink with warm water containing a suitable detergent; rinsed in clear water in the second compartment; and disinfected by complete immersion in the third compartment for at least two minutes in water at a temperature not lower than 170 degrees Fahrenheit. Temperature readings shall be determined by a thermometer. Dishes and utensils shall be air-dried.

(ii) Mechanical. Water pressure in the lines supplying the wash and rinse section of the dishwashing machine shall not be less than 15 pounds per square inch nor more than 30 pounds per square inch. The rinse water shall be at a temperature not lower than 180 degrees Fahrenheit at the machine. The machines shall be equipped with thermometers which will indicate accurately the temperature of the wash water and rinse water. Dishes and utensils shall be air-dried.

(H) All rooms in which food is stored, prepared, or served, or in which utensils are washed, shall be well-ventilated. The cooking area shall be ventilated to control temperatures, smoke and odors.

(I) Garbage shall be disposed of in a manner acceptable to the Department of Health and Social Services. When stored, it shall be retained in water-tight metal cans equipped with tightly fitting metal covers. All containers for the collection of garbage and refuse shall be kept in a sanitary condition.

(J) Conveniently located toilet and lavatory facilities shall be provided for employees engaged in food handling. Toilet rooms shall not open directly into any room in which food is prepared or utensils are handled or stored.

(2) Sanitation

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 12.010

(A) The water supply shall be of safe sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which meets the requirements of 7 AAC 14. Hot water of a temperature required for its specific use shall be available as needed. For the protection of patients and personnel, thermostatically controlled valves shall be installed where indicated.

(B) Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system which is acceptable to the Department of Health and Social Services.

(C) The plumbing and drainage, or other arrangements for the disposal of excreta and wastes shall be in accordance with the Regulations of the Department of Health and Social Services.

(D) The toilets shall be conveniently located and provided in number ample for use according to the number of patients and personnel of both sexes. The minimum requirement is one toilet for each eight patients or fraction thereof.

(E) Handwashing facilities of the proper type in each instance shall be readily available for physicians, nurses and other personnel. Lavatories shall be provided in the ratio of at least one lavatory for each eight patients or fraction thereof. Lavatories shall be readily accessible to all toilets. Individual towels and soap shall be available at all times. The use of the common towel is prohibited.

(F) A bathtub or shower shall be provided in the ratio of at least one tub or shower for each 30 patients or fraction thereof.

(G) Outside openings including doors and windows shall be properly screened or otherwise protected to prevent the entrance of flies, mosquitoes, and other insects.

Physical Plant

(1) The hospital structure and its equipment shall be kept in good repair and operated at all times with regard for the health, treatment, comfort, safety and well-being of the patients and personnel.

(2) Fire protection for the hospital shall be provided in accordance with the requirements of the State Fire Marshal. All hospitals shall have a written fire manual, outlining a plan for the movement of patients to a safe location in case of fire. Approval by the State Fire Marshal of the fire protection of a hospital should be a pre-requisite for licensure.

(3) Walls, floors and ceilings shall be kept clean and in good repair at all times. They shall be of a type to permit good maintenance including frequent washings, cleaning, or painting.

(4) Lighting

(A) All areas shall be adequately lighted.

(B) All lighting and electrical fixtures, including emergency lighting in operating rooms, delivery rooms and spaces where explosive gases are used or stored, shall comply with standards as reflected in Part II of Standard No. 56, current issue, entitled "Recommended Safe Practice for Hospital Operating Rooms" published by the National Fire Protection Association, 60 Batterymarch Street, Boston 10, Massachusetts, which part of said Standard is hereby adopted by reference as Standards of the Department of Health and Social Services.

(C) Safe emergency lighting equipment shall be provided and distributed so as to be readily available to personnel on duty in the event of a power failure. There shall be at least a battery operated lamp with vapor-proof switch, in readiness at all times, for use in the delivery and operating rooms.

(D) The heating system shall be capable of maintaining temperatures adequate for the comfort and protection of all patients at all times.

(E) Kitchens, laundries, toilet rooms and utility rooms shall be ventilated by windows

or mechanical means to control temperatures and offensive odors. If ventilation is used in operating rooms, delivery rooms, or other anesthetizing areas, the system shall conform to the requirements of these Regulations 7 AAC 12.020(e)(1) for Hospital Construction and Equipment.

(F) All stairways and ramps shall be provided with handrails on both sides and with nonskid treads.

(G) All dangerous areas and equipment shall be provided with proper guards and appropriate devices to prevent accidents. Elevators, dumbwaiters and machinery shall be so constructed and maintained as to comply with all local and State Fire Code, and as reflected in "Safety Code for Elevators, Escalators, and Dumbwaiters," A 17.1, published by the American Standards Association, Incorporated, 70 East 45th Street, New York 17, New York. All electrical wiring, appliances, fixtures and equipment shall be installed to comply with the requirements of the State Fire Code and local Codes and where not covered, they shall comply with Standards as reflected in reference NBFU No. 70, entitled "National Electrical Code" published by the National Board of Fire Underwriters, 85 John Street, New York 7, New York, and said Standard is hereby adopted by reference as Standards of the Department of Health and Social Services.

(H) An incinerator shall be provided for the safe disposal of infected dressings, surgical and obstetrical wastes and other similar materials.

(I) Adequate telephone service shall be provided in order to assure efficient service and operation of the institution and to summon help promptly in case of emergency.

(J) The hospital shall make provision for the proper laundering of linen and washable goods. Where linen is sent to an outside laundry, the hospital shall take reasonable precautions to see that contaminated linen is properly handled.

(K) Space shall be provided for the storage of supplies and equipment. Corridors shall not be used as storage areas.

(n) Hospitals devoted to the care of tuberculous patients and hospitals having departments for the care of tuberculous patients shall meet the requirements as reflected in the Minimal Medical and Administrative Standards for Tuberculous Hospital Administration, current issue, as promulgated by the American Trudeau Society, 1790 Broadway, New York, New York, which appears in the American Review of Tuberculosis and Pulmonary Diseases, Volume 72, Number 5, and is hereby adopted by reference as Standards of the Department of Health and Social Services. (In effect before 7/28/59)

Authority AS 18.20.020
AS 18.20.030
AS 18.20.040
AS 18.20.060

7 AAC 12.020. REGULATIONS FOR HOSPITAL CONSTRUCTION AND EQUIPMENT. Repealed. (Eff. 4/28/77, Reg. 62)

7 AAC 12.030. PREPARATION OF PLANS AND SPECIFICATIONS FOR HOSPITALS. Repealed. (Eff. 4/28/77, Reg. 62)

7 AAC 12.040. LICENSING, OPERATION, AND MAINTENANCE OF NURSING HOMES.
(a) Licensing Requirements

(1) Any person or persons desiring to establish, conduct, or maintain, or who holds out, represents or advertises by any means, the establishment, maintenance or conducting of a nursing home as defined in these requirements, shall obtain a license from the Department of Health and Social Services. The use of the name or title "Nursing Home" by any person or persons to identify a facility for the care and treatment of human illness other than a facility subject to the licensure provisions of these requirements is prohibited.

(2) Application for license to operate a nursing home shall be furnished upon request made to the Department of Health and Social Services.

(3) The licensee is the officer or member of staff or governing body on whom rests the

responsibility for maintaining approved standards for the institution.

(4) A license is valid only for the licensee and premises named in the license.

(5) Separate licenses are required for institutions maintained on separate premises, even though they are operated under the same management. Provided, however, that several separate licenses are not required for separate buildings on the same ground.

(6) The license shall be posted in a conspicuous place on the premises, in the public lobby or waiting room of the institution.

(7) Each license to operate a nursing home shall expire on June 30 following the date of issue, and if a renewal is desired, the licensee shall make application at least 30 days prior to the expiration date upon a form adopted by the licensing agency.

(8) Revocation of a License

(A) A license issued to any nursing home will be suspended or revoked by the licensing agency in any case where the agency finds that there has been a substantial failure to

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.040

comply with the requirements established under the Nursing Home Licensing Law, AS 18.20.

(B) A license may be revoked if the agency, upon investigation, finds that any illegal act affecting the welfare of a patient in the institution has been permitted.

(9) Each license shall be returned to the agency immediately upon its suspension or revocation, or if the institution voluntarily ceases operation.

(b) Definitions

(1) Nursing home: A facility which is operated in connection with a hospital or in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery within the state for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term "nursing home" shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than 24 hours per day to individuals admitted because of illness, disease or physical or mental infirmity.

(2) Hospitalization: Within the meaning of the Hospital Licensing Law, "hospitalization" is defined as the reception and care of any person for the purpose of providing room, board, and nursing service and nursing home facilities required in connection with the diagnosis and treatment of any condition or infirmity.

(3) Medical staff: The medical staff of a nursing home shall be defined as an organized body composed of all individuals who are appointed to the staff of a nursing home by its governing board.

(4) Registered nurse: A registered nurse shall be a person graduated from a school of nursing and who is currently registered in the State of Alaska.

(c) General Provisions

(1) When any individual or group in a given locality believes a need exists for a nursing home and would like to investigate the need for and possibilities of such a nursing home, the Department of Health and Social Services shall be so notified in writing. The Department of Health and Social Services shall thereupon make available to such body all the latest information relative to nursing home needs in that area. Nothing in these regulations shall prohibit the development of a nursing home in any location, provided such nursing home meets the standards of construction, equipment, licensing, maintenance, and operation as prescribed in these regulations.

(2) When the occupancy rates of a nursing home are determined by the Department of Health and Social Services to be so excessively high as to thereby create serious overcrowding and interference with the provision of proper care for patients, the Department of Health and Social Services shall so inform the governing body which shall thereupon make provisions for expansion of the bed capacity and needed services, or make other arrangements to alleviate such conditions.

(d) Administration of Nursing Homes

(1) Non-Profit Corporation

(A) There shall be a Board of Directors, Board of Trustees, or other similar body in each institution which shall be the supreme authority in the nursing home responsible for its management, control and operation, the appointment of the medical staff, the conservation and use of nursing home moneys, and the formulation of administrative policy:

(i) It should be composed of at least three representative residents in the area served by the institution, or as many more additional members who need not be such residents, as are required to effect efficient direction. It is recognized that a nursing home operated by a religious order or body may have an established governing body as its supreme authority which may be composed and organized of officials or members of such religious body or organization and in accordance

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.040

with the practice or rule thereof, notwithstanding lack of residence in the area served by the institution. For such nursing home, operated by a religious organization, it is recommended that a local board of residents be established to act as the authority in all matters which may be delegated to it by the rule of the organization and to act in an advisory capacity and referral authority to the supreme authority of the organization.

(ii) The governing body shall consist of at least a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.

(iii) It shall conduct regular meetings and such special meetings as are required.

(iv) The governing body of the institution shall notify the Department of Health and Social Services within 30 days, in writing, of the termination of the service of the administrator as well as of the appointment, name, and address of the new administrator, including dates of change.

(B) All institutions shall have an administrative officer, superintendent, or director, who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. The administrative officer shall have charge of and be responsible for the administration of the institution. After September 15, 1972 no nursing home will qualify for licensure unless it is administered by a nursing home administrator who is licensed by the Alaska Nursing Home Administrators Licensing Board.

(2) Profit Corporation (Organized and Operated for Profit)

(A) The owner, partners, or in the case of a private corporation, the board of trustees of a profit-making nursing home, shall carry out the same functions reserved for the governing body of a non-profit institution. Such persons, or board, shall be the ultimate

authority in the nursing home responsible for the formulation of its policies, management, control, and operation, including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients, and such other duties and responsibilities as are necessary to carry out the purpose of the institution. The owner, partner, or the board of trustees of any privately incorporated nursing home shall certify to the Department of Health and Social Services the names, addresses, occupations, or professions of the owners

(i) Any changes in the ownership or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Health and Social Services within 30 days of the date on which such change occurred.

(ii) The owner, partner, or the board of trustees of any profit-making nursing home shall notify the Department of Health and Social Services within 30 days, in writing of the termination of service of the administrator as well as of the appointment, name, and address of the new administrator, including date of change.

(B) All profit-making institutions shall have an administrative officer, superintendent or director. He shall be selected by the person or persons exercising the ultimate authority in each institution. He shall be responsible for carrying out the policies of the owners and for the overall administration of all departments and branches in the institution. After September 15, 1972 no nursing home will qualify for licensure unless it is administered by a nursing home administrator who is licensed by the Alaska Nursing Home Administrator Licensing Board.

(3) The Medical Staff

(A) All persons admitted to the nursing home shall be under the professional care of a licensed physician.

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.040

(B) No medication or treatment shall be given to a patient except on the written order of a licensed physician. Emergency orders, given by telephone shall be reduced to writing immediately upon receipt and shall be signed by the licensed physician within 24 hours after the order is given.

(C) All nursing homes shall have a licensed physician available on call for emergencies at all times; provided, however, this regulation shall not apply during such time that any nursing home is without the services of a licensed physician and/or every diligent effort has been made to secure a competent licensed physician. Provided further, that in no event shall any nursing home be without a competent licensed physician for any reasonable time not to exceed three months.

(4) Personnel

(A) Written policies, procedures, rules, and regulations shall be established for]the administrative and technical guidance of the personnel of the entire nursing home. Employees shall be instructed in the requirements, policies, and procedures pertaining to their respective duties.

(B) At all times there shall be enough qualified personnel on duty to provide the standard of care and maintenance in the nursing home, which is necessary for the well-being of the persons received for care. This includes night duty, vacation, and other relief periods. A record shall be kept of the length of services of each employee.

(C) Nursing Personnel

(i) The department of nursing shall be organized to provide complete and efficient nursing care to each patient, and the authority, responsibility, and function of each nurse shall be clearly defined.

(ii) All graduate nurses employed in a nursing home must be licensed in the State of Alaska to practice their profession. Temporary permits shall be honored for such period as may be reasonably necessary to permit final action on the nurse's application for a

license by the Alaska Nurses' Examining Board for the state but in no case shall the temporary permit be for a longer period than three months. Licenses must be renewed annually, in accordance with the state law, AS 08.68. Nurses employed by a nursing home to practice are subject to immediate restrictions from the practice of nursing in such nursing home upon recommendation of the Nurses' Examining Board of the State of Alaska when such recommendation precedes denial of license to practice in the state.

(iii) The superintendent or director of nursing service shall be a competent and well-trained person, with administrative and executive ability, and she shall be a graduate nurse and currently licensed to practice in the State of Alaska.

(iv) Supervisors and head nurses shall have had preparation courses and experience commensurate with the responsibility of the specific assignment.

(v) Applications for employment as a professional or practical nurse shall be submitted in writing to the person responsible for nursing personnel, and each application shall contain accurate information as to the education, training, experience, and personal background of each applicant. Professional and practical nurses already licensed to practice in the state shall submit their current state license, or registration card to the person responsible for the nursing personnel for review. Such responsible person shall maintain a continuing record of the current registration numbers of professional and practical nurses on the staff, and shall be responsible seeing that all professional and practical nurses on the staff maintain renewal of their licensure. Duties of the professional and practical nurse staff shall be clearly defined and not in conflict with restrictions in responsibilities set forth in the Alaska Nurse Practice Act, AS 08.68. They shall be instructed in all duties assigned to them.

(vi) There shall be regular meetings of

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.040

(vi) There shall be regular meetings of the nursing staff to review and analyze the nursing service to determine the quality of the nursing care rendered to patients and to increase the efficiency of the nursing service.

(D) Health of Employees

(i) All regular paid personnel should be given pre-employment examinations consisting of a general physical examination, including a chest X-ray and stool cultures if a history of typhoid fever is elicited. A physical examination, including chest X-ray, should be repeated annually on all such personnel. Other personnel who show signs of other respiratory infections, skin lesions, diarrhea, and other communicable disease, should be excluded from work to return only after a checkup by a physician.

(ii) Personnel absent from duty because of any reportable communicable disease, infection, or exposure thereto, shall be excluded from the hospital until examined by a physician designated for such purpose, and shall be certified by him to the administrator as not suffering any condition that may endanger the health of patients or employees.

(e) Accommodations, Furnishings and Equipment for Care

(1) Patient Rooms

(A) All bedrooms used for patients shall be outside rooms, dry, well ventilated, naturally lighted, and otherwise suitable for occupancy. Each bedroom shall have direct access to corridor.

(B) Rooms extending below ground level shall not be used as bedrooms for patients except that any patient bedroom, in use prior to the effective date of these regulations, may be continued provided it does not extend more than three feet below ground level.

(C) No patient shall, at any time, be admitted for regular bed care to any room

other than one regularly designed as a patient room or ward except in case of emergency, and then only as a temporary measure.

(D) Patients' beds should not be placed in corridors nor should furniture or equipment be kept in corridors except in the process of moving from one room to another.

(E) There should be a space of at least three feet between beds, and sufficient space around the bed to facilitate nursing care and to accommodate the necessary equipment for care. Beds shall be located to avoid drafts or other discomforts to patients.

(F) The window area of each bedroom shall equal at least one-eighth of a total floor area. The minimum floor area should be at least 100 square feet in single bedrooms and at least 80 square feet per bed in multi-bedrooms. All nursing homes in operation, as of the effective date of these regulations, shall comply with the requirements of sec. 010. (e) to the extent possible, but nothing contained herein shall be so construed as to require major alterations by such nursing homes, nor shall a license be suspended or revoked for an inability to comply fully with sec. 010.(e).

(2) Equipment for Patient Rooms. The following items shall be provided for each patient unless clinically contraindicated *

(A) a comfortable, hospital-type bed, a clean mattress, waterproof sheeting or pad, pillows and necessary covering. Clean bedding, towels, washcloths, bath blankets, and other necessary supplies shall be kept on hand for use at all times;

(B) at least one chair;

(C) a locker or closet for storage of clothing. Where one closet is used for two or more persons, provisions shall be made for separation of patients' clothing;

(D) a bedside table with compartment or drawer to accommodate personal possessions for each person;

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.040

(E) cubicle curtains or bed screens to afford privacy in all multi-bed rooms;

(F) a device for signaling attendants, which shall be kept in working order at all times except in psychiatric and pediatric units, where an emergency call should be available in each patient's room for the use of the nurse;

(G) handwashing facilities, located in the room or convenient to the room, for the use of patients and personnel. It is recommended that these be equipped with gooseneck spouts and wrist action controls;

(H) a clinical thermometer to be sterilized before each use;

(I) individual bedpans, wash basins, emesis basins, and mouth wash cups shall be provided for each patient confined to bed. This equipment shall be stored so that it will not be interchanged and shall be sterilized when the patient is discharged;

(J) no linen shall be interchangeable from one patient to another before being properly laundered.

(3) All medications which have been prepared for an individual patient shall be discarded when orders have been discontinued, or patient has been dismissed. Individual narcotic medications shall be returned to the pharmacy for accounting.

(A) Restraints shall be applied only when they are necessary to prevent injury to the patient or to others, and shall be used only when alternative measures are not sufficient to accomplish their purposes. Careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

(B) Hot water bags must be covered before being placed in a bed, and carefully checked as to temperature and leakage. Electrical heating pads shall be checked periodically, at least annually, by an electrician.

(f) Food Service and Good Sanitation

(1) There shall be sufficient space and equipment for the proper preparation and serving of food for both patients and personnel. The kitchen shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils. A dining room or rooms shall be provided for personnel. It is recommended that a separate dishwashing area or room be provided.

(2) Food for patients and employees shall be nutritious, free from contamination, properly prepared, palatable, and easily digestible. A file of the menus served shall be maintained for at least 30 days.

(3) All foods shall be stored and served so as to be protected from dust, flies, rodents, vermin, unnecessary handling, overhead leakage, and other means of contamination. All readily perishable food shall be stored in clean refrigerators at a temperature of 50 degrees Fahrenheit or lower. Each refrigerator shall be equipped with a thermometer.

(4) All fluid milk, cream, and milk products should be safe for human consumption. Where pasteurized milk is not available, condensed, evaporated or dried milk shall be used. Ice used in contact with food or drink shall be obtained from a source acceptable to the Department of Health and Social Services and handled and dispensed in a sanitary manner.

(5) Handwashing facilities with hot and cold running water, soap, and individual towels shall be accessible for the use of all food handlers and so located in the kitchen to permit direct observation by the supervisor. No employee shall resume work after using the toilet room without first washing his hands.

(6) Either of the following methods may be employed in dishwashing:

(A) a three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load for a period sufficient to permit complete air-drying. Water-heating equipment capable of

Register 45, April 1973

HEALTH AND SOCIAL SERVICES

7 AAC 2.040

maintaining the temperature of the water in the disinfection compartment at 170 degrees Fahrenheit shall be provided. Drain boards shall be part of the three-compartment sink and adequate space shall be available for drainage. The dishes shall be washed in the first compartment of the sink with warm water containing a suitable detergent; rinsed in clear water in the second compartment; and disinfected by complete immersion in the third compartment for at least two minutes in water at a temperature not lower than 170 degrees Fahrenheit. Temperature readings shall be determined by a thermometer. Dishes and utensils shall be air-dried.

(B) Water pressure in the lines supplying the wash and rinse section of the dishwashing machine shall not be less than 15 pounds per square inch for more than 30 pounds per square inch. The rinse water shall be at a temperature not lower than 180 degrees Fahrenheit at the machine. The machines shall be equipped with thermometers which will indicate accurately the temperature of the wash water and rinse water. Dishes and utensils shall be air-dried.

(7) All rooms in which food is stored, prepared, or served, or which utensils are washed, shall be well-ventilated. The cooking area shall be ventilated to control temperature, smoke and odors.

(8) Garbage shall be disposed of in a manner acceptable to the Department of Health and Social Services. When stored it shall be retained in water-tight metal cans equipped with tightly fitting metal covers. All containers for the collections of garbage and refuse shall be kept in a sanitary condition.

(9) Conveniently located toilet and lavatory facilities shall be provided for employees engaged in food handling. Toilet rooms shall not open directly into any room in which food is prepared or utensils are handled or stored.

(g) Sanitation

(1) The water supply shall be of safe sanitary quality, suitable for use, and shall be obtained from a water supply system, the location,

construction, and operation of which meets the requirements of 18 AAC 80. Hot water of a temperature required for its specific use shall be available as needed. For the protection of patients and personnel, thermostatically controlled valves shall be installed where indicated.

(2) Sewage shall be discharged into municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system which meets the requirements of 18 AAC 60.

(3) The plumbing and drainage, or other arrangements for the disposal of excreta and wastes shall be in accordance with 7 AAC 22.010-.080.

(4) The toilets shall be conveniently located and provided in number ample for use according to the number of patients and personnel of both sexes. The minimum requirement is one toilet for each eight patients or fraction thereof.

(5) Handwashing facilities of the proper type in each instance shall be readily available for physicians, nurses and other personnel. Lavatories shall be provided in the ratio of at least one lavatory for each eight patients or fraction thereof. Lavatories shall be readily accessible to all toilets. Individual towels and soap shall be available at all times. The use of the common towel is prohibited.

(6) A bathtub or shower shall be provided in the ratio of at least one tub or shower for each 30 patients or fraction thereof.

(7) Outside openings including doors and windows shall be properly screened or otherwise protected to prevent the entrance of flies, mosquitoes, and other insects.

(h) Physical Plant

(1) The nursing home structure and its equipment shall be kept in good repair and operated at all times with regard for health, treatment, comfort, safety and well-being of the patients and personnel.

(2) Fire protection for the nursing home shall be provided in accordance with the requirements of the State Fire Marshal. All nursing homes shall have a written fire manual, outlining a plan for the movement of patients to a safe location in case of fire. Approval by the State Fire Marshal of the fire protection of a nursing home should be a prerequisite for licensure.

(3) Walls, floors and ceilings shall be kept clean and in good repair at all times. They shall be of a type to permit good maintenance including frequent washings, cleaning, or painting.

(4) Lighting

(A) All areas shall be adequately lighted.

(B) When construction of a new nursing home is contemplated, it shall be in compliance with 7 AAC 09, Design and Construction of Health Facilities.

(i) Reports and Records

(1) The admission, medical, and nursing records shall be maintained and made freely accessible to those responsible for the care of the patient. They shall be open to the inspection of the licensing agent of the Department of Health and Social Services.

(2) Admission and death records shall be kept as prescribed by the Department of Health and Social Services for license and as is required by the Bureau of Vital Statistics. Such records shall be preserved. When a home is closing or ownership is being transferred, the licensee shall apply to the Department of Health and Social Services for the instruction as to disposition of the admission and death records.

(3) Physicians' orders shall be preserved with the record of the patient.

(4) An annual report regarding services furnished during the preceding year shall be submitted to the Department of Health and Social Services on forms furnished for this purpose.

(j) Nursing Homes' Compliance

(1) Nursing homes, licensed as of the effective date of these regulations, shall comply with the requirements contained in this section, entitled "Regulations for the Licensing, Operation, and Maintenance of Nursing Homes" where applicable, to give skilled nursing care and related medical services to individuals admitted to nursing homes.

(2) Nursing homes licensed after July 28, 1959, must be in compliance with 7 AAC 09, Design and Construction of Health Facilities.

(3) When construction of a new nursing home is contemplated, it must be in compliance with 7 AAC 09, Design and Construction of Health Facilities. (In effect before 7/28/59; am 1/28/73, Reg. 45; am 9/24/77, Reg. 63)

Authority: AS 18.20.060

Historical Note: The language from "After September 15, 1972 no nursing home . . ." added by emergency regulations filed August 31, 1972, Register 43. Said emergency regulations required licensure by Alaska Nursing Home Administrators Licensing Board created by emergency regulations filed August 31, 1972, Register 43. Remaining language in effect on and before July 28, 1959, the effective date of the Alaska Administrative Procedure Act.

7 AAC 12.045. ALASKA NURSING HOME ADMINISTRATOR LICENSING BOARD; LICENSING REQUIREMENTS. Annulled under AS 44.62.320, passed 5/3/76.

7 AAC 12.050. NURSING HOME CONSTRUCTION AND EQUIPMENT. Repealed. (Eff. 4/28/77, Reg. 62)

7 AAC 12.060. PREPARATION OF NURSING HOME PLANS AND SPECIFICATIONS. Repealed. (Eff. 4/28/77, Reg. 62)

ARTICLE 1A.
INTERMEDIATE CARE FACILITIES

Section

- 61. Licensing of intermediate care facility
- 62. Application for and issuance of license
- 64. Revocation or denial of license
- 65. Standards of operation
- 66. Safety and sanitation standards
- 68. Definitions

7 AAC 12.061. LICENSING OF INTERMEDIATE CARE FACILITY. No person

may operate an institution which constitutes an intermediate care facility, or an intermediate care facility which is a distinct part of another institution, without a license issued by the department. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.020

AS 18.20.060

7 AAC 12.062. APPLICATION FOR AND ISSUANCE OF LICENSE. (a) An application form for a license to operate an intermediate care facility will be furnished upon request to the department.

(b) The licensee is the officer or member of the staff or governing body on whom rests the responsibility for maintaining approved standards for the facility.

(c) A license is valid only for the licensee and premises named in the license and is not transferable. Any change in location or ownership shall be reported immediately to the department.

(d) Separate licenses are required for intermediate care facilities maintained on separate premises, even though they are operated by the same management. However, several separate licenses are not required for separate buildings on the same ground.

(e) The license shall be posted in a conspicuous place on the premises in the public lobby or waiting room of the intermediate care facility.

(f) Each license to operate an intermediate care facility expires on June 30 following the date of issue, and if a renewal is desired, the licensee shall make application at least 30 days prior to the expiration date upon a form adopted by the department. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.040

AS 18.20.060

7 AAC 12.064. REVOCATION OR DENIAL OF LICENSE. Any person whose license has been revoked for cause will be advised in writing by the department 90 days before the effective date of the revocation. An applicant for a license, or renewal of a license, whose application is denied will be advised of the

denial in writing by the department without unnecessary delay. The licensee or applicant may appeal the action to the commissioner of the department within 90 days of the receipt of notice of revocation or denial. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.050

AS 18.20.060

7 AAC 12.065. STANDARDS OF OPERATION. No intermediate care facility will be licensed unless on or after the effective date of secs. 61-68 of this chapter it meets the standard prescribed by

45 CFR Sec. 249.12, Standards for Intermediate Care Facilities, as revised January 17, 1974

and if it is an intermediate care facility for the mentally retarded, it also complies on and after March 18, 1977 with the provisions of

45 CFR Sec. 249.13, Standards for Intermediate Care Facilities for the Mentally Retarded or Persons with Related Conditions, as revised January 17, 1974

which are adopted by reference. Copies of 45 CFR Secs. 249.12 and 249.13 will be furnished to applicants and licensees by the department. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.060

7 AAC 12.066. SAFETY AND SANITATION STANDARDS. No intermediate care facility will be licensed unless it meets the standards for safety and sanitation prescribed for health facilities by 7 AAC 09, Design and Construction of Health Facilities. (Eff. 3/29/75, Reg. 53; am 9/24/77, Reg. 63)

Authority: AS 18.20.060

7 AAC 12.068. DEFINITIONS. As used in secs. 61-68 of this chapter

(1) "department" means the Department of Health and Social Services;

(2) "distinct part" means an identifiable unit such as an entire ward or contiguous wards, wing, floor or building which meets all requirements for an intermediate care facility, although it shares such central services and facilities as management services, food services, building maintenance and laundry with other units;

(3) "institution for the mentally retarded or persons with related conditions" means an institution (or distinct part of one) operated primarily for the diagnosis, treatment or rehabilitation of the mentally retarded or persons with related conditions which provides in a protected residential setting, individualized ongoing evaluation, planning, 24-hour-a-day supervision, coordination and integration of health or rehabilitation services to help each individual reach his maximum of functioning capabilities;

(4) "intermediate care facility" means an institution which provides, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities. (Eff. 3/29/75, Reg. 53)

Authority: AS 18.20.020
AS 18.20.060

ARTICLE 2.

LOCAL HEALTH UNITS AND DISTRICTS

Section

70. Creation of units and districts
80. State aid to local health districts

7 AAC 12.070. CREATION OF UNITS AND DISTRICTS. (a) Definitions

(1) "Commissioner of Health and Social

Services" as used herein refers to the Alaska Commissioner of Health and Social Services.

(2) "Commissioner of Health and Social Services" refers to the executive officer of the Alaska Department of Health and Social Services, appointed by the Governor.

(3) "Community or settlement," for the purpose of administering this act, is defined as any place having approximately 1,000 permanent residents, or any other place designated by the Commissioner of Health and Social Services as having special health problems.

(4) "Health Unit" shall consist of one community or settlement as defined above, plus such contiguous areas as may be designated by the Commissioner of Health and Social Services.

(5) "Local Board of Health" refers to the persons appointed for each health unit. Such board may consist of

(A) the president of the school board and two persons appointed by the school board; or

(B) three persons appointed by the Commissioner of Health and Social Services where no school board exists; or

(C) the board of health as established by an incorporated town.

(6) "Health district" shall consist of two or more contiguous health units.

(7) "District board of health" refers to the persons appointed for the district by the Commissioner of Health and Social Services.

(8) "Local or district department of health"