

Chapter 3701-7 Maternity Units and Homes

3701-7-01 Definitions.

As used in Chapter 3701-7 of the Ohio Sanitary Code, unless the context otherwise requires:

- (A) "Around the clock" means twenty-four (24) hours per day, seven (7) days each week.
- (B) "Bed capacity" means the maximum number of beds and bassinets for which the maternity unit or home is licensed exclusive of labor beds and bassinets in the isolation nursery.
- (C) "Chief of the obstetrical service" means a physician licensed to practice in Ohio, qualified in the management of women in all stages of the maternity cycle.
- (D) "Chief of the newborn service" means a physician licensed to practice in Ohio, qualified in the care of newborn infants.
- (E) "Chief nurse" means a registered nurse, licensed in Ohio with demonstrated competence in maternity and newborn nursing and in supervising others.
- (F) "Delivery room" means a separate room or suite exclusively designed and equipped for use in the delivery of the pregnant patient or for the performance of clean surgical procedures relating to, or as a result of, pregnancy.
- (G) "Department" means the department of health of the state of Ohio.
- (H) "Director" means the director of the department of health of the state of Ohio.
- (I) "Family" means the mother, father, or designated person of mother's choice, and the newborn infant.
- (J) "Family centered maternity care" means a program in which services are provided designed to assist maternity patients and their families to deal with the technical and social responsibilities of parenthood.
- (K) "Formula room" means a room in the hospital or maternity home used for the preparation of formulae for infant feeding and which is free from danger of contamination.
- (L) "Gynecologic patient" means a woman with or suspected of having a disorder related to her reproductive organs.
- (M) "Handwashing facilities" means a sink with a mixing faucet for hot and cold running water, operated by arm, knee, foot, or automatic control, soap and sanitary single towels in a dispenser or other satisfactory drying facilities.
- (N) "Health commissioner" means the person occupying the office created by sections 3709.11 or 3709.14 of the Ohio Revised Code for the health district in which the hospital or home is located.
- (O) "High risk infant" means an infant with special risks for adjustment to extra uterine life, or for health or survival.
- (P) "Hospital" means any building, structure, institution, or place devoted primarily to the maintenance and operation of facilities for diagnosis, treatment, and medical or surgical care for three or more non-related individuals, suffering from illness, disease, injury, deformity or other conditions requiring medical care and offering facilities for use beyond a twenty-four hour period by such individuals.
- (Q) "Isolation nursery" means a separate nursery provided for the segregation of newborn infants with potential or transmissible infection.
- (R) "Labor room" means a separate room or suite adjacent to the delivery room, equipped to care for

women in labor.

(S) "Licensee" means the individual, corporation, partnership, board, association or other entity licensed by the director of health to operate a maternity unit or maternity home.

(T) "Maternity beds" means the antepartum and postpartum beds in a maternity unit or home.

(U) "Maternity home" means a residential facility for pregnant women where medical care, counseling services, and educational and recreational opportunities are offered during the prenatal and postpartal periods. Nursery services for infants awaiting placement with an adoption agency may also be provided in this facility.

(V) "Maternity patient" means a women who is in any stage of the maternity cycle, including pregnancy, delivery, and the post delivery period, insofar as this pertains to pregnancy related conditions.

(W) "Maternity unit" means any hospital unit or place where women are received and care is provided during all or part of the maternity cycle, and/or where newborn infants are received and care is provided.

(X) "Medical staff" means those qualified physicians authorized to provide medical services in the maternity unit.

(Y) "Newborn infant" means any infant newly born up to 28 days irrespective of gestational age.

(1) A "newborn infant requiring special care" means a newborn infant requiring 8-24 hours of nursing care per 24 hours and one or more mechanical or electrical devices (including warming devices) continually.

(2) A "newborn infant requiring routine care" means a newborn infant who needs 4-8 hours of nursing care per 24 hours and does not need close monitoring.

(Z) "Newborn service" means a section of either a maternity unit where nurseries are located in which newborn infants receive care from the time of birth to the time of discharge or receive infants in the first 28 days of life from other maternity units' nurseries or a section of a maternity home in which newborn infants receive care for any period of time in the first 28 days of life.

(AA) "Non-infectious" means does not have a recognizable transmissible infection.

(BB) "Nursing staff" means those registered nurses and other nursing personnel who provide maternity and newborn nursing care.

(CC) "Nursing unit" means a specific geographic location of the institution, including patient and services rooms in which the care of patients is managed through an administratively identifiable cadre of nursing and supportive personnel.

(DD) "Obstetrical service" means that portion of a facility responsible for providing care to patients in any stage of the maternity cycle.

(EE) "Recovery room" means a separate room or suite in a maternity unit or a separate clean section of the general surgery recovery room, which may be used for the care of patients immediately following delivery or surgery related to any stage of the maternity cycle.

(FF) "Regular nursery" means a separate room or suite used exclusively for the care of newborn infants who do not require special care.

(GG) "Rooming-in" means two types of maternal-infant care in which the infant is at the mother's bedside:

(1) Continuous, the infant is at the mother's bedside constantly;

(2) Intermittent, the infant is at the mother's bedside, except during visiting hours and at night.

(HH) "Special care incubators" means forced and filtered air incubators.

(II) "Special care nursery" means nursery facilities for the care of high risk infants.

(JJ) "Swing beds" means beds that may be attached to either the maternity nursing unit or another

adjacent nursing unit, and shall be utilized only for maternity or noninfectious patients.

HISTORY: (former HE-7-01); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

Research Aids

Maternity hospitals and homes

O-Jur3d: Hospit § 48

3701-7-02 License.

(A) Application for a license to operate a maternity unit shall be made in writing on a form furnished by the director and signed by the licensee or licensee's agent.

(B) The license issued shall be valid for a period of one year, with review at least once annually in a fashion deemed appropriate by the director to determine whether the unit is in compliance with the rules established in Chapter 3701-7 of the Ohio Sanitary Code.

(C) A license issued for a maternity unit shall not be transferred.

(D) The director shall be notified promptly in writing of any change in ownership, primary agent, licensee, or name of hospital.

(E) The licensee shall notify the director within three (3) days in writing of the suspension of operation, closing, or sale of the maternity unit.

(F) The license shall be posted conspicuously.

(G) The licensee shall ensure that occupancy does not exceed the licensed capacity at any time.

(H) The licensee shall submit its plan and specifications to the director for approval of any construction, modernization, major acquisition, or significant alteration affecting the type or volume of maternity and newborn services.

HISTORY: (former HE-7-02); Eff 7-15-76

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Licensing

O-Jur3d: Hospit § 49

3701-7-021 Limited maternity units.

(A) Upon application from the governing body of a rural hospital, and in lieu of any other type of maternity unit within the hospital, the director of health may license, as a "limited maternity unit," that portion of a hospital facility where care is provided during all or part of the maternity cycle and where newborns receive care in a private room which shall serve all antepartum, labor, delivery, recovery, postpartum and nursery needs. For purposes of this rule, a "rural hospital" is a hospital located outside a "standard metropolitan statistical area" as determined by the U.S. department of commerce.

(B) All provisions of Chapter 3701-7 of the Administrative Code which apply to, and govern,

maternity units shall also apply to, and govern, limited maternity units except for the following:

(1) The provisions requiring maternity units to have separate labor, delivery, and nursery rooms shall not apply to limited maternity units; provided the limited maternity unit shall be equipped in accordance with rule 3701-7-16 of the Administrative Code for labor and delivery;

(2) No maternity patient shall be admitted (except in an emergency situation) to a limited maternity unit unless it is determined by a licensed physician on the medical staff of the hospital that the patient does not have any medical high risk condition or prenatal condition which may cause complications to either the mother or the newborn;

(3) Each hospital's limited maternity unit shall have at least, but no more than, two private patient rooms with a minimum of two hundred forty square feet of usable floor space in each room;

(4) All deliveries involving a caesarean section or use of a general anesthetic shall be performed in the operating room of the hospital;

(5) The equipment listed in paragraph (C)(11) of rule 3701-7-16 of the Administrative Code shall be provided in the birthroom and in a designated area of the workroom for the temporary care of a newborn prior to transport to another hospital;

(6) Non-maternity patients shall not occupy beds in the limited maternity unit;

(7) Children may enter the limited maternity unit, provided that any child under twelve years of age is accompanied, at all times, by an adult, and that such child remains, at all times, in the patient room, the conference room, or the family lounge.

HISTORY: Eff 5-2-83

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

Research Aids

Licensing

O-Jur3d: Hospit § 49

3701-7-03 Governing body and management.

(A) There shall be full disclosure of ownership and control of the institution containing a maternity unit to the director annually, and those responsible shall advise the department promptly of any change in the office of president or administrator or any change in ownership.

(B) The governing body of an institution containing a maternity unit shall formulate all administrative policies which will include a definition of the responsibilities and authority of those appointed to execute these policies.

HISTORY: (former HE-7-03); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-04 Physical health of persons providing services in a maternity unit.

(A) All persons whose work or service responsibilities involve continuing activities in the maternity unit, including the formula room, shall have a health evaluation by a licensed physician, which shall

include establishing the absence of conditions transmissible to others, prior to their having access to the unit. This evaluation shall include a tuberculin skin test and a chest X-ray if the skin test is positive. Reevaluations shall be performed at least once annually and shall include a tuberculin skin test for previously negative reactors, or a chest X-ray when the previous tuberculin skin test was positive.

(B) No person who has or may be reasonably suspected of having a communicable disease or a disability detrimental to the health or welfare of a patient shall be permitted by licensee to render services in a maternity unit. This includes those whose previously negative tuberculin skin test has become positive until such a time that it is determined that they were not infectious.

(C) Individual records of the preemployment and annual health examinations of all maternity unit connected personnel shall be kept on file for not less than one twelve month period for inspection by representatives of the department.

(D) The licensee shall determine and record the health status of personnel working in the maternity unit and shall notify the health commissioner immediately of any communicable disease occurring in the hospital according to the rules in Chapter 3701-3 of the Ohio Sanitary Code. The licensee shall also notify the health commissioner of any unusual occurrences or diseases not included in the aforesaid rules.

HISTORY: (former HE-7-04); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-05 Medical staff.

(A) The governing body of the licensee shall prescribe, in consultation with the medical staff, the privileges and responsibilities of the medical staff providing care in the maternity unit.

(B) In each maternity unit there shall be appointed from the medical staff a physician licensed to practice in Ohio, qualified in obstetrics as chief of the obstetrical service, who shall be responsible to the governing board for the initiation and maintenance of the policies governing the professional operation of the obstetrical service. This responsibility shall be extended to include gynecologic patients integrated into maternity units approved for this function, in which instance the physician appointed shall also be qualified in gynecology.

(C) In each maternity unit there shall be appointed from the medical staff a physician licensed to practice in Ohio qualified in pediatrics as chief of the newborn service, who shall be responsible to the governing board for the initiation and maintenance of the policies governing the professional operation of the newborn service.

HISTORY: (former HE-7-05); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

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3701-7-06 Nursing staff.

(A) The licensee shall appoint as chief nurse of the maternity unit a registered nurse licensed in Ohio who has post graduate education or experience in maternity and newborn care provided in the unit. The chief nurse shall be responsible for the development and execution of nursing procedures employed in the unit, as well as the supervision of nursing care of all patients in the unit, including gynecologic patients in units where their admission has been approved.

(B) The nursing staff of a maternity unit shall be separate and distinct from the nursing staff assigned to other services and shall be sufficient in number to provide adequate nursing care:

(1) Nursing personnel caring for gynecologic patients shall not be assigned to or enter a labor room, a delivery room, a nursery, or any room in a rooming-in program during the same working day; and

(2) When newborn infants requiring special care are present, there shall be a registered nurse in the nursery at all times;

(3) When a maternity unit requires additional nursing staff on an emergency basis, the needed personnel may be transferred from another service when rule 3701-7-04 is met, and the transferred persons have not come into direct contact, during the same working day, with patients who have transmissible or potentially transmissible infections.

(C) At least one registered nurse, licensed in Ohio, with demonstrated competence in maternity and newborn nursing care shall be present to direct nursing personnel on the maternity unit whenever the unit is occupied.

(D) All nursing care by students and personnel in training shall be directly supervised by a registered nurse, licensed in Ohio, with demonstrated competence to provide maternity and newborn nursing care.

HISTORY: (former HE-7-06); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-07 Responsibilities of nurse-midwives in maternity units.

When nurses licensed to practice midwifery in the state of Ohio are employed in a maternity unit, the licensee shall develop and execute policies and procedures that clearly define the responsibilities of the nurse-midwife in providing patient care.

HISTORY: (former HE-7-07); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-08 Consultation to patients.

Each maternity unit shall establish procedures whereby the maternity patients and newborn infants shall be seen in consultation by appropriate members of the medical staff and other health professionals as needed.

HISTORY: (former HE-7-08); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-09 General physical facilities and equipment.

(A) Physical facilities shall be maintained in a safe and sanitary manner free from health, fire, and accident hazards. The maternity unit shall be operated as a separate unit of the hospital.

(B) Physical facilities shall include, but are not limited to:

(1) Equipment, lighting, and means of ventilation to permit safe and proper operation of the maternity unit;

(2) Adequate means of communicating to the nursing station within easy access of each maternity patient;

(3) In multiple bed rooms each bed shall be provided with partitions or draw curtains to create an individual unit;

(4) Adequate handwashing facilities in all areas assigned or used for the purpose of examination, isolation, utility, treatment, or delivery;

(5) Adequate facilities for the delivery of housekeeping and other supportive services;

(6) Handrails in all stairwells and grab bars in bathrooms and showers;

(7) Corridors and doors of adequate width and free of obstruction so as to permit the transportation of non-ambulatory patients in a bed;

(8) An elevator of adequate size to transport non-ambulatory patients safely if the building housing the maternity unit contains areas above or below the ground level;

(9) Adequate dressing rooms for medical staff and nursing personnel;

(10) Adequate screening where necessary to prevent the entry of flies, mosquitos, and other insects;

(11) Heating equipment that maintains a room temperature of at least 75 degrees Fahrenheit and;

(a) No fuel burning units shall be used in any area except a kitchen, formula, or utility room;

(b) No portable electric space heaters shall be used.

(12) At least the following two types of isolation shall be provided for maternity patients and infants with infectious or communicable diseases:

(a) Isolation within the maternity unit consisting of a private room with adequate handwashing facilities and private toilet room;

(b) Similar isolation in another area of the hospital;

(13) A nurses' station with an area for charting, communications, and safeguarding and preparation of medications;

(14) Desk space for physicians;

(15) Toilet facilities for personnel;

(16) Food preparation area with adequate refrigeration;

(17) Adequate storage areas;

(18) A sanitary method for the disposal of waste and soiled linen;

(19) Patient relaxation area which may be used for other purposes, i.e., parental teaching, sibling visitation.

(C) Licensee shall supply for the maternity unit necessary instruments and supplies which shall be readily available in that service at all times. All equipment and instruments used in the maternity unit shall be cleaned and sterilized in accordance with accepted medical standards; provided, sterile supplies and equipment from a central supply service may be used so long as adequate precautions are taken to maintain sterilization. Equipment and supplies shall include, but not be limited to:

(1) Adequate sterilization equipment, which may be part of the sterilization equipment in the central supply system; effectiveness of all sterilizers shall be checked weekly;

(2) Adequate supplies and equipment for giving transfusions and intravenous fluids shall be immediately available to the maternity unit at all times;

(3) Standby equipment to supply emergency electrical power to critical areas of the unit, such as the delivery rooms and nurseries, or an adequate alternate source of emergency electrical power.

(D) Drugs, antiseptic solutions, and other hazardous substances shall be distinctly and correctly

labeled, and readily available in a suitable place, provided that:

(1) Controlled substances and dangerous drugs shall be secured as required by the United States drug enforcement administration and pursuant to the rules of the Ohio state board of pharmacy; and

(2) Trays containing drugs and equipment necessary for the treatment of emergencies shall be kept in a readily accessible place.

HISTORY: (former HE-7-09); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-10 Admission policies.

(A) Any pregnant woman, regardless of length of gestation, may be admitted to the maternity unit, provided that:

(1) The reason for admission is the treatment of a disease or condition during the maternity cycle; and

(2) The rules dealing with the control of infections can be met.

(B) Any patient in the maternity unit showing evidence of infection or suspected of having a communicable disease shall be immediately isolated or transferred to another unit. Should she be undelivered, admission shall be only to a private room.

(C) A maternity patient delivered by Cesarean section in the operating room facilities preferably should recover in the obstetric recovery room, but she may recover in the general recovery room, if she is adequately protected from infection.

(D) A maternity patient delivered en route to the maternity unit may be admitted without the use of isolation precautions after screening for communicable diseases.

(E) Postpartum patients may be admitted to the maternity unit provided the following requirements are fulfilled:

(1) The admission is due to a postpartum complication;

(2) An adequate number of beds are available for newly delivered patients;

(3) The patient is not suspected of having either a communicable disease or a septic condition.

HISTORY: (former HE-7-10); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

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3701-7-11 Swing beds.

(A) Maternity unit patient rooms may be made a part of an adjacent nursing unit and used as swing beds (as defined in rule 3701-7-01), if a corridor partition with a door separates all permanent maternity beds and facilities from swing beds.

(B) Only non-infectious patients shall occupy swing beds used for non-maternity unit patients.

HISTORY: (former HE-7-11); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

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3701-7-12 Maternity unit patient rooms.

In new maternity units or those performing major alterations or reconstruction after the effective date of this rule:

(A) Rooms in which maternity patients are housed shall have at least eighty (80) square feet of usable floor space per patient in a multiple bed room and one hundred (100) square feet of usable floor space in a single room, and there shall be a space of at least three feet, six inches (3'6") between beds;

(B) Patient rooms shall not extend more than three feet below the ground level;

(C) Patient rooms shall house no more than four (4) beds;

(D) Each patient room shall have a lavatory;

(E) Each patient shall have a locker for clothes and personal belongings;

(F) Each patient room shall have its own attached toilet room;

(G) A minimum of one shower shall be provided for each 12 patients.

HISTORY: (former HE-7-12); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

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3701-7-13 Integration of non-infectious gynecologic patients: approval required.

(A) Licensee shall not admit non-maternity patients to the maternity unit unless the director has granted a written approval for the admission of non-infectious gynecologic patients.

(B) The licensee may make application to the director for approval to admit non-infectious gynecologic patients to the maternity unit on forms provided by the director.

(C) The director may grant written approval for the admission of non-infectious gynecologic patients to the maternity unit if he is satisfied that:

(1) The average occupancy of beds in the maternity unit by maternity patients as defined in rule 3701-7-10 has been less than sixty-five percent (65%) during the one month period immediately preceding application, and it is neither feasible, nor advisable to reduce the size of the maternity unit by structural change. Any maternity unit of twenty (20) or more beds shall be exempted from this occupancy limitation.

(2) The types of non-infectious gynecologic cases by diagnosis to be admitted to the maternity unit have been approved by the medical staff of the hospital.

(D) The director shall revoke or suspend any approval granted under division (C) of this rule if the maternity unit is not operated in compliance with Chapter 3701-7 of the Ohio Sanitary Code.

HISTORY: (former HE-7-13); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-14 Integration on non-infection gynecologic patients: procedure.

(A) If approved by the director pursuant to rule 3701-7-13 above, non-infectious gynecologic patients may be integrated with maternity patients under the following conditions:

(1) The licensee's hospital has a combined obstetrical and gynecologic service with respect to the organization of the medical staff;

(2) Prior to admission, each patient shall be screened by the licensee to determine if a condition exists which would prevent her admission to the maternity unit;

(3) Admission shall be directly to the maternity unit, and no patient shall be transferred from a non-maternity service;

(4) Written approval for admission of the patient to the maternity unit shall be noted on the patient's medical record by the chief of the maternity unit or his designee within twenty-four (24) hours of admission;

(5) Maternity and gynecologic patients shall not occupy the same patient room;

(6) A gynecologic patient shall be transferred from the maternity unit immediately if a transmissible infection is detected.

(7) A gynecologic patient returning from surgery shall be admitted to a separate and clean section of the general surgery recovery room, a gynecologic recovery room, a maternity unit recovery room, or to her room in the maternity unit;

(8) The length of stay of any gynecologic patient in the maternity unit shall not exceed fourteen (14) days, except by specific written approval of the chief of obstetrical service;

(9) No gynecologic patient shall be admitted to or retained in a maternity unit if such admission or retention would exclude a maternity patient, and a sufficient reserve of the maternity beds shall be unoccupied at the time of her admission.

(10) Visitation privileges for gynecologic patients admitted to the maternity unit shall be the same as for maternity patients (see rule 3701-7-25).

(B) The following gynecologic patients shall not be admitted to the maternity unit:

(1) Any patient with a known or suspected infectious or septic condition, or who has had a recent personal history or exposure to a communicable disease;

(2) Any patient who requires radium or radiation therapy including isotope therapy;

(3) Any patient who has a gynecologic condition and another significant medical or surgical condition which requires medical or surgical care in addition to gynecologic care;

(4) Any patient with invasive carcinoma.

(C) A gynecologic patient shall be transferred from the maternity unit if any of the conditions prohibiting admission to the maternity unit are identified.

HISTORY: (former HE-7-14); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

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3701-7-15 Family-centered maternity care.

(A) The director may approve maternity units providing family-centered maternity care, including rooming-in provided:

(1) The facilities and supplies are adequate to service the care and permit privacy of participating and non-participating patients;

(2) The bedroom is equipped with adequate handwashing facilities;

(3) Participation in this program is agreed upon by the mother and her physician; and

(4) Plans for executing the care are acceptable to the director.

HISTORY: (former HE-7-15); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

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3701-7-16 Labor and delivery rooms.

(A) The labor and delivery rooms shall be used for women during labor and delivery; provided, clean surgical procedures relating to, or as a result of, pregnancy may be performed in the delivery room if sufficient support staff are assigned. The delivery room or suite shall not be used for surgery on a non-maternity unit patient.

(B) Licensee shall operate the labor area in compliance with the following:

- (1) Maintain facilities for examination and preparation of women in labor;
- (2) Provide at least one labor bed for each 250-350 deliveries per year;
- (3) No labor room shall have more than two beds;

(4) In new maternity units or those which perform major alterations or reconstruction after the effective date of this rule, labor rooms shall have at least one hundred (100) square feet of usable floor space per bed in each new single room and eighty (80) square feet of usable floor space per bed in each new multiple bed room;

(5) Adequate handwashing facilities and conveniently located toilet facilities shall be provided in each labor room;

- (6) Adjustable lighting which is adequate for examination;
- (7) A signal or intercommunication system with the nursing station;
- (8) Adequate ventilation and maintenance of a temperature of at least 75° Fahrenheit;
- (9) Oxygen and suction equipment;
- (10) Storage facilities for bedpans, supplies, and the patients' personal effects;
- (11) An electronic fetal heart monitor device shall be available;

(12) In multiple bed rooms each bed shall be provided with partitions or draw curtains to create an individual unit.

(C) Licensee shall operate the delivery area in compliance with the following:

(1) Provide a delivery room, which shall not be used for or by any patient known to or suspected of having a communicable disease, in the ratio of one delivery room for each twenty-five (25) maternity beds or major fraction thereof;

(2) A maternity patient having or suspected of having a communicable disease shall be delivered in a private room and kept there under isolation procedures or delivered in a separate delivery room for patients with a communicable disease;

(3) Each delivery room shall have an emergency signal system;

(4) Ensure that the auxillary electrical system is capable of sustaining the operation of critical equipment;

(5) All persons in the delivery room shall wear scrub clothes, caps, masks, and conductive shoes or conductive shoe covers;

- (6) Adequate equipment and supplies shall be provided for vaginal or operative delivery;
- (7) Oxygen and suction equipment with proper fittings;

(8) Adequate equipment for the administration of inhalation and regional anesthesia shall be in the

delivery room;

(9) All equipment used in areas in which inhalation anesthesia is given shall be designed and managed to prevent fire and explosion;

(10) Adequate ventilation and maintenance of a temperature of at least 75° Fahrenheit;

(11) A designated area in each delivery room or suite shall be provided for the care of the infant which shall have immediately available, but is not limited to:

(a) A heated transportation incubator with a portable oxygen supply;

(b) A heated bassinet;

(c) An umbilical catheterization tray;

(d) Resuscitation equipment;

(e) Intravenous fluids and equipment for their administration; and

(f) An emergency drug box.

(12) In new maternity units or those which make major alterations or reconstruction after the effective date of this rule, scrub sinks shall be located adjacent to each delivery room and adequate service and storage space shall be provided for each delivery room, and there shall be one delivery room for each twenty (20) maternity beds or major fraction thereof.

HISTORY: (former HE-7-16); Eff 7-15-76

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3701-7-17 Maternity recovery room.

(A) All maternity patients shall be kept under close observation immediately following delivery.

(B) In the absence of a recovery room, the patient shall remain in the delivery room under close observation by a competent attendant or be taken to her patient room for close observation by a competent attendant.

HISTORY: (former HE-7-17); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

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3701-7-18 Procedures to be performed on the infant.

(A) At birth or as soon as the infant's physical condition permits, the following procedures shall be performed before leaving the delivery area:

(1) Use a method of identification acceptable to the director;

(2) Use an effective agent as a preventive of ophthalmia neonatorum;

(3) Obtain a sample of cord blood for type, Rh, and Coombs Test from each infant born to an Rh negative mother. A sample of properly identified clotted cord blood shall be taken from each infant and maintained under refrigeration until the infant is discharged.

HISTORY: (former HE-7-18); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-19 Regular nurseries.

(A) Each maternity unit shall maintain a regular nursery to care for the infants delivered within or en route to the institution containing the unit.

(B) Physical facilities shall include, but not be limited to, the following:

(1) The total number of bassinets plus incubators shall at least equal the number of maternity beds plus ten percent (10%);

(2) There shall be at least twenty-four (24) square feet of usable floor space per bassinet with not less than two feet of space between bassinets;

(3) Viewing windows:

(a) An observation window for the viewing of infants shall be installed between the corridor and each nursery.

(b) Large windows for the viewing of infants shall be installed between nurseries and workrooms;

(4) Lighting which will permit constant observation and easy identification of jaundice and cyanosis;

(5) A heating and ventilating system which maintains a constant nursery temperature of 75 degrees Fahrenheit and a relative humidity of 50 percent year round;

(6) A controlled exit from each nursery room to the corridor shall be provided for taking infants to mothers;

(7) When the control of excessive sunlight is necessary or privacy required, washable, flameproof drapes or blinds shall be used and maintained in a safe and sanitary condition;

(8) In new maternity units or those making major alterations or reconstruction after the effective date of this rule:

(a) Large observation windows shall be installed in all isolation nurseries;

(b) The regular nursery shall be situated within the area in which maternity beds are located;

(c) An anteroom containing a storage cabinet for gowns and one handwashing facility shall serve as the main entrance from the corridor into the nursery complex;

(d) A workroom shall be provided; entrance to the nursery rooms shall be from the workroom;

(e) One workroom may serve more than one nursery provided each nursery served is adjacent to the workroom.

(C) Each regular nursery room shall be adequately equipped to provide proper and complete care for each infant. The equipment shall include, but not be limited to:

(1) One bassinet or incubator with individual equipment for each infant. Incubators shall be provided in a ratio of at least one incubator per ten bassinets or fraction thereof, and be Underwriters Laboratory approved and maintained in a safe and sanitary condition;

(2) Adequate handwashing facilities;

(3) A diaper receptacle and a hamper for soiled linen with cover, foot or arm control, and removable liner;

(4) An accurate scale;

(5) A readily visible clock with sweep second hand in operating condition;

(6) Appropriate instruments in each examination area which shall be thoroughly cleaned after each use;

(7) Facilities for oxygen administration, suction, hemostasis, and resuscitation;

(8) Equipment for the continuous determination of oxygen concentration in incubators;

(D) A common bathing or dressing table is not permitted in a regular nursery.

HISTORY: (former HE-7-19); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-20 Nursery procedure.

(A) Infants born in the maternity unit or by Cesarean section in the operating suite outside the unit shall be admitted to the regular nursery unless admission to another facility is indicated.

(B) Infants born en route to the labor and delivery area of the maternity unit may be admitted to the regular nursery if the history and examination do not reveal evidence of a transmissible infection.

(C) Only authorized persons shall be admitted to any nursery.

(D) Before entering the nursery, all persons who may come into contact with an infant shall scrub hands and forearms, and wash their hands before and after each handling of an infant, crib or contents.

(E) Nursery personnel shall wear clean, short-sleeve scrub dresses or suits; physicians and all other persons shall wear clean cover gowns, and no one shall wear a gown that has been worn by anyone else, or which was not supplied for the maternity unit.

(F) The hair of the individuals who attend infants shall be controlled in such a manner that hair does not come into contact with or present any hazard to infants.

(G) Persons handling infants in the nursery shall not wear any rings, wrist watches or bracelets.

(H) The infant's identification shall be checked upon admission to the nursery, verified each time the infant is presented to the mother, and at the time of discharge.

(I) At delivery, an evaluation of the infant shall be made and recorded and shall include an assessment of cardio-respiratory, neurological functions, weight, nutrition, and maturation.

(J) A discharge evaluation shall be made not more than twenty-four hours prior to discharge, and the diagnosis and treatment shall be recorded together with specific follow-up plans for the infant's care.

(K) Full-term infants shall be removed from the regular nursery before they reach six weeks of age.

(L) When the care of the infant in an incubator requires that oxygen be used, the oxygen concentration shall be recorded at suitable intervals.

(M) Nursing bottles shall not be propped.

(N) Soiled diapers and nursery linens shall be removed from the nursery at least once every eight hours and shall not be rinsed or washed by personnel assigned to the maternity unit, prior to reuse in the nursery, the hospital must:

(1) Wash all diapers and nursery linens separate from other hospital linen unless autoclaving is done in the hospital;

(2) Laundry process must include an appropriate souring operation for bacterial destruction and also ensure diapers and linen remain soft;

(3) Transport all clean linen in enclosed or covered carts and use different carts for clean and soiled linen without interchanging;

(4) If a commercial laundry service is used, such service must comply with paragraphs (N)(1), (N)(2) and (N)(3) of this rule;

(5) If disposable diapers and linens are used, the requirement of paragraph (N)(3) of this rule is applicable.

(O) Boric acid and other potentially dangerous antiseptics or preparations shall not be stored in any

nursery. All such substances shall be kept in their originally labeled containers and stored where there is no danger of improper use.

(P) Cleaning or dusting by dry and aerosol methods is prohibited in every nursery, but walls and ceilings shall be washed at regular intervals. All horizontal surfaces, including floors, shall be wet cleaned daily when the infants are not in the nursery.

(Q) Multiple infant carriers shall not be used.

(R) All circumcisions on newborn infants, except ritual circumcisions, shall be performed in the maternity unit:

(1) Each infant shall be examined by a physician prior to circumcision to determine whether there is any contraindication to circumcision;

(2) In maternity units where ritual circumcisions are performed, a room for ritual circumcision shall be made available separate and apart from the newborn nursery;

(3) When a ritual circumcision is performed, strict surgical aseptic techniques shall be followed, medical consultation shall be present, and the number of persons in the room shall not exceed the minimum number required for the procedure and ceremony;

(S) Procedures, personnel, and equipment for the transfer of infants from one institution to another shall be available to each nursery. Transfer procedures may be jointly developed by two or more institutions, but both are responsible for proper transfer.

HISTORY: Eff 7-15-76; 3-27-84

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34

119.032 Review Date: 3-1-03

3701-7-21 Special care.

(A) Facilities

(1) In addition to the facilities required to provide regular care for the newborn, each maternity unit shall have available a suitable area designated for the temporary or continuous care of infants with special problems.

(2) The area designated for temporary special care may be:

(a) A predetermined section of the regular nursery;

(b) A special care nursery distinct from nurseries providing regular care.

(3) The area designated for continuous special care shall be a separate special care nursery, either within or outside the maternity unit or hospital at a conveniently located facility.

(4) The facilities in the special care nursery shall include, but not be limited to:

(a) Special care incubators in a ratio of one special care incubator for every ten bassinets in the regular nursery;

(b) At least fifty square feet of usable floor space per special care incubator or bassinet, and each shall be at least two feet from all other bassinets and incubators;

(c) A control station for infant care activities shall be located at a point providing maximum visibility of all infants and shall include the activities and functions of a nursing station;

(d) At least twelve grounded electrical outlets for each special care incubator;

(e) Adequate laboratory facilities immediately available around the clock to perform micro-determinations of blood gases, hematocrit, hemoglobin, sodium, potassium, calcium, phosphorus, bilirubin, protein, blood sugar Coombs test, blood type, urinalysis, spinal fluid, and bacteriologic

identifications; and the test results on blood gases, hematocrit, bilirubin, blood sugar, blood type, cross match, and Coombs tests shall be available within one hour.

(f) Blood bank facilities available around-the-clock;

(g) Radiology service available around-the-clock;

(h) One handwashing facility for each six infants or fraction thereof;

(i) An anteroom shall serve as the entrance from the corridor and shall contain handwashing facilities, coat hooks, and facilities for storage of gowns, masks, and other entry supplies.

(j) Maintain the temperature between 82° and 86° Fahrenheit with a relative humidity of 50% and there shall be at least twelve exchanges of filtered air per hour, but air flow shall not be from one room to another room.

(B) Special care nurseries - equipment and supplies.

(1) The special care nursery shall contain all of the equipment required in a regular nursery and in addition, shall include but not be limited to:

(a) Two oxygen and two compressed air wall outlets shall be provided for each special care incubator;

(b) One continuous oxygen monitoring instrument shall be maintained in working order and available for each infant receiving oxygen;

(c) Equipment for administering oxygen in greater than 40% concentration (i.e., head hoods or equivalent);

(d) Equipment for artificial ventilation;

(e) Continuously indicating thermometers for monitoring temperatures within the incubator;

(f) Equipment for continuous monitoring of cardio-respiratory function for all infants requiring same;

(g) Equipment and supplies for administering parenteral fluids including one constant infusion pump for each infusion;

(h) Regulated wall suction with catheter attachment for each licensed special care incubator;

(i) Equipment and supplies including, but not limited to, thoracocentesis equipment, umbilical catheterization equipment, nasogastric tubes, hemostats, and resuscitation equipment;

(j) Equipment for accurately weighing infants within their incubators.

(2) The following equipment shall be readily available, but need not be present within the special care nursery:

(a) Equipment required for replacement transfusion, gavage, and other special feedings, lumbar puncture, and blood culture;

(b) A special incubator for transportation of an infant within the hospital or to another hospital shall be available; equipment for monitoring, suctioning, oxygen administration, and emergency resuscitation shall accompany the infant;

(c) Special infant warming devices for use when infants are removed from incubators for the performance of procedures.

(C) Special care nurseries - admissions (transfer) policies.

(1) Maternity units providing special care within reserved areas of the regular nursery shall be restricted to providing services to infants delivered in the same hospital.

(2) A separate special care nursery located within the maternity unit, may, in addition to infants delivered in the same hospital, admit infants delivered in other institutions, provided:

(a) Policies and procedures for transfer of infants have been established, including those protecting infants in the regular and special care nursery from infection;

(b) Facilities, equipment, and personnel are available to provide care above that required for infants

delivered in the maternity unit; and

(c) Approval from the director has been given.

(3) Infants admitted to special care nurseries in maternity unit approved for transfer of infants from other institutions, shall not be readmitted to regular nurseries of the hospital of origin without a 24 hour period of observation.

HISTORY: (former HE-7-21); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-22 Isolation care.

(A) Maternity units with a separate special care nursery shall provide for the isolation of infants suspected as sources of transmissible infection, exposed to potential sources of such infection, or for infants transferred from another hospital within a separate room of the special care nursery, or within a forced and filtered air incubator in a room in which all infants are within forced and filtered air incubators.

(B) Maternity units without a special care nursery shall provide isolation care in:

(1) An isolation nursery located within the maternity unit;

(2) An isolation unit in the pediatric service of a hospital;

(3) A private rooming-in unit with the mother.

(C) Physical facilities for isolation nurseries.

(1) There shall be at least thirty square feet of usable floor space per infant with not less than two feet of space between bassinets.

(2) Each isolation nursery shall provide combined anteroom and work area which shall include:

(a) Adequate handwashing facilities;

(b) A storage cabinet for gowns, masks, equipment and supplies;

(c) Work counter;

(d) Sterilization facilities or a supply of presterilized supplies from a central supply room.

(D) Isolation procedures.

(1) Each case of potentially transmissible disease shall be investigated as to etiology, source of infection, mode of spread, and appropriate action taken;

(2) Gloves and a long sleeve gown shall be worn when handling or examining any infant suspected of or having an infection. The gowns shall be discarded or sterilized after one use, or maintained exclusively for that one infant for a period not to exceed eight hours after which it shall be discarded or sterilized.

(3) The local health commissioner shall be notified of any outbreak of transmissible disease.

(E) When there are infections of epidemic proportion in a nursery, that nursery shall be closed to new admissions until all infected and exposed infants have been discharged or transferred and the nursery and equipment cleansed.

HISTORY: (former HE-7-22); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-23 Formula room.

(A) Hospitals which use prefilled bottles exclusively shall not be required to provide a formula room, but hospitals which use formula in bulk containers shall provide a room which is located in an area free from the danger of contamination for the filling of nurser units. The uncapping of bottles shall be accomplished at either mother's or infant's bedside, or in a formula room.

(B) Hospitals which prepare their own formula shall provide a room located in a hospital area which is free from the danger of contamination for the preparation of infant feedings where:

(1) Preparation of formulas shall be physically and functionally separated from the clean-up of equipment;

(2) There shall be adequate facilities for handwashing, storage, counter space, workspace, bottle and nipple washing, and waste disposal;

(3) Equipment for terminal sterilization shall be provided within the hospital;

(4) Refrigerated storage equipment capable of maintaining a temperature of 40° to 45° Fahrenheit shall be within or readily accessible to the formula room;

(5) Formulas are tested for bacteriological content on a random basis.

(C) All nurseries shall have written emergency plans for the procurement of formula.

(D) If hospitals use human milk for feedings a procedure for handling should be developed.

HISTORY: (former HE-7-23); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-24 Medical records and reports.

(A) The medical record of each maternity patient and of each infant shall be available for review by the director or his authorized representatives.

(B) A log of all deliveries in chronological order, including items pertinent to the delivery and patients' conditions, course and disposition of newborn infant, shall be available for review by the director or his authorized representatives. Newborn infants with special problems shall be so identified in a confidential log prescribed by the director.

(C) A record shall be maintained with chronological entries of all additional operative procedures performed in the delivery suite.

(D) Licensee shall keep all records and submit all reports required by the director; and such records and reports shall be retained for not less than two (2) years.

(E) Maternity units in which integration of non-infectious gynecologic patients has been approved shall maintain records and reports as may be required by the director and such records and reports shall be available for review by the director or his authorized representatives.

HISTORY: (former HE-7-24); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-25 Visitors.

(A) Maternity unit patient rooms.

(1) General visiting shall be permitted at any time in accordance with licensee policy except for the specified periods of time when infants cared for in regular nursery are with their mothers.

(2) Visitors shall be limited to two persons in addition to the father or designated person of mother's choice at any one time.

(3) No visitor less than twelve years of age shall be permitted to visit a patient in the maternity unit patient room. Sibling visitation is permitted in a designated area in accordance with written licensee policy.

(4) In maternity units where rooming-in has been approved:

(a) Before entering a room used for continuous rooming-in, the father and visitors shall wash their hands and wear a clean gown;

(b) When an intermittent type of rooming-in is practiced, the infant shall be kept in the nursery when visitors other than father or designated person of mother's choice are present. They shall wash their hands and wear a clean gown before entering the rooming-in area when the infant is present;

(c) If rooming-in is mandatory because of suspected patient infection, visiting restrictions consistent with isolation shall be enforced.

(B) Where the delivery room is adequately separated from the labor rooms and where the privacy of other maternity patients can be maintained, the expectant father or any other one visitor may be permitted in the labor room.

(C) The expectant father or one other visitor may be authorized for admission to the delivery room if the licensee can meet the following conditions:

(1) Provide advance instruction to the visitor and maternity patients concerning the nature of the experience and procedures to be followed at delivery;

(2) Meet the safeguards necessary against the introduction or transmission of infections;

(3) Protect the privacy of other maternity patients in the delivery area;

(4) Obtain the consent of both the mother and the attending physician.

(D) Any one visitor may be authorized for entry into any occupied nursery if the licensee can demonstrate capability of executing procedures governing this practice which are consistent with safeguarding against the introduction and transmission of infection in this area.

(E) The licensee shall establish written policies governing visitation insofar as they meet the conditions stipulated in this rule.

HISTORY: (former HE-7-25); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-26 Ancillary services.

(A) Laboratory services.

(1) In addition to laboratory tests specifically identified in Chapter 3701-7 relating to maternity units, the licensee shall provide laboratory facilities for the performance of tests otherwise necessary for the care of maternity patients and newborn infants.

(2) All newborn infants shall be tested for phenylketonuria as required by section 3701.501 of the Ohio Revised Code.

(3) Tests for syphilis and gonorrhea shall be performed in accordance with the requirements of section 3701.50 of the Ohio Revised Code.

(B) Radiologic facilities.

(1) In addition to radiologic procedures specifically identified in Chapter 3701-7 relating to maternity units, the licensee shall provide radiologic facilities otherwise necessary for the care of maternity patients and newborn infants.

(2) The use of radioactive materials shall be confined to areas which afford adequate protection against radiation for other persons.

(C) The licensee shall provide a pharmacy service under the direct supervision of a pharmacist registered by the Ohio state board of pharmacy.

(D) Dietary service.

(1) In addition to requirements specified in rule 3701-7-23 the licensee shall provide dietary service to provide nourishment for maternity patients and infants twenty-four (24) hours each day.

(2) This service shall be operated in accordance with the provisions of Chapter 3701-21 of the Ohio Sanitary Code.

HISTORY: (former HE-7-26); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-27 License, governing body, and health of personnel in maternity home.

The procedures and requirements with respect to licensure, the governing body and management, and the physical health of the personnel providing service in a maternity home shall be the same as those stipulated for maternity units in rules 3701-7-02, 3701-7-03, and 3701-7-04 of the Ohio Sanitary Code.

HISTORY: (former HE-7-27); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-28 Staff of maternity home.

(A) Medical services.

(1) The governing body of the licensee shall appoint as medical director a physician licensed to practice in Ohio qualified in obstetrics who shall be responsible for the initiation and maintenance of policies and procedures necessary where applicable to the prenatal and postpartum care of maternity patients in the home.

(2) If the licensee operates a nursery, a physician licensed to practice in Ohio qualified in pediatrics shall be appointed to supervise the care of the infants including the initiation and maintenance of policies and procedures necessary for this care.

(3) The policies and procedures required to provide care to maternity patients and to infants, where applicable, shall include, but not be limited to, provisions for regular examination and care and established arrangements for patient and record transfer under routine and emergency situations.

(B) Nursing services.

(1) The licensee shall appoint a registered nurse licensed in Ohio to supervise the nursing activities,

including the initiation and maintenance of policies and procedures dealing with nursing care.

(2) A licensed nurse shall be on duty at all times in a maternity home that operates a nursery.

(3) During sleeping hours, a house mother may be on duty in the absence of a licensed nurse in a maternity home that does not operate a nursery.

HISTORY: (former HE-7-28); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-29 Physical facilities and equipment in maternity homes - general.

(A) Physical facilities shall be free from health, fire, and accident hazards, and maintained in a safe and sanitary manner.

(B) Physical facilities shall include, but are not limited to:

(1) Equipment, lighting, and means of ventilation to permit safe and proper operation of the maternity and/or infant services;

(2) Adequate facilities for the delivery of housekeeping and other supportive services;

(3) Handrails in all stairwells, and grab bars in bathrooms and showers;

(4) Adequate screening to prevent the entry of flies, mosquitoes, and other insects;

(5) Heating equipment capable of maintaining a room temperature of at least 75° Fahrenheit and:

(a) No fuel burning units shall be used in any area except a kitchen;

(b) No portable electric space heaters shall be used.

(6) A nurses' private office for charting and for the safeguarding and preparation of medication;

(7) Toilet facilities for personnel;

(8) Food preparation kitchen with adequate refrigeration;

(9) Adequate storage areas;

(10) A sanitary method for the disposal of waste and soiled linen;

(11) A relaxation area not readily accessible to the casual visitor;

(12) Utility closet for housekeeping use;

(13) Private office space for the administrator and social worker;

(14) A waiting room for visitors;

(15) A dining room adequate in size to accommodate all residents at one sitting and with easy access to the kitchen;

(16) Laundry facilities for residents to wash their own personal clothing and if the home's laundry is done on the premises, a separate laundry area shall be provided for the residents;

(17) Private bedroom and toilet room for personnel who provide live-in supervision.

HISTORY: (former HE-7-29); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-30 Facilities and equipment in maternity home - medical.

(A) A maternity home shall contain at least one (1) room separate from living or office rooms for the examination and treatment of maternity patients. It shall provide:

- (1) Privacy for the patient;
- (2) Adequate light;
- (3) Equipment and supplies for routine examination and emergency care.

(B) All equipment used in the care of maternity patients shall be cleaned and sterilized in accordance with accepted medical standards.

HISTORY: (former HE-7-30); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-31 Patient housing unit in maternity homes.

(A) Rooms in which residents sleep shall have a space of at least three (3) feet between beds.

(B) Each room in which residents sleep shall have one clothes locker and one bedside table for each resident.

(C) There shall be not less than one toilet and lavatory for each eight residents.

(D) A minimum of one shower shall be provided for each twelve (12) residents.

(E) In new homes or those performing major alterations or reconstruction after the effective date of this rule, rooms in which residents sleep shall house no more than four beds and each room shall have its own attached toilet room.

HISTORY: (former HE-7-31); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-32 Regular nurseries in maternity homes.

(A) Each maternity home which offers infant services shall maintain a regular nursery.

(B) Physical facilities shall comply with the following:

(1) There shall be at least twenty-four square feet of floor space per bassinet with not less than two feet of space between bassinets;

(2) An observation window shall be installed between the corridor and each nursery, and large windows shall be installed between nurseries and workroom for the viewing of infants;

(3) Nurseries shall be well lighted at all times;

(4) A nursery shall have a constant temperature of 75° Fahrenheit and relative humidity of 50%;

(5) In new maternity homes or those making major alterations or reconstruction after the effective date of this rule, the nursery shall have an anteroom, with a storage cabinet for gowns plus a handwashing facility; the anteroom shall serve as the main entrance from the corridor into the nursery, and a separate workroom;

(6) Entrance to the nursery room shall be from the workroom;

(7) A controlled exit from each nursery room to the corridor shall be provided;

(8) When control of excessive sunlight is necessary, washable, flameproof drapes or blinds shall be used and maintained in a safe and sanitary condition.

(C) Each nursery room shall be adequately equipped to ensure proper and complete care for each infant. Equipment shall include, but not be limited to the following:

(1) A bassinet with individual equipment for each infant;

(2) Adequate handwashing facilities;

(3) A diaper receptacle and a hamper for soiled linen with cover, foot control, and removable liner;

(4) An accurate scale;

(5) Appropriate instruments in each examination area which shall be thoroughly cleaned after each use.

HISTORY: (former HE-7-32); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-33 Procedures in regular nurseries of maternity homes.

(A) Before entering the nursery, all persons who may come into contact with an infant shall scrub hands and forearms and wash their hands before and after each handling of an infant, crib, or contents.

(B) Nursery personnel shall wear clean, short sleeve scrub dresses or suits; physicians and all other personnel shall wear cover gowns, and no one shall wear a gown that has been worn by anyone else.

(C) Persons handling infants in the nursery shall not wear any type of rings, wrist watches, or bracelets.

(D) Soiled diapers and nursery linens shall be removed from the nursery at least once every eight hours, shall not be rinsed or washed by personnel assigned to the nursery and shall be washed and sterilized before being reused; disposable diapers may be used.

(E) Boric acid and other potentially dangerous antiseptics or preparations shall not be stored in any nursery. All such substances shall be kept in their originally labeled containers and stored where there is no danger of their improper use.

(F) Cleaning or dusting by dry or aerosol methods is prohibited in a nursery.

HISTORY: (former HE-7-33); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-34 Formula room in maternity homes.

(A) Homes which use prefilled bottles exclusively shall not be required to provide a formula room, but homes which use formula in bulk containers shall provide a room located in an area free from the danger of contamination for the filling of nurser units. The uncapping of bottles shall be accomplished at infants' bedsides or in the formula room.

(B) All homes which prepare their own formula shall provide a room located in an area free from the danger of contamination for the preparation of infant feedings and:

(1) The preparation of formulas shall be physically and functionally separated from the clean-up equipment;

(2) There shall be adequate facilities for handwashing, storage, counter space, work space, bottle and nipple washing, and waste disposal;

(3) Equipment for terminal sterilization shall be provided;

(4) Storage under refrigeration capable of maintaining a temperature of 40 to 45° Fahrenheit shall be readily accessible to the formula room;

(5) Formulas shall be tested for bacteriological content on a random basis.

(C) All nurseries shall have written emergency plans for the procurement of formula.

HISTORY: (former HE-7-34); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03

3701-7-35 Medical records and reports.

(A) The medical record of the maternity home resident shall include, but not be limited to: prenatal history, physical examination, and physician's orders and observations.

(B) The medical record of the infant shall include, but not be limited to, a history of gestation, delivery, and immediate postnatal period, physical examination, and physician's orders and observations.

(C) Licensee shall keep all records and reports for not less than two years and such records and reports shall be available for inspection by the director or his authorized representative.

HISTORY: (former HE-7-35); Eff 7-15-76

Rule promulgated under: RC Chapter 119.

Rule authorized by: RC 3701.34, 3711.01 to 3711.13

119.032 Review Date: 3-1-03