

Comparison Between Two Drafts of the BNHRA Rules

Comparison between draft rules put on the web site since July 06 and the revised draft rules of Sept. 08

(In the column 'Draft Rules 2006', the additions suggested by JAA in Dec. 06 are in blue font ,
comments are in bracket in blue font and suggested deletions in red font.)

Short title, extent and commencement

	'Draft Rules 2006' -section 1	Revised draft rules Sept. 08 --Rule 1
1	These rules may be called the Bombay Nursing Home Registration Rules 2006	These rules may be called the Maharashtra Nursing Home Registration Rules 2008.
2	They shall come into force from the date of their publication in the Official Gazette	They shall come into force from the date of their publication in the Official Gazette.
3	These rules shall apply to the whole of Maharashtra	These rules shall apply to the whole of Maharashtra state.

Definitions

	'Draft Rules 2006'-- section 1	Revised draft rules Sept. 08—Rule 2
1	In these rules, unless there is any thing repugnant in the subject or context,- "The Act" means the Amended Bombay Nursing Home Registration Act 2005	In these Rules, unless the context requires otherwise – (a) "Act" means the Bombay Nursing Home Registration Act 1949 (b) "Amended Act" means the Bombay Nursing Home Registration (Amendment) Act 2005. (c) " Form " means form appended to the Rules and (d) "Section" means a section of the Act.
2	Appendix means appendix to these rules;	No Provision
3	Local supervisory authority" means,- in the areas falling within the jurisdiction of the municipal corporation – the h Health Officer of the concerned municipal corporation; in the areas falling within the jurisdiction of the municipal	No Provision

	council –the Civil Surgeon of the District in which such council is situated in the areas falling within the jurisdiction of the Cantonment – the Health Officer of the Cantonment; in the areas not falling in sub-clauses (i), (ii) and (iii) above, the District Health Officer of the concerned Zilla Parishad”	
4	State competent authority – A multi stakeholder body at state level to guide District competent authority in discharging the functions under chairmanship of Director of Health services. This is appellate body at state level.	No Provision
5	‘Maternity Homes "any premise used or intended to be used for the reception of pregnant women for normal delivery; this would exclude those not having OT. They should have gynecologist / surgeon, anesthetist, pediatrician on panel.	No Provision
6	Qualified medical practitioner “a medical practitioner registered under the relevant Medical Act in force” It would mean “a person who possesses any of the recognized medical qualifications and who has been enrolled in the register of the respective Medical Council. Viz., Allopathy, Dental, Homeopathic and Board of Indian Medicine or any such council, Board or any other statutory body recognized by the government”. <u>Allopathy</u> – Maharashtra Medical council act 1965 & Indian Medical council act 1956 ; <u>Aurved, Unani and sidhha</u> – Maharashtra Medical Practitioners act 1961 & Indian Medicine Central council act 1970; <u>Homeopathy</u> - Maharashtra Medical Practitioners act 1961 & Homeopathy central council act 1973	No Provision

7	<p>Nursing Home also means “a place where patients are treated as inpatients with facilities for admission as inpatients for treatment of illness without or with surgery or conduct of delivery and also includes other gynecological operations where women are received or accommodated for the purpose of sterilisation, hysterectomy, or medical termination of pregnancy etc. with or without overnight inpatient facilities”.</p> <p>Nursing Home would also include “any inpatient medical clinic, nursing home, maternity home, hospital, old age homes, day care centers (any intervention which would require observation and on-going care/ monitoring for more than an hour).</p>	No Provision
8	Medical Laboratory means “an establishment where bio-Medical tests such as hematology, biochemistry, serological tests, bacteriological, cytology, histology, genetic investigations or any other diagnostic tests are carried out.	No Provision
9	Imaging centre is an establishment where Radiological, sonography, colour Doppler, Echocardiography, CT Scan, MRI tests or such tests are carried out.	No Provision
10	DMO (Duty medical officer) is a residential Doctor working in Nursing home engaged for particular discipline like Allopathic, Homeopathic, Aurvedic, Unani system of medicine with requisite qualifications and registration under Government recognized council, for the particular discipline for which nursing home is set up.	No Provision
11	Disease means “a notifiable disease which a Registered Medical Practitioner is required to notify to the Medical and Health Officer of his area under the law for the time being in force”	No Provision
12	Appellate authority – State competent authority at state level	No Provision
13	Company – Corporate body, trust or society running the hospital.	No Provision

14	Qualified Nurse – Nurse registered under Bombay Nurses, midwives, and Health visitors act 1954 trained in a institute recognized by Maharashtra Nursing Council.	No Provision
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Local Supervisory Authority and State Competent Authority

	'Draft Rules 2006'-- section 1	Revised draft rules Sept. 08—Rule 2
	Local Supervisory Authority for different areas would mean as follows- 1) Corporation ----- MOH 2) Municipal Council ----- Civil Surgeon 3) Cantonment -----HealthOfficer, Cantonment Area not falling in (1),(2),(3) - DHO ZP	No Provision
	<u>Functions of Local supervisory authority</u> a) To grant, suspend or cancel registration of Nursing home b) To enforce standards prescribed for nursing home c) To investigate breech of provisions of the act d) To supervise implementation of the provisions of the act and rules e) Keeping record of registration, renewals, inspections, cancellations, any other matters pertaining to act, record of meeting of District competent authority.	No Provision
	<u>Powers of Local supervisory authority</u> a) Inspection of Nursing Homes b) Summon individual or organization who is in possession of information relating to violation of the act c) Verification of hospital records d) Issue search warrant for any nursing home on receipt of complaints. e) LSA can take Pseu-Suo Moto legal action against a nursing home.	No Provision

<p><u>Composition of the State competent authority</u></p> <ol style="list-style-type: none"> 1) Director of Health Services (Ex-officio)-- Chairperson 2) Representative from the State Indian Medical Association ---Member 3) One representative from the Hospital Owners Association. ---Member 4) Representative from State level consumer organization ---- Member 5) Representative from state level NGO working in the area of health--- Member 6) Representative from a state level women's group -- Member 7) Representative from Law & Judiciary Dept Mantralaya -----Member 8) Representative from DMER----- Member 9) Representative from DDHS Nursing --- Member 10) Representative from LSA as nominated by chairman --- Member 11) Joint Director of Health services, (Medical) --Member Secretary 12) A representative of Nurses' Association -----member 	<p>No Provision</p>
<p><u>Functioning of the State Competent authority</u></p> <ol style="list-style-type: none"> i) The meeting of the SCA will be called by the Chairperson with a minimum notice of 15 days with period between two meetings not exceeding more than 90 days. ii) Emergency meetings could be called by the Chairman with a three days notice on receipt of serious complaints made to the SCA. iii) The constitution of the State competent authority should be valid for the period of five years. iv) The government and non- government members appointed to the state Competent authority will be entitled to traveling allowance and daily allowance according to the traveling allowance rules of the state government, for attending the meeting. 	<p>No Provision</p>

Prohibitions to carry on nursing home without registration

	'Draft Rules 2006'--- Section 3	Revised draft rules Sept. 08
	<p><u>Prohibition to carry on nursing home without registration</u> No person should run a nursing home unless it has been duly registered and registration in respect thereof has not been cancelled under section – 7. Provided that nothing in this section shall apply in case of nursing home which is in existence at the date of commencement of this act, for a period of three months from such date or if application for registration is made within that period in accordance with provisions of section 4 until such application is finally disposed off.</p>	No Provision

Maintenance of Register

	'Draft Rules 2006'----- SECTION – 5 Rule 3	Revised draft rules Sept. 08----Rule 3
	On receipt of fees for registration and after grant of registration name is registered in office of LSA in a register in form A	The Local Supervisory Authority should maintain Register in form A showing names of persons registered under section 5 of the Bombay Nursing Home Registration (Amendment) Act 2005.

Application for registration

Application of Registration/Renewal of Registration of a Nursing home

	'Draft Rules 2006'-----_section 4	Revised draft rules Sept. 08----Rules 4 & 6
	<p>i. An application for registration, renewal or for duplication of the registration shall be made to the Local supervisory Authority (LSA), in duplicate, on Form A</p> <p>ii. An application for the registration / renewal of registration shall be made in advance in the prescribed form at least three months before the date on which the registration and the registration are to expire and shall be accompanied by the fee prescribed.</p>	<p><u>Rule 4 -</u> Any person intending to carry out Nursing Home shall make an application to concerned Local Supervisory Authority in Form B, and shall be accompanied by fees at least one month before expiry of previous registration. Such application should be accompanied by fee prescribed.</p> <p><u>Rule 6-</u> (1) a) Renewal shall be made once in three years. b) An application for renewal of registration shall be made at least one month before expiry of</p>

		<p>previous registration and shall be accompanied by fees prescribed under rule 7.</p> <p>(2) On receipt of application made in Form B, the Local Supervisory Authority shall if satisfied that the application is in order, issue renewal of registration in Form C.</p>
	iii. If an applicant submits an application for renewal of registration after one month from the expiry of the date of registration, such application shall not be treated as a case of renewal of registration and shall be accompanied by up to date fee for original registration.	No Provision
	iv. If the applicant is aggrieved in anyway regarding registration or renewal thereof he/ she may appeal to the State Competent authority within one month of expiry of registration. Once an appeal is filed the cancellation or refusal order will be deemed stayed till the appeal is disposed of. The appeal may be disposed of within three months.	No Provision
	v. The intervening period, that is, from the date of expiry of the previous registration up to the date before issue of the new registration, unless the case is under appeal, shall be treated as irregular period of running the establishment by the applicant. <u>Without providing any information</u> the licensing authority can then proceed to seal the establishment during that period. The registration can subsequently be obtained only after making a fresh application to the LSA after receiving the full payment toward the fee for original registration.	No Provision

<p>vi. If the last date of submitting an application is a holiday, the application shall be submitted on the immediate next working day.</p> <p>vii. If the nursing home is unable to employ qualified nurses, registration can be granted if owner of nursing submits undertaking/ affidavit regarding recruitment of qualified nurses within three months of submitting the affidavit. Before submitting the affidavit owner of nursing home should present sufficient documents of efforts taken to recruit qualified nurses.</p> <p>The clause of employment of qualified nurses should be implemented in phased manner.</p> <p><u>Municipal corporations</u> – Within one year of rules coming in to force.</p> <p><u>Municipal councils</u> - Within two years of rules coming in to force.</p> <p><u>Gram Panchayat</u> - Within three years of rules coming in to force.</p> <p>With regard to criteria of nurses' employment, two categories of nurses should be decided.</p> <p><u>Qualified nurses</u> – Nurses registered with Nursing council.</p> <p><u>Trained Nurses</u> – Nurses who have taken training of six months duration at Govt recognized institutions.</p> <p>There should be at least one qualified nurse for three trained nurses.</p>	No Provision
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Registration

'Draft Rules 2006'-----Section 5	Revised draft rules Sept. 08----Rule 5
<p><u>Section 5 (1) (b)</u> Provided that LSA may refuse to register the applicant if it is satisfied: (b) That the nursing home is not under the management of a person who is holding a <u>any of the recognized medical qualifications and who has been enrolled in the register of the respective Medical Council. Viz., Allopathy, Dental, Homeopathic and Board of Indian Medicine or any such council,</u></p>	No Provision

	Board or any other statutory body recognized by the government a degree in medical sciences and who is resident in the home or that there is not a prescribed proportion of qualified nurses employed in the nursing home to the number of patients in it; or "	
	<u>Section 5 (1) (c)</u> (c) That in the case of a maternity home it has not got on its staff a qualified midwife; (give definition) or (c-1) That the area of the premises of the nursing home is less than the prescribed area; (c-2) That the number of beds available in the nursing home exceeds than those prescribed (c-3) That the nursing home is owned or is under the management of a Government Medical Officer;"	No Provision
	<u>Section 5 (3)</u> The registration certificate should be displayed at a conspicuous place in the nursing home. No registration for nursing home shall be granted unless the LSA is satisfied that the applicant and the Nursing home fulfill the following conditions; i. The person supervising the Nursing Home is a qualified and registered medical practitioner. ii. Application (Form ---) shall be filled in with the particular name of the applicant and not with the name of Registered Firm, Company or Partnership Organization so that responsibility of the nursing home shall be fixed upon a particular person .So in case of a Firm, Company or a Partnership Organization, the name of a person from amongst the Directors, Partners or Owners, that may be the Applicant, shall be specified through a resolution of the personnel in the management of such Firm, Company or Partnership Organization. iii. The premises and equipments are reasonably suitable and adequate with a stock of emergency and lifesaving drugs. iv. The nursing home adheres to all the minimum standards as prescribed in annexure...	No Provision

	<p>v. Proportion of qualified nurses to the beds in nursing home.</p> <p>vii) Change of user certificate from housing society if nursing home is in premises of housing society.</p>	
	<p><u>Procedure for granting registration or renewal of registration</u></p> <p><u>Rule 6</u></p> <p>i. The Local Supervisory Authority or authorized representative on receiving the application form and various forms and details must check the application for compliance with all requirements provided.</p> <p>ii. After the Local Supervisory Authority is satisfied that the applicant has complied with all the requirements as mentioned in the Act and the Rules, the Local Supervisory Authority should ensure inspection of the nursing home by any person or persons appointed by Local Supervisory Authority to verify the adherence to standards prescribed.</p> <p>iii. The Local Supervisory Authority shall dispose of every application received within three months from the date of receipt of application. The Nursing home would be deemed to have been registered in case there is no response from the local supervisory authority in three months from the date of application.</p> <p>iv. A certificate of registration issued under this section shall, subject to the provisions of section, be in force and shall be valid until the <u>31st day of March of the third year next following the date on</u> which such certificate is issued or renewed, as the case may be.</p> <p>v. In case of non-compliance to standards found on inspection, the registration fees will not be refunded.</p> <p>vi. The fees shall be paid by DD to LSA</p> <p>vii Occupancy certificate & Permission from town planning Dept</p> <p>viii Approved plan</p> <p>ix Receipt of property tax</p> <p>x List of Doctors <u>with their qualifications</u> on panel and names of specialties available in nursing home.</p>	<p>Rule 5; <u>Grant of Certificate of Registration</u></p> <p>The Local Supervisory Authority shall if satisfied that there is no objection to registration, register the applicant in respect of Nursing Home and issue him certificate of registration in Form c.</p>

Penalty for non-registration

	'Draft Rules 2006'----- Section 6	Revised draft rules Sept. 08
	<p>Whoever contravenes the provisions of section 3, shall, on conviction, be punished with imprisonment, which may extend to six months or with the fine, which may extend to ten thousand rupees or with both.</p> <p>a) On finding contravention of provision of section 3 from the Act, a show cause notice may first be served to the owner and asked to register within a month after paying a fine amounting to 50% of registration fee.</p> <p>b) On further contravention will be liable for punishment as per the act.</p> <p>Contravention of renewal after three years, will also invite a show cause notice, along with a fine as per section 12 of Act. Failure to renew registration three months after show cause notice will amount to non-registration.</p>	<p>No Provision</p>

Cancellation of Registration to run the establishment

	'Draft Rules 2006'----- Section 7	Revised draft rules Sept. 08
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<p>The LSA may refuse to register the applicant or renew the registration or cancel the registration if it is not satisfied that</p> <p>a. The nursing home is not under the supervisory management of a person who is qualified and registered in the council recognized by the government,</p> <p>b. The rules and by-laws under the act are not followed,</p> <p>c. Used for purposes, which are in violation of any other law, which the Nursing Home is expected to comply with or it is found that the Nursing Home is carrying out activities for which it is not registered.</p> <p>d. Subject to provisions of the act LSA can cancel the registration at any time of a person in respect of nursing home on the ground person has been convicted of an offence under the act.</p> <p>e. The owner of the nursing home could be a non-medical person but it should be under the supervisory management of a person who is a qualified and registered medical practitioner.</p> <p>f. If at any time after the nursing home has been registered and granted a registration therefore, the LSA is satisfied that the terms of registration are not being complied with, may cancel such registration and registration.</p> <p>g. 31st day of March of the third year next following the date on which such certificate is issued or renewed, as the case may be." (This would mean that the LSA would be totally overburdened with work from January to March and would find it impossible to complete its work of granting / rejecting registration, renewal and would have very little work in other months. Hence substitute above provision by following one.)</p> <p>Section 5, subsection 2 - A certificate of registration issued under this section shall, subject to the provisions of section 7, be in force and shall be valid until the completion of three years from the date of approval of the registration application.</p>	<p>No Provision</p>
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Notice of refusal or of cancellation of registration

	'Draft Rules 2006' -----Section 8	Revised draft rules Sept. 08
1	The LSA should make a detailed note of observations made and	

	its comments on inspection of the premises of the applicant. It should indicate in writing the applicant about the deficiencies and submit a report to the board	No Provision
2	. LSA would reject or cancel the registration only after enquiry and giving opportunity of being heard to the applicant and is satisfied that the applicant has not complied with the requirements of the Act and these rules, it shall for the reasons to be recorded in writing, reject the application for registration and communicate such rejection and the reason thereof to the applicant within three months of the date of the application as specified in particular form.	No Provision
3	A reasonable rectification period of a month-three months is given to the nursing home to make-up for the deficiencies pointed out in the LSA's report. This would be followed by reapplication by the owner and re -inspection by the LSA before a final decision is taken by the LSA.	. No Provision
	<u>Redressal for refusal to register or renew or cancellation of registration</u> i. If the applicant is not satisfied with the decision of the LSA and wants to seek redressal, the applicant should appeal to the State competent authority with the reasons given by the LSA for refusal of registration within a period of 30 days from the date of order of the LSA. ii. The State competent authority should render its decision within 90days of receipt of the appeal, after hearing all the parties as well as getting the nursing home inspected afresh if it is so found necessary.	No Provision

Inspection of Nursing home

	'Draft Rules 2006' ----Section 9	Revised draft rules Sept. 08
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i. Every nursing home shall offer reasonable facilities for inspection of the place, equipment and records to the local supervisory authority or any other officer duly authorized by the local supervising authority. LSA can inspect any relevant records, register, document, and equipment and article necessary for the purpose of the provision of the act.	No Provision
ii. The routine inspection will be done at the time of original registration and/or at time of renewal/and if the nature of the work is being changed, after prior intimation. Such routine inspection will be done at a time, which is unlikely to disturb /interfere with the treatment of the patient and/or doctor's work.	No Provision
iii. Surprise inspection would be done only when there is a written complaint from a patient or a representative body of patients/citizens alleging non-compliance of the provision of the act. Suo moto inspection can be initiated by the LSA.	No Provision
iv. In case of specific complaint, the Local Supervisory authority ordering inspection must record in writing the reasons for inspection. The procedure of inspection would be laid down in annexure. The LSA will designate the relevant govt. medical officer to be in charge of a team of three persons.	No Provision
v. Person in charge of inspection should be a Medical Doctor, who may be assisted by others.	No Provision
vi. The decision to do unscheduled inspection should be taken by the supervisory authority in cases of emergency or a serious complaint.	No Provision
vii. Frivolous /vexatious complaint would be punishable with a fine of Rs.5000/-	No Provision
viii. Nothing in this Act shall be deemed to deter any such officer to inspect any clinical/ medical record relating to any patient in a Nursing home by maintaining confidentiality and taking care that it doesn't come into public domain.	No Provision

	ix If any person refuses to allow any such officer to enter or inspect any such premises as aforesaid, or to inspect any such records as aforesaid or obstructs any such officer in the execution of his powers under this section, he shall be guilty of an offence under this Act and the registration will be liable to be cancelled or suspended.	No Provision
	x. Every nursing home shall maintain an inspection book for LSA & complaint book for patients.	No Provision

Income of Local Supervising Authority

	'Draft Rules 2006' -----Section 10	Revised draft rules Sept. 08
	i. Any fees or service charges received under this Act shall be paid into the fund of the local supervising authority, in a personal ledger account and used only for the implementation of the act and logistics for the same.	No Provision
	ii. Part of the revenue collection, as decided by the State competent authority, will be deposited in personal ledger account of Director of Health Services for carrying out functions and responsibilities under BNHRA (expenses for inspection , TA/DA of members attending meeting etc.).	No Provision

Expenses of Local Supervising Authority

	'Draft Rules 2006'----- Section 11	Revised draft rules Sept. 08
	. The LSA should be allocated suitable resources, which would include an office, clerk and data entry operator, clerk peon, computer and logistic expenses to conduct meetings and carry out it's responsibilities including inspection of Nursing Homes, secretarial work, maintain records etc. If there are any legal formalities, fees of lawyer should paid from revenue generated. All the expenses incurred should be debited from amount of registration fees deposited in PLA.	No Provision

Penalty for offences under Act

	'Draft Rules 2006' -----Section 12	Revised draft rules Sept. 08
	Whoever contravenes any of the provision of this Act or of any rule shall, if no other Penalty is elsewhere provided in this Act or the rules for such contravention, on conviction, be punished with fine which may extend to five thousand rupees and in the case of a continuing offence to a further fine of fifty rupees in respect of each day on which the offence continues after such conviction up to six months following which the registration of the nursing home would be cancelled.	No Provision

Offences by Corporations

	'Draft Rules 2006'----- Section 13	Revised draft rules Sept. 08
	Where a person committing an offence under this act is a company or other body corporate, trust or society every person who at the time of the commission of the offence was a director, manager, secretary, agent or other officer or person specified in the registration form and concerned with the management thereof shall, unless the person proves that the offence was committed without his/her knowledge or consent be deemed to be guilty of such offence.	No Provision

Court competent to try offences under Act

	'Draft Rules 2006' -----Section 14	Revised draft rules Sept. 08
	No court other than that of Magistrate of first class shall take cognizance of any offence under this act.	No Provision

Indemnity to persons acting under this Act

	'Draft Rules 2006'--- Section 15	Revised draft rules Sept. 08
	No suit, prosecution or other legal proceeding shall be instituted against LSA or any person, which is done in good faith provided no laws are violated.	No Provision

Rules under the Act

	‘Draft Rules 2006’--- Section 16	Revised draft rules Sept. 08
	<u>Section 16 Subsection 2 Clause b</u> The date on which an application for registration or renewal of registration to be made and the fees to be paid for such registration or renewal of registration, "provided that State Government may prescribe different rates of fees for registration of nursing homes, having regard to the area in which such nursing home is situated, the number of beds therein, the number of specializations offered in such nursing home.	No Provision
	<u>RULE – 7 SUB – RULE (1) and (2)</u> The application Form..... should be accompanied with the registration fees.	<u>Rule 4:</u> Such application should be accompanied by fee prescribed.
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(We had suggested the registration fee as given in the table below. The rationale for this fee structure was also shared. The rationale is as follows –

Triannual Regulatory Expenses per 10 bedded hospital-

A team of three to four persons (Office Assistant, Clerk, Driver, Inspector/Medical Officer) would be required. Out of this only the inspector/Medical Officer would visit the hospital for physical inspection once in three years. This officer would spend in total half a day for one hospital – for examining the application form, visiting the hospital and making a report in a prescribed format. The support staff would also spend about half a day in the correspondence, and other deskwork. This team's monthly salary would be about Rs. 40,000/- (MBBS doctor gets a starting salary of Rs. 18,000/- per month). With average of 20 days' of working per month, the per day salary cost would be Rs. 2,000/-. Hence for covering one hospital, the salary cost would be Rs. 1,000/-. Add Rs. 250/- for an average petrol and DA expenses per hospital and Rs. 250/- (25% of salary) for other non-salary cost for office expenses. Total – Rs. 1,500/- per hospital. The triannual service charge for 10-bedded hospital can be Rs. 1,000/- R. 1,500/-, Rs. 2,500/- for rural, urban, metropolitan hospital respectively. Larger hospitals with multispeciality facilities would mean more complex work to inspect, approve and hence would pay more.)

	Rural	Urban	Metropolitan
Hospitals, Nursing Homes, Maternity home, any Health Centers upto 10 beds	1000	1500	2000
Hospitals, Dental Hospitals, Nursing Homes, Health Centres with 11 to 30 beds	1500	2750	3000
Hospitals, Dental Hospitals, Nursing Homes, Health Centers with 31 to 100 beds	2000	3000	4000
For each additional bed above 100 beds	20	30	40

EMERGENCY MEDICAL SERVICES

	'Draft Rules 2006' --SECTION 16 RULE 13	Revised draft rules Sept. 08 --Rule 17:
	<p>1) All emergency patients attending a nursing home, wherever registered medical practitioner/s are engaged, must be attended primarily to provide basic life support without considering the financial capability of the patient, and then, may be referred with Suitable medical report about the ailments, as early as possible to the nearest Public Hospital if necessary. Golden hour treatment protocols should be followed.</p> <p>Basic life support measures would include – airway maintenance, Intra Venous drip, wound care and dressing, haemostasis, shock management, splint, severe pain management and starting of nasal O₂.</p>	<p>All emergency patients attending a nursing home, wherever registered medical practitioners are engaged, must be attended primarily to provide basic life support without considering the financial capability of the patient, and then may be referred to suitable nearest referral hospital with medical report about the ailments, as early as possible if necessary. Golden Hour Treatment protocols should be followed.</p>
	2) Each NH should have all logistics for emergency basic life support with trained medical and paramedical personnel	Each NH should have all logistics for emergency basic life support with trained medical and paramedical personnel.
	3) LSA will be District EMS authority and in cases of disaster or emergency patients will have access to nearest NH as far as basic life support is concerned.	No Provision
	4) Every Nursing Home has the professional obligation to extend services with due expertise-basic life support measures for protecting life in emergency or disaster.	Every Nursing Home has obligation to extend its services with due expertise for protecting life in emergency or disaster

Rules regarding Registration

	'Draft Rules 2006'- -SECTION 16.Rule 8, 9, 10 & 11	Revised draft rules Sept. 08- Rules 8,9,10,11,12
	<p><u>Rule 8 :- Transfer of ownership of nursing home –</u> Transfer of ownership or management of nursing home should be informed to LSA within 72 hours jointly by transferor and transferee. The transferee shall make an application for registration with provisions of Rule 4.</p>	<p><u>Rule 8 :- Transfer of ownership of nursing home-</u> Immediately after transfer of the ownership or management of a nursing home, the transferor and transferee shall jointly communicate the transfer affected to the Local Supervisory Authority and the transferee shall make an application for registration in accordance with Rule 4. In case the Nursing home ceases to function, the certificate of registration shall be</p>

		surrendered to Local Supervisory Authority.
	<u>Rule 9: - Change in address –</u> Any change in address shall be communicated to LSA not later than 15 days of such change.	<u>Rule 9: - Change in address:</u> A person registered under the act in respect of nursing or maternity home shall communicate to the Local Supervisory Authority any change in his address or situation of Nursing Home in respect of which he is registered not later than seven days after such changes.
	<u>Rule 10: - Change in staff –</u> Any change in medical or nursing staff together with dates on which changes have taken place shall be communicated to LSA not later than 15 days of such change.	<u>Rule 10: - Change in staff –</u> Any change in medical, nursing, midwifery or other staff together with dates on which such change has taken place shall be communicated to the Local Supervisory Authority and in any case not later than seven days of such change.
	. No Provision	<u>Rule 11. Change in facilities/construction/up-gradation:</u> Any change in construction, facility and up-gradation of services provided to the patients should be communicated to the Local Supervisory Authority together with dates on which such change has taken place and in any case not later than one month of such change.
		* No fees shall be payable for changes informed under rule 8, 9, 10 and 11.
	<u>Rule 11: - Lost Certificate:</u> If a certificate of registration is lost or destroyed the holder may apply for fresh certificate. A Certificate marked as "duplicate" will be issued on payment of Rs. 500	<u>Rule 12. Lost Certificates-</u> In the event of certificate of registration being lost or destroyed, the holder may apply to the Local Supervisory Authority for fresh certificate, and the Local Supervisory Authority, may if think fit, issue such certificate upon payment of fees of Rs 1000. A certificate issued under this rule shall be marked “ Duplicate ”

Standard charter of patients' rights

	'Draft Rules 2006' ----SECTION 16,Rule 14	Revised draft rules Sept. 08-----Rule 18
1	No person suffering from HIV may be denied care only on the basis of the HIV status, provided the curative or diagnostic care is available at the NH. Not having a Voluntary Testing and Counseling Center cannot become grounds to refuse care. For management of patients who is HIV positive, the nursing home would follow guidelines circulated from time to time by NACO (National AIDS Control Organization)	Person suffering from HIV/AIDS must not be denied care.
2	Every nursing home shall maintain an inspection book and a complaint register (for the patients party), which shall be produced before the LSA as and when required.	Complaint register should be kept in Nursing Home at reception counter.
3	. No Provision Every nursing home shall make available as a routine, to any patient a rate card mentioning all charges of the Nursing Home. Basic charges like bed charges, daily consultation charges for outpatients and inpatients, visit fee charges for ICU and non-ICU patients should be displayed on a board at a suitable place for the patients.	(Rule 19). Display of standard rates of treatment: Nursing homes shall have printed brochures of standard rates charged for various treatments and services provided e. g. Consulting fees, normal and caesarian deliveries, minor and major surgeries, various diagnostic tests, overnight stay charges, OT charges etc.
3-4	All nursing homes must adopt a Standard Charter of Patient's Rights, observe it and orient their staff for the same. This Standard Charter of Patient's Rights would include that – A) The patients and / or Person authorized by patient should receive □ The relevant information about the nature, cause, likely outcome of the present illness. □ The relevant information about the proposed care, the expected results, possible and the expected costs and likely complications. Patient and All nursing homes must adopt a Standard Charter of Patient's Rights, observe it and orient their staff for the same. This Standard Charter of Patient's Rights would include that –	No such explicit provisions made. Standard Charter of Patient's Rights would include that- The patients and / or Person authorized by patient or his or her next kin must receive the relevant information about the nature, cause of illness, proposed care, the expected results of treatment, possible complications and the expected costs.

<p>B) Patient and/ or person authorized by patient has a right to have</p> <ul style="list-style-type: none"> -An access to his / her clinical records at all times during admission to NH -Photocopy should be available within 24 hrs when admitted to NH or within 72 hrs of making an application after discharge or death after paying fees for photocopy. - A discharge summary at the time of discharge, which should contain: <ul style="list-style-type: none"> □ The reasons for admission, significant clinical findings and results of investigations, diagnosis, treatment and the patient's condition at the time of discharge. □ In a language and manner any lay person can understand, follow-up advice, medication and other instructions and when and how to obtain urgent care when needed in an easily understandable manner. <p>In case of death, the summary of the case should also include the cause of death.</p>	<p>No Provision</p>
<p>C) Treating patient information as confidential.</p>	<p>No Provision</p>
<p>D) Patient has a right to personal dignity and privacy during examination, procedures and treatment.</p>	<p>Privacy During Examination</p>
<p>E) Patient and family rights include informed consent before anesthesia, blood and blood product transfusions and any invasive / high-risk procedures / treatment. Informed consent includes information in a language and manner that the patient can understand, on risks, benefits, and alternatives if any and as to who will perform the requisite procedure. Information and consent before any research protocol is initiated (see below)</p>	<p>No Provision</p>
<p>F) Patient and family rights include information on how to voice a complaint. Appropriate procedure for grievance redressal must be put in place by the hospital.</p>	<p>Complaint register should be kept in Nursing Home at reception counter.</p>
<p>G) Rights of women as patients</p> <ul style="list-style-type: none"> -Privacy during examination. In case of examination by male doctor, a female attendant must be present. -Right to confidentiality of reports and information not to be 	<p>No Separate Provisions For Women</p>

	disclosed to any person other than one who is authorized by the patient -Confidentiality of HIV positive patients	
	H) Patient has the right to seek second opinion. All medical and diagnostic reports must be made available to the patient or authorized person to facilitate second opinion. The expert giving second opinion should give it in writing and after talking the current doctor in charge to know the rationale of the current management.	No Provision
	I) Non-discrimination on the basis of HIV status -Patients and families should be informed about the above rights in a format and language, that they can understand -Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.	Person suffering from HIV/AIDS must not be denied care.
	J) In case of Nursing Homes undertaking clinical research- <input type="checkbox"/> Documented policies and procedures should guide all research activities in compliance with national (ICMR) guidelines.	No Provision
	K) Right to buy prescribed drugs from any medical store/ and of any standard brand of the same medicine, from any pharmaceutical shop.	No Provision

Medical Records

'Draft Rules 2006' -Section 16,Rule 15	Revised draft rules Sept. 08
<p>MEDICAL RECORDS: Maintenance of medical records of all patients attending the nursing home is of utmost importance.</p> <p>The "OPD paper" of a patient attending the OPD should contain the doctor's name and detailed clinical notes including patient's name, age, occupation, chief complaints, onset/ duration/progress of illness, past history, personal history, family history, detailed examination findings, provisional diagnosis and treatment advised. A separate prescription should be written out for the medication that has been advised.</p> <p>The OPD paper should be given to the patient along with X-rays and all investigation reports. Nursing homes should maintain a copy of the OPD paper. All indoor papers should be complete, i.e. clinical notes (as detailed above) should be written along with whatever treatment has been given during the admission and reports of investigation carried out.</p>	<p style="text-align: center;">No Provision</p>
<p><u>INDOOR RECORDS</u></p> <p>The nursing home shall keep the following registers of the patients received or accommodated or both at the nursing home as an out-door or in-door patient namely: -</p> <ul style="list-style-type: none"> a) Register of admission /discharge /death of the patient; c) Records of treatment, both outpatient and inpatient. <p>These registers shall be entered fully, chronologically and legibly. Copies of which shall be kept in the record room of the nursing home concerned for at least 5 years. The information in this regard shall be supplied to the LSA, as and when required.</p>	<p style="text-align: center;">No Provision</p>

Functional Programme of Nursing Home

	'Draft Rules 2006'----- SECTION 16-Rule 16	Revised draft rules Sept. 08
	THE SPECIALITIES PROVIDED AND LIST OF DMOs AND SPECIALIST DOCTORS ALONG WITH THEIR QUALIFICATIONS SHOULD BE DISPLAYED AT PROMINENT PLACE IN NURSING HOME.	No Provision
	<p>The basic minimum functions provided by a nursing home should include the following:</p> <p><u>1. EMERGENCY FIRST AID:</u></p> <p>In case a patient had been admitted in such a facility for more than 24 - 48 hours, and in case the patient is in a critical condition, it is expected that the patient will be transferred with a medical attendant *accompanying the patient and all medical records (including X-rays, investigation reports, clinical notes) will be made available to the next doctor who will be treating the patient. It is also expected that the doctor who had treated the patient initially will keep in touch with the institution to which the patient has been transferred in order to remain aware of the patient's condition. This may not be applicable for patients leaving the premises Against Medical Advice (AMA).</p> <p>* As far as possible, the the Medial Attendant or the DMO should accompany the patient at the time of transfer if patient's condition desires-requires so. If not a Duty Medical Officer (D. M. O) should accompany the patient. All nursing homes should have access to patient services within one hour.</p>	No provision for medical attendant accompanying the patients in critical condition, while transferring.
	<p><u>2. Maternity Facilities:</u></p> <p>All nursing homes providing maternity facilities should provide basic obstetric facilities and neonatal facilities. All maternity homes should be able to carry out procedures like suction and evacuation, dilatation and curettage, Lower Segment Cesarean Section and Hysterectomy on an emergency basis. Blood transfusion facilities should be available with nearest blood bank. Maternity home should have gynaecologist /surgeon, anaesthetist and paediatrician on panel. In villages with less than 10,000 population deliveries without high-risk pregnancy can be handled when above-mentioned facilities are not available.</p>	No Provision

	These should be labeled as Maternity homes with facilities of basic obstetric care, which should have minimum facility of delivery table, emergency tray, oxygen cylinder, suction machine (electric and foot operated), basic instruments required for normal delivery & episiotomy.	
	<p><u>3. Co-operation in the National Health Programmes –</u> Nursing homes should maintain records of all cases of notifiable diseases and this record must be available to the regulating bodies for checking on a periodic basis.</p> <p>LIST OF DISEASES TO BE REPORTED TO LOCAL SUPERVISORY AUTHORITY (LSA)</p> <p>Cholera Plague Diphtheria Neonatal Tetanus Acute Flaccid Paralysis Japanese Encephalitis Dengue Infective Hepatitis Gastroenteritis AIDS Leptospirosis SARS Avian Influenza Malaria Chikungunya</p>	<p><u>Rule 21- Diseases to be reported to Local Supervisory Authority:</u> Reporting of diseases to the Local Supervisory Authority after confirmation of diagnosis. List of diseases enclosed (Annexure 2). LIST OF DISEASES TO BE REPORTED TO LOCAL SUPERVISORY AUTHORITY (LSA)</p> <p>Cholera Plague Diphtheria Neonatal Tetanus Acute Flaccid Paralysis Japanese Encephalitis Dengue Infective Hepatitis Gastroenteritis AIDS Leptospirosis SARS Avian Influenza Malaria Chikungunya</p>

Minimum equipments required for Nursing Home

	'Draft Rules 2006' -Section 16	Revised draft rules Sept. 08- Rule 15
1	All instruments equipments required for emergency & Basic life support.	All instruments equipments required for emergency & Basic life support.
2	Emergency Tray	Emergency Medicine Tray
3	One suction machine & one standby foot suction machine	One suction machine & one standby foot suction machine
4	Minimum one oxygen cylinder for 8 beds with one standby cylinder	Minimum one oxygen cylinder for 8 beds with one standby cylinder
5	All basic instruments & equipments of speciality of nursing home	All necessary instruments & equipments required for concerned specialty
6	Fire fighting equipment	Fire fighting equipment.
7	Dressing trolley	Dressing trolley
8	ECG Machine	No Provision

Minimum equipments required for Maternity Home

	'Draft Rules 2006'	Revised draft rules Sept. 08
	1) Foetal monitor	No Separate Provisions For Maternity Homes
	2) Labour table	
	3) Neonatal Resuscitation -Resuscitation kit	
	4) One suction machine with generator connection & one standby foot suction machine	
	5) Minimum one oxygen cylinder for 8 beds with one standby cylinder.	
	6) Minimum one infant warmer.	
	7) All instruments equipments required for emergency & Basic life support (CPR)	
	8) Emergency Tray	
	9) Fire fighting equipment.	
	10) Dressing trolley.	
	11) Instruments & equipments required for Emergency obstetric care. (LSCS, Obstetric hysterotomy, Forceps, Ventouse)	
	12) ECG Machine	

Minimum requirements of O.T.

	'Draft Rules 2006'-----section 16	Revised draft rules Sept. 08-----Rule 16
1	Operation Table	Operation Table
2	Boyles Machine with four stand by cylinders	Anesthesia Machine with four stand by cylinders & accessories for anesthesia.
3	Laryngoscope with 5 blades	No Provision
4	Endotracheal Tubes of various all sizes with connections.	No Provision
5	Pulse oxymeter (Is this needed in every small nursing home ??????- it should not be included.)	Pulse oxymeter
6	Electric suction machine with generator connection	Electric suction machine with generator connection
7	Foot suction machine	Foot suction machine
8	Emergency tray	Emergency tray
9	Electric autoclave with additional stand by.	All necessary facilities for proper sterilization of O.T. suit
10	Fixed or mobile shadow less lamp.	Fixed or mobile shadow less lamp
11	Minimum required instruments & equipments for particular speciality.	Minimum required instruments & equipments for particular specialty
12	Cautry if major surgeries carried out.	No Provision
13	O.T. Care machine	No Provision

MINIMUM REQUIREMENTS FOR ICU

	'Draft Rules 2006'-----section 16	Revised draft rules Sept. 08-----Rule 20
	<u>MINIMUM REQUIREMENTS FOR 8 BEDED BEDDED ICU:</u>	<u>MINIMUM REQUIREMENTS FOR ICU:</u>
1	Floor space 120 sq ft per bed	Floor space 75 sq ft per bed
2	Central oxygen system or one oxygen cylinder per bed with two standby cylinders	Central oxygen system or one oxygen cylinder per bed with two standby cylinders
3	Two suction machines and one foot suction Machine	Two suction machines and one foot suction Machine
4	Each bed separated by curtain	Each bed separated by curtain
5	Bedside monitoring of ECG, SPO2, NIBP with central monitor	Bedside monitoring of ECG, SPO2, NIBP with central monitor
6	Ventilator (minimum pressure generator) with defibrillator	Ventilator (minimum pressure generator) with defibrillator
7	Attached toilet	No Provision
8	One MBBS Doctor on duty with Physician (Medical ICU)/ Surgeon (Surgical ICU) on call.	One MBBS Doctor on duty with Physician (If Medical ICU) / Surgeon (If Surgical ICU) on call.

REQUIREMENT OF HUMAN RESOURCE

'Draft Rules 2006'-----section 16, Rule 17				Revised draft rules Sept. 08-----Rule 13			
<u>REQUIREMENT OF HUMAN RESOURCE RESOURCE</u> Duty Medical Officer: MBBS, BAMS, or BHMS should have completed one year of internship. Responsibility regarding clinical decisions, procedures etc. is that of the consultant and not the DMO. He should be available round the clock. If in charge of nursing home resides adjacent to nursing home, DMO is <u>not</u> necessary.				<u>Staffing norm</u> Resident Medical Officer shall not be less than MBBS medical graduate rendering services round the clock.			
No Provision				Resident or visiting Doctors should have successfully completed mandatory service either in Government or Corporation as laid down in Government Resolution wherever applicable and same should be substantiated by producing certification from competent authority.			
<u>Nursing staff:</u> □ One nurse for every 10 beds on shift duty (total 4 nurses per 10 beds.) .				<u>Nursing staff:</u> □ One nurse for every 10 beds in each shift (total 4 nurses per 10 beds.)			
□ Four Three qualified <u>nurses</u> for labour room. One in each eight-hour shift				No Provision			
STAFFING NORM				STAFFING NORM: The minimum staff for 10 bedded Nursing Home :			
no	Category of staff	No of beds	Number to be provided	-----			
1.	Resident medical officer	10 patients or its part	1 round the clock	-----			
2	Registered nurse or midwife	5 patients or its part	1 round the clock	Sr			
3	General duty assistant	3 patients or its part	1 round the clock	no Category of staff No of beds			
4	Sweeper	5 patients or its part	1 round the clock	-----			

				1. Resident medical officer ----- 1 in each shift			
				2. Registered nurse or midwife -----1 per 10 beds in each shift (Total 4 nurses per 10 beds)			

PHYSICAL STANDARDS FOR NURSING HOME

	'Draft Rules 2006'-----section 16,Rule 18	Revised draft rules Sept. 08-----Rule 14
	<p>It is recommended that existing registered nursing homes should be exempted from the area specification, if not feasible as ensured by LSA.</p> <p>It is recommended that for existing registered nursing homes for renewal of registration, there may be a relaxation of 25% as regards space requirements like OT, toilets etc. except the per bed floor space. (The provision of exemption would defeat the very purpose of the standard setting and. would foster corruption.)</p>	<p><u>Norms of physical structure for Nursing Home:</u> These criteria may not be applicable to existing registered Nursing or Maternity Homes, however the newly coming up Nursing Homes shall adhere to the minimum standard norms laid down Annexure 1.</p>
1	<p><u>PHYSICAL STANDARDS:</u> <u>Entrance zone:</u> Reception and Registration: sufficient space for receptionist, furniture and waiting area for patients including drinking water facility and toilets should also be provided.</p>	Nursing Home with more than 30 beds should have independent entrance zone (Reception).
2	<p><u>Ambulatory zone</u> a. Nursing station / may overlap with reception/ registration area.</p>	Nursing Home with more than 30 beds should have independent ambulatory zone (OPD).
3	<p><u>Diagnostic zone:</u> Laboratory</p>	Nursing Home with more than 30 beds should have independent Diagnostic zone.
4	<p><u>Intermediate zone</u> Wards :- 1) Fire fighting equipment 2) Emergency Tray 3) Oxygen cylinder with ventimask 4) Suction machine 5) Dressing trolley</p> <p>a) Wards should be relegated at the back to ensure quietness and freedom from unwanted visitors. b) Beds would conveniently correspond to the ratio for provision of W.C. facilities. c) Separate ward units shall be provided for male and female patients. (Is this really necessary. Many small good hospitals</p>	Nursing Home with more than 30 beds should have independent intermediate zone (ward).

	<p>do not have such a separation) d) Separate wards should be provided for medical and surgical patients. d) Every patient shall have access to a toilet area without having to enter the general corridor area.</p> <p><u>Operation Theatre</u> Demarkated by a redline and separated by compartment and door. It Should have 1) Clean zone 2) Neutral zone – Changing and scrubbing room with O.T. strecher-stretcher 3) Sterile zone – Must have mobile/ shadow less lamp, Boyle's Machine, Operation Table with head low, uptown, Suction machine.</p>	
5	<u>Ambulatory Zone</u> -Clinic with consultation & examination room	Nursing Home with more than 30 beds should have independent ambulatory zone (OPD).
6	<p><u>Critical Zone</u> <u>Delivery room</u> . 1) All maternity homes and all nursing homes offering maternity services shall make provisions for a delivery room 2) In maternity homes an arrangement must be possible to isolate a patient of eclampsia. A specific eclampsia room/ward may be provided for every twenty post natal beds. 3) A neonatal unit should be provided in nursing homes providing obstetric facilities or should be accessible in near vicinity or services of pediatrician on call basis should be available.</p>	Nursing Home with more than 30 beds should have independent critical zone (operation theatre labor room).
7	<p><u>Service zone</u> Space for storage of oxygen & nitrous oxide cylinders: Enough reserve cylinders should be kept. <u>Generator / Inverter</u>: In case of a power failure, all Essential equipments, instruments and electrical points of the nursing home should be able to work as normal.</p>	No Provision

PHYSICAL CRITERIA FOR DIFFERENT UNITS

	'Draft Rules 2006'-----section 16,Rule 18	Revised draft rules Sept. 08-----Annexure 1
Items	Area Provisions	Area Provisions
Minimum floor space per bed in ward	65 sq.ft in a ward accommodating not less than 4 patients	65 sq. ft in a ward
Minimum distance between centers of two beds	6 ft	6 ft
Minimum clearance between bed and wall	60 mm	No Provision
Minimum width of doors in the wall	3 ft	3 ft
Minimum height of dado in all wards	3.94 m	3 feet
Minimum area to be provided for the bath & toilet	36 sq. ft	36 sq. ft
Number of urinals	1 per 16 beds	No Provision
Number of toilets and baths	1 per 8 beds	1 per 8 beds
Number of Wash basins	1 per 10 beds	1 per 10 beds
Clean zone, Neutral zone of OT	100, 120 sq feet respectively	100, 120 sq feet respectively (if operation theatre is available)
Minimum area for operation theater (sterile zone) and minor OT, if operation theatre	Up to 10 beds and minor OT---140 sq. ft >10<30---200 sq. ft >30----300 sq. ft	140 sq. ft (No differentiation, of required area, according to number of beds)
Minimum area for instrument sterilization	50 sq. ft	No Provision
Minimum area for scrub up	25 sq. ft	No Provision
Minimum area for pantry (NH more than 20 beds)	80 sq. ft	80 sq. ft
Labour room	With 2 delivery tables per 5 maternity beds + Toilet----- 140 sq feet + 20sq feet	With delivery table + Toilet if available----- 140 sq feet + 20sq feet
Minimum area for nursing station	100 sq. ft (with toilet)	No Provision
Minimum area for RMO' s room	100 sq. ft (with toilet)	No Provision
Dental/Eye/ENT clinic with equipments	140 sq. ft	No Provision
Delivery room	120 sq. ft	No Provision

Minimum area for USG or TMT	As PNDT Guidelines	No Provision
Minimum area for laboratory:	Small -120 sq. ft+ 40 sq. ft Medium-160 sq. ft + 60 sq. ft Large-210 sq. ft + 72 sq. ft	No Provision
Minimum area for Physiotherapy unit with Equipments	160 sq. ft	No Provision
Ward store	100 sq feet	No Provision
Trolley bay	30 sq feet	No Provision
Doctor room + Toilet	400-50 sq ft + 20 sq ft	No Provision
Consulting room & Examination room with toilet	140 sq feet	140 sq feet
Room for infant warmers for Maternity homes	100 sq feet for two infant warmers	If available-100 sq feet for two infant warmers
Nurses room + toilet	50 sq.ft + 20 sq.ft	No Provision

Building Engineering Environmental Standards

	'Draft Rules 2006'-----section 16,Rule 19	Revised draft rules Sept. 08-----Rule 15
1	<u>Location</u> The site should be compatible with other considerations such as accessibility and availability of services and should be approved by the town planning department or the appropriate authority.	No Provision
2	If the nursing home is situated in premises premises of housing society – Change of user certificate from society (from residential to commercial commercial) is essential.	No Provision
3	<u>Ceilings</u> – R.C.C./ False ceiling	No Provision
4	<u>Floor Height</u> The height of all the rooms in the hospital should not be less than 3.00m and not more than 3.65m, measured at any point from the surface of the floor to the lowest point of the ceiling.	No Provision
5	<u>Floors and Walls</u> The architectural finishes in hospitals shall be of high quality in view of maintenance of good hygienic conditions. The walls should be impervious with oil paint. Floors should be covered with good quality tiles with non slip surface. The aim being that floor materials shall be readily cleanable and appropriately wear-resistant. Floors should be smooth so as to allow smooth passage of wheelchairs and trolleys.	No Provision

	<p>Wall finishes shall be washable and shall be smooth Wall bases in areas that are frequently subject to wet cleaning shall be covered with the tiles. Floor and wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.</p> <p>Operating room / Labour room/Delivery room should be made dust-proof and moisture proof.</p> <p>Walls of operation theatre, delivery room, recovery room, and scrub room should be partly covered with dado tiles.</p> <p>In other areas of critical zone, tiling should be provided upto a height of 1.2m.</p>			
6	<p><u>Doors:</u> The minimum door width for patient use shall be (2 feet 10 inches) 86cms</p>			No Provision
7	<p><u>Water Supply, Plumbing And Other Piping Systems</u> Supply 350 liters of potable water per day per bed to meet all requirements (including laundry) Systems should be designed to supply water at sufficient pressure. Within the operation theatre there should not be any drains. The material used for plumbing fixtures shall be non-absorptive and acid-resistant.</p>			No Provision
8	For more than 20 beds (if central oxygen system is available)			No Provision
		Oxygen	Vaccum	
	Operation	Two outlets	Three outlets	
	Delivery room, LDR room,	Two outlets	Three outlets	
	Obstetric recovery room	per room	per room	
	Labour room	Separate outlet for each bed	One outlet accessible to each bed	
	Recovery	Separate outlet for each bed	Separate outlet for each bed	
	Nursing	One outlet accessible to each bed	One outlet accessible to each bed	

	First aid and emergency treatment	Separate outlet for each bed	Separate outlet for each bed	Separate outlet for each bed	
	<u>Oxygen cylinders</u> Operating theatre - Three cylinders Wards - Two cylinders/8 beds Delivery room - Two cylinders				Minimum one oxygen cylinder for 8 beds with one standby cylinder
9	<u>For less than 20 beds</u> One suction apparatus for every eight beds. One suction apparatus for operating theatre. One suction apparatus for delivery room				One suction machine & one standby foot suction machine
10	Electrically operated automatic control <u>lifts or Ramp</u> shall be provided in all categories of hospitals having more than one story. The lift should be easily accessible from all entrances of the hospital. Lifts should be conveniently situated near ward and operation theatres departments. There should be approval from inspector of Lifts and escalators for the lifts. There shall be sufficient space near the landing door for easy movement of stretcher/trolley. Lift should be large enough to accommodate a trolley, a wheel chair and 3-4 persons at a time.				No Provision
11	<u>Ramp</u> should provided for movement of patients from ground to upper floors required in case lift is not available or in situation of power failure when lift is available				No Provision
12	<u>Fire-fighting system</u> Efficient fire fighting systems should be installed in every nursing home.				Fire fighting equipment

By-laws

	'Draft Rules 2006'-----section 17	Revised draft rules Sept. 08-----Rule 20
1	The local supervisory authority can make By-laws not inconsistent with this act or rule Prescribing the records to be kept of the patients received in nursing home and in case of maternity home, of miscarriages, abortion or still births occurring in the nursing home and of children born therein and of the children so born who are removed from the home otherwise than to the custody of care of any parent, guardian or relative.	No Provision
2	No by-law made by local supervisory authority shall come into force until it has been confirmed by the state Govt with or without modification.	No Provision
3	All bylaws made under this section shall be published in official gazette.	No Provision
4	Whoever contravenes any of the provision of this Act or of any rule shall, if no other penalty is elsewhere provided in this Act or the rules for such contravention, on conviction, be punished with fine which may extend to five thousand rupees and in the case of a continuing offence to a further fine of fifty rupees in respect of each day on which the offence continues after such conviction up to six months following which the registration of the nursing home would be cancelled.	No Provision

Exclusion from the Act

	'Draft Rules 2006'-----section 18	Revised draft rules Sept. 08
	Nothing in this act shall apply to a) Any nursing home carried on by Government, Corporation, Municipality Mental Hospitals who are governed by Mental Health Act 1987.	No Provision

Repeal

	'Draft Rules 2006'	Revised draft rules Sept. 08-----Rule 22
	No Provision	The Maharashtra Nursing Home Registration Rules 1973 are hereby repealed, except as respects things done or omitted to be done there under.

Special provision in Form B

	'Draft Rules 2006'	Revised draft rules Sept. 08----Form B, entry n.25
	No Provision	Whether Nursing Home has obtained authorization from Maharashtra Pollution Control Board for disposal of Biomedical Waste and functional Infection control committee.

Mention of other Laws Related with Nursing Homes

'Draft Rules 2006' ---Annexure - I	Revised draft rules Sept. 08
<p>Laws in relation to Nursing homes, which are to be followed. So not mentioned in rules.</p> <ol style="list-style-type: none"> 1) Indian Penal Code sections – 52, 80, 87, 88, 90, 92, 270, 304 A , 320. 2) Indian Medical Council Act 1956 with amendment 1964 section 20 A & 33(m) 3) Indian Medical Council (professional conduct, etiquette and ethics) Regulations 2002 4) Consumer protection act 5) MTP Act 1971 6) The Transplantation of Human Organs Act 1994 7) PNDDT Act 1994 8) BMW Act 1998 9) The Epidemic Diseases Act 1897 10) The Drugs and Cosmetics Act 1940 11) The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 12) Atomic Energy Act 1962 13) Minimum Wages Act 14) Different legal provisions governing service conditions of employees in private sector. 15) FDA Guidelines regarding functioning of Blood Bank and preparation of Blood components 16) Bombay Public Trust act section 41 AA for charitable hospitals 17) Mental Health act 1987 18) Birth and Death registration act (Amendment 2006) dated 08.02.06 <p>Note: The nursing homes will abide by the rules and procedures under above-mentioned acts.</p>	<p>.</p> <p style="text-align: center;">No such mention</p>

Forms under BNHRA Proposed Rules 2006 and 2008
Proposed Rules 2006-SECTION – 5 Rules 3

FORM 'A'

Register showing names of persons registered under section 5 of the (Bombay) Nursing Homes Registration Act, 1949.

Name (in full) of the applicant 1	Full address of the applicant 2	Nationality of the applicant 3	Name & other particulars of the nursing home in respect of which the applicant is registered 4	
Places where the Nursing home is situated 5	Total number of patients for whom the nursing home		Number & date of registration 8	Date of renewal of registration 9
	Maternity patients 6	Other patients 7		

**Proposed Rules 2008- Rules 3
FORM A**

Name (in full) of the applicant	Full address of the applicant	Nationality of the applicant	Name & other particulars of the nursing home in respect of which the applicant is registered
1	2	3	4

Place where the nursing home is situated	Total number of beds of nursing home		Number & date of registration	Date of renewal of registration
	Maternity patients	Other patients		
5	6	7	8	9

Proposed Rules 2006-Annexure -2

FORM 'B'

(See rules 4 & 6)

Application for Registration / Renewal of registration under section 5 of the Bombay Nursing Homes Registration Act, 1949.

The replies to be written in this column

1.	Full name of the applicant	
2.	Full residential address of the applicant	
3.	Technical qualification if any, of the applicant	
4.	Nationality of the applicant	
5.	Situation of the registered or principal office of the Company, Society, Association trust or other body corporate.	
6.	Nature of firm - ownership, partnership, trust, society	
7.	Name & other particulars of the nursing home in respect which the registration is applied for	
8.	Type of Nursing home 1) Maternity home with O.T. 2) Maternity home without O.T. 3) General Nursing home 4) Others (please specify)	
9.	Place where nursing home is situated with phone no	

In case the application is made on behalf of a Company, Society, trust, Association or other body corporate the name & residential address of the person in charge of the management of such Company, Society, Association or body corporate should be given. This item is applicable only when the application is made on behalf of a Company, Society, association or other body corporate.

10.	Brief description of the construction, size & equipment of the nursing home or any premises used in connection therewith as detailed below :-
(i)	Plan of construction approved by local authority(Gram panchayat, Municipality, Corporation) –For New
(i)	Floor space of beds provided – Per square foot
(ii)	Arrangements made for medical check – up & immunization of the employees.
(vi)	Generator available (with connection to suction machine)
11.	(a) Number of beds for maternity patients (b) Number of beds for other patients
12.	Names, ages & qualifications of the members of the nursing staff in the nursing home.
13.	Place where the nursing staff is accommodated.
14.	Names, ages & qualification of the resident or visiting physicians or surgeons in the nursing home.
15	Names with qualifications of medical and paramedical staff in case of Lab, X-ray, C.T., USG, MRI, other diagnostic facilities
16.	(a) Whether the nursing home is under the supervision of qualified nurse & if so, his & her name, age & qualifications.
17	Whether any person of alien nationality is employed in the nursing home & if so, his name & other particulars.
18	Names of specialities, Concerned Doctors, DMO displayed.
19	No & date of expiry of the certificate of registration.(in case of renewal)

I solemnly declare that the above statements are true to the best of my knowledge and belief.

Date

Signature of the Applicant.

**Proposed Rules 2008-
FORM 'B'
(See rules 4 & 6)**

Application for Registration / Renewal of Registration under section 5 of the Bombay Nursing Homes Registration (Amendment) 2005 Act
The replies to be written in this column

1*.	Full name of the applicant	
2*.	Full residential address of the applicant	
3.	Technical qualification if any, of the applicant	
4.	Nationality of the applicant	
5.	Situation of the registered or principal office of the Company, Society, Association trust or other body corporate.	
6	Nature of Nursing home - owned by individual, partnership, trust.	
7.	Name & other particulars of the nursing home in respect which the registration is applied for	
8	Type of Nursing home Maternity home. 2) Nursing home with specialties	
9.	Place where nursing home is situated with phone no.	
10.	Brief description of the construction, size & equipment of the nursing home or any premises used in connection therewith as detailed below :-	
(i)	Plan of construction approved by local authority (Gram panchayat, Municipality, Corporation) -For New	
(ii)	Floor space of ward – with number of beds and total area for beds in ward in respect to floor space per bed.	
(iii)	Arrangements made for medical check – up & OPD injections.	
(iv)	Generator available (with connection to suction machine)	
v)	Floor space of Other rooms with details of user and area.	
vi)	Details of arrangements made for sanitary convenience for patients, employees and visitors giving their numbers.	
vii)	Details of arrangement made for storage and service of food in case hospitals giving diet to patients, Nursing home with more	

	than 50 beds should provide diet to patients.										
11.	Information of cleaning arrangement.										
12	<p>(i) Staffing Norms : Whether the nursing home has (a) One nurse for every 10 beds on shift duty (total 4 nurses per 10 beds). - (Yes/No) (b) Availability of staff in any shift (Duty allotted in 3 shifts) - (Yes/No)</p> <hr/> <table> <tr> <th>Sr no</th><th>Category of staff</th><th>No of beds</th></tr> <tr> <td>1.</td><td>Resident medical officer</td><td>1 in each shift</td></tr> <tr> <td>2.</td><td>Registered nurse or midwife</td><td>1 per 10 beds in each shift</td></tr> </table> <hr/> <p>Whether Resident Medical Officer shall be qualified MBBS medical practitioner available round the clock - (Yes/No) Whether Resident or visiting Doctors have successfully completed mandatory service either in Government or Corporation as laid down in Government Resolution wherever applicable and whether same is substantiated by certification from competent authority</p> <p>(ii) Minimum Requirement for Nursing Home : Whether the following instruments equipments required for emergency & Basic life support. available - (Yes/No) Emergency Medicine Tray One suction machine & one standby foot suction machine Minimum one oxygen cylinder for 8 beds with one standby cylinder All basic instruments & equipments of specialty of nursing home. Fire fighting equipment. Dressing trolley.</p> <p>(iii) Whether following equipments available for Operation Theatre: - (Yes/No) Operation Table</p>	Sr no	Category of staff	No of beds	1.	Resident medical officer	1 in each shift	2.	Registered nurse or midwife	1 per 10 beds in each shift	
Sr no	Category of staff	No of beds									
1.	Resident medical officer	1 in each shift									
2.	Registered nurse or midwife	1 per 10 beds in each shift									

	<p>Anesthesia Machine with four stand by cylinders</p> <p>Pulse oxymeter</p> <p>Electric suction machine with generator connection</p> <p>Foot suction machine</p> <p>Emergency tray</p> <p>Electric autoclave with additional stand by.</p> <p>Fixed or mobile shadowless lamp.</p> <p>Minimum required instruments & equipments for particular specialty.</p> <p>All necessary facilities for proper sterilization of O.T. suit</p> <p>(iv) Whether following requirements are fulfilled for ICU : - (Yes/No)</p> <p>(a) Floor space 75 sq ft per bed</p> <p>(b) Central oxygen system or one oxygen cylinder per bed with two standby cylinders</p> <p>(c) Two suction machines and one foot suction Machine</p> <p>(d) Each bed separated by curtain</p> <p>Bedside monitoring of ECG, SPO2, NIBP with central monitor</p> <p>Ventilator (minimum pressure generator) with defibrillator</p> <p>One MBBS Doctor on duty with Physician (If Medical ICU) / Surgeon (If Surgical ICU) on call.</p>	
13.	<p>Number of beds for maternity patients</p> <p>Number of beds for other patients</p>	
14.	Names, ages & qualifications of the members of the nursing staff in the nursing home.	
15.	Dedicated changing room with toilet facilities for female staff.	
16	Names, ages & qualification of the resident or visiting physicians or surgeons in the nursing home. All Resident and visiting Doctors should have successfully completed mandatory Government service as required by Government wherever applicable and accordingly should produce certification from competent authority	
17.	Names with qualifications of medical and paramedical staff in case of Lab, X-ray, C.T., USG, MRI, other diagnostic facilities if available.	
18.	Name and qualifications of administrative and clinical head of	

	hospital. Nursing home with more than 50 beds shall have separate administrative and clinical heads.	
19.	Whether the nursing home has qualified nurse, midwife as per norms, give details	
20.	Whether any person of alien nationality is employed in the nursing home & if so, his name & other particulars.	
21.	List of Fees charged to patients available.	
22.	Names of specialties, Concerned Doctors, DMO displayed.	
23.	Whether the applicant is interested in any other nursing home or business and if so the place where such nursing home is situated or whether such business is conducted.	
24	Date of expiry of the certificate of registration.(in case of renewal)	
25	Whether Nursing Home has obtained authorization from Maharashtra Pollution Control Board for disposal of Biomedical Waste and functional Infection control committee.	

I solemnly declare that the above statements are true to the best of my knowledge and belief.

Date

Signature of the
Applicant.

* In case the application is made on behalf of a Company, Society, Trust, Association or other body corporate the name & residential address of the person in charge of the management of such Company, Society, Association or body corporate should be given. This item is applicable only when the application is made on behalf of a Company, Society, association or other body corporate.

Proposed Rules 2006-
FORM 'C'

Certificate of Registration under Section 5 of the Bombay Nursing Homes Registration Act, Amendment 2006
(Under Rule 5)

No. :

This is to certify that Shri. / Shrimati

..... has been registered under the Bombay Nursing Homes Registration Act Amendment 2006 in respect of

..... Situated at and has been authorized to carry on the said Nursing Home.

Registration No.	Maternity	Cots
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Date of Registration	Other Nursing Patients	Cots
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Place :

Date of issue of Certificate :

This Certificate shall be valid up to 31st March

Executive Health officer / Civil Surgeon /
District Health Officer

Proposed Rules 2008-
FORM 'C'

Certificate of Registration under Section 5 of the Bombay Nursing Homes Registration Act (Amendment) 2005 (Under Rule 5)

No. :

This is to certify that Shri. / Shrimati

..... has been registered under the

Bombay Nursing Homes Registration Act (Amendment) 2005 in respect of

..... Situated at

and has been authorized to carry on the said Nursing Home.

Registration No. -----

Maternity ----- Cots

Date of Registration -----

Other Nursing Patients ----- Cots

Place :

Date of issue of Certificate :

This Certificate shall be valid up to 31st March

Health officer Municipal Corporation / Civil Surgeon / District Health Officer