

Hospitals and Healthcare Facilities Act 1998

An Act to provide for the Licensing of Hospitals and Healthcare Facilities and for matters incidental thereto.

1. (1) This Act may be cited as the Hospitals and HealthCare Facilities Act, 1998.

(2) This Act shall come into operation on such day as the Minister may, by notice in the Gazette, appoint.

2. (1) In this Act-

“Administrator” means the person who is responsible for the operations and management of a hospital or healthcare facility;

“Board” means the Hospitals and HealthCare Facilities Licensing Board established under section 4;

“building” means a structure, whether permanent or temporary, intended for human habitation; and where two or more buildings are situate on adjacent pieces of land and are occupied by the same person, they shall constitute a single building for the purposes of this Act;

“clinic” means a facility where persons suffering from any sickness, injury or infirmity may be retained for less than twenty-four hours for the purpose of diagnosing and treating the sickness, injury or infirmity, but does not include a licensed hospital;

“diagnostic facility” means any facility used for the purpose of providing information for the diagnosing of sickness or disease, or the extent of injuries suffered by persons and includes any Blood Bank, laboratory or radiology facility including diagnostic imaging;

“healthcare facility” includes a clinic, a walk-in clinic, a surgical center, a birth center, a dialysis center, a maternity hospital, a diagnostic facility, a therapeutic facility, a health practitioner’s office, a medical practitioner’s office or any other facility which offers medical or surgical care to any person;

“health practitioner” means a person who is registered to practice under the Medical Act, the Dental Act, the Nurses and Midwives Act, the Pharmacy Act, the Opticians Act, a Radiographer, a Medical Laboratory Technologist, and Emergency Services Technician, an Optometrist, a Physiotherapist, a Podiatrist, a Chiropractor, an Acupuncturist or a Dietician;

“health practitioner’s office” means a center for physical examination, diagnosis and treatment of patients by a health practitioner;

“hospital” means a building where beds are available for the admission of persons requiring treatment for any sickness, injury or infirmity, who are given medical or surgical treatment or nursing care;

“license” means a license issued by the Board under section 7;

“medical practitioner” means a person who is registered to practice under the Medical Act;

“medical practitioner’s office” means a facility where persons suffering from sickness, injury or infirmity may be examined and treated by a licensed medical practitioner;

“Minister” means the Minister responsible for Health;

“therapeutic facility” includes a building or place used for the treatment by means of therapy, of persons suffering from any sickness, disease or injury.

- (2) Where under this Act, an Administrator or a member of the staff of a hospital or healthcare facility is required to be resident, it is not necessary that such a person actually reside within the hospital provided that the person is on call and available.
3. (1) After the commencement of this Act, no person shall-
- (a) use any building as a hospital or healthcare facility except under and in accordance with the terms of a license granted by the Board under section 7; and
 - (b) use the term “healthcare facility”, “hospital”, “clinic”, “walk-in clinic”, “surgical center”, “birthing center”, “dialysis center”, “maternity hospital”, “diagnostic facility”, “therapeutic facility”, “health practitioner’s office”, “laboratory”, “ambulance services” or any other term in connection with the use of a building as a place for the care and treatment of persons in need of health care services, unless the building or facility is licensed under this Act.
- (2) A person who contravenes subsection (1) is guilty of an offence and is liable on summary conviction to a fine of fifty thousand dollars or to imprisonment for three years or to both that fine and imprisonment.
4. (1) There is established a body to be called the Hospitals and HealthCare Facilities Licensing Board.
- (2) The Schedule shall have effect with respect to the Board, its members and staff.
5. The functions of the Board are-
- (a) to issue licenses for the use of buildings as hospitals, or healthcare facilities;
 - (b) to regulate and inspect hospitals and healthcare facilities;
 - (c) to initiate investigations into any matter affecting the management, diagnosis or treatment of a person within a hospital or healthcare facility licensed under this Act;
 - (d) to appoint qualified persons (not being a person engaged in the management of a hospital or a healthcare facility or employed by a hospital or health care facility) to be inspectors for the purposes of this Act; and
 - (e) to do such other things as may be prescribed by this Act or any other written law.
6. (1) The occupier of any building which at the commencement of this Act is being used as hospital or healthcare facility shall, if the occupier proposes to continue using that building as a hospital or health care facility, make application to the Board within thirty days after the commencement of this Act for the grant of license and pending the determination of the application, the hospital or healthcare facility shall be deemed to be duly licensed.

(2) The Board shall within ninety days after the receipt of an application made under subsection (1), make a determination in respect of that application and if no determination is made within the ninety day period that hospital or healthcare facility is deemed to be duly licensed.

7. (1) The Board may, upon application in the prescribed manner-
- (a) on being satisfied that the person is a fit and proper person for the purposes of this Act;
 - (b) upon payment of the prescribed fee; and
 - (c) on being satisfied that hospital or healthcare facility would be operating in the interest of the public health or in a manner that is not injurious to the public health,

grant to that person a license in the prescribed form to use a building as a hospital or a healthcare facility, or refuse to grant such a license, or grant the license subject to such terms and conditions as the Board sees fit to impose.

(2) A license issued under this Act in respect of any hospital or healthcare facility shall be kept affixed in a conspicuous place in the hospital or healthcare facility.

(3) Any licensee who fails to comply with subsection (2) is guilty of an offence and liable on summary conviction to a fine of one thousand dollars and in addition to the fine, a sum of five hundred dollars for each day the offence continues subsequent to the date to which the conviction relates.

8. A license shall specify-

- (a) the name of the administrator;
- (b) the name of the licensee where he is not the administrator
- (c) the description and address of the building in respect of which the license is granted;
- (d) the nature of the service that may be provided at the building; and
- (e) such other particulars, if any, as may be prescribed.

9. (1) A license shall take effect on the date specified in the license as the date on which it is to take effect and shall expire on the thirty-first day of December of that year.

(2) A license granted under section 6 or 7 may be renewed by the Board, upon application in the prescribed form, and payment of the prescribed fee and on the Board being satisfied that the applicant complied with the provisions of the Act.

10. (1) The Board may refuse to renew the license of a hospital or a healthcare facility if in the opinion of the Board, the hospital or the healthcare facility is not being operated in the interest of the public health or is being operated in a manner that is injurious to the public health and the licensee of such hospital or healthcare facility is not a fit and proper person for the purposes of this Act.

(2) Where the renewal of a license is refused or where a license is suspended or revoked, the license shall not be displayed in a manner that may induce any person to believe that it is still in force, and every person who so displays a license is guilty of an offence and is liable on summary conviction to a fine of a fifty thousand dollars or to imprisonment for three years or to both that fine and imprisonment.

11. (1) Notwithstanding anything to the contrary, the Board may, upon an application in that behalf made by any person in the prescribed manner and upon payment of the prescribed fee, grant that person a temporary license to use a building as a hospital or a health care facility for a period not exceeding forty-five days.

(2) A temporary license may not be granted to any person in respect of the same building or any part thereof for any number of days exceeding in the aggregate ninety in any twelve month period.

(3) A temporary license shall be in such form and shall contain such terms and conditions, as may be determined by the Board.

12. (1) The Board shall prepare and maintain a Register containing names, addresses and such other particulars as may be prescribed of all hospitals or health care facilities which are licensed under this Act.

(2) The Board shall cause the Register to be published in the Gazette as soon as practicable after the expiration of thirty days after the commencement of this Act and thereafter in each year as soon as practicable after the thirty-first day of January, and the thirty-first day of July, respectively.

(3) In each year after the Register is published under subsection (2), the Board shall cause to be published in the Gazette as aforesaid a corrected edition of the Register or a list with additions made to the Register since it was last published.

(4) The Board shall keep the Register open at all reasonable times for inspection by members of the public.

13. Where any change is proposed in the beneficial ownership of a company or the composition of the Board of Directors of a company, which operates a hospital or healthcare facility, the prior approval of the Board in writing is required.

14. Where the Board considers that the licensee of a hospital or healthcare facility in accordance with the license or the Act, the Board may give written notice to the licensee specifying in what respect, in the opinion of the Board, the licensee failed or is failing to comply with the requirements of the license or the Act.

15. (1) The Board, may at any time, by order suspend or revoke as the case may be, the license of a hospital or healthcare facility-

(a) if the respective licensee or the Administrator of the hospital or health care facility has been convicted of an offense under this Act, or willfully neglects or refuses to comply with any of the provisions of this Act, or obstructs, impedes or hinders any person carrying out any duties or responsibilities under this Act;

(b) if in the opinion of the Board, the hospital or healthcare facility's building is kept in an unsanitary condition or without proper fire protection;

(c) if the business of a hospital or healthcare facility is conducted in a manner contrary to this Act, or in such a manner that the revocation of the license is required in the interest of the public health.

(2) Before making an order under subsection (1), the Board shall give to the licensee not less than fourteen days' notice of its intention to make an order, and that notice shall state the grounds on which the order is to be made and shall contain a statement that, if within fourteen days after receipt of the notice, the licensee informs the Board in writing that the licensee desires to do so, the Board will, before making the order, give the licensee an opportunity to show cause, in person or by a representative why the order should not be made.

(3) If the Board after giving the licensee an opportunity to be heard by it decides to suspend or revoke the license, it shall make an order to that effect and shall send a copy of the order to the licensee.

(4) A person aggrieved by an order suspending or revoking a license may appeal to a judge of the Supreme Court, but such appeal shall not operate as a stay of the decision of the Board.

16. (1) Notwithstanding sections 14 and 15, the Minister acting on the advice of the Board that a hospital or healthcare facility or any part thereof is operating in a manner that is detrimental to the public health or public safety, may by order published in the Gazette suspend with immediate effect the operation of that hospital or healthcare facility or any part thereof.

(2) The Minister shall within seventy-two hours after suspending the operation of a hospital or healthcare facility or any part thereof, inform the licensee or Administrator of that hospital or healthcare facility, of any conditions that must be complied with prior to the lifting of any order made under subsection (1).

(3) A person who fails to comply with an order made pursuant to subsection (1) is guilty of an offense and is liable on summary conviction to a fine of fifty thousand dollars or to imprisonment for three years or to both that fine and imprisonment.

(4) A person aggrieved by a decision of the Minister made under subsection 91), may appeal to a judge of the Supreme Court, but such appeal shall not operate as a stay of the decision of the Minister.

17. (1) Where a licensee dies or divests himself of his interest in the business of a hospital or a healthcare facility in respect of which a license was granted, the Board may, upon an application in that behalf made by any person claiming the right to succeed to that license as the operator of the hospital or healthcare facility, and upon payment of the prescribed fee, transfer the license to that person subject to such terms and conditions as the Board may think fit to impose.

(2) Any person to whom a license is transferred under subsection 91), must satisfy the Board that he is a fit and proper person to operate the hospital or healthcare facility.

(3) Before transferring a license under this section the Board shall, where practicable, give to the licensee or, as the case may be, to his legal personal representatives a reasonable opportunity to make any representations that they may wish to make in relation to that application, and shall take into account any representations so made by them or on their behalf.

18. (1) The Board, may at any time upon an application made by a licensee or of its own motion without first giving to the licensee a reasonable opportunity to make such representations.

19. A transfer of a license or variation of any term or condition of a license made by the Board under section 17 or 18 shall be endorsed on the license, together with the date when it was made by the Board and the date when it is to take effect.

20. (1) A person aggrieved by-

(a) a decision of the Board to refuse to grant, renew, transfer, or vary a term or condition of a license;

- (b) any other decision of the Board in the exercise or purported exercise of any power or authority conferred upon it by this Act,

may within fourteen days from the date on which the decision is communicated to him, appeal in respect thereof in writing to the Minister.

(2) Pursuant to an appeal under subsection (1) the Minister may confirm, modify or reverse the decision of the Board complained of, or may make such other order as the Minister thinks is just.

21. (1) Every hospital or healthcare facility shall have at all times an Administrator whose name shall be registered with the Board.

(2) Every administrator shall possess such qualifications as may be prescribed by regulations and such regulations may contain different qualifications for Administrators of different hospitals and healthcare facilities.

22. The Administrator of a hospital or healthcare facility shall be deemed to be the occupier of the building for the purpose of giving notice or information of the death of any person or of the birth of any child in that hospital or healthcare facility under the Births and Deaths Registration Act.

23. (1) Each patient admitted to a hospital shall remain under the care of medical practitioner.

(2) Each patient admitted to a healthcare facility shall remain under the care and treatment of a health practitioner qualified to administer care and treatment for that patient's sickness or injury.

24. (1) The administrator of a hospital or healthcare facility shall keep or cause to be kept a register of patients in which shall be recorded-

(a) the name, age, sex and usual place of abode of each patient, and the date of his admission, or attendance, as the case may be;

(b) the diagnosis of each patient;

(c) the name of the medical practitioner attending each patient;

(d) the date on which each patient leaves the hospital or health care facility and, if transferred to another hospital or healthcare facility, in the event of the death of a patient in the hospital or healthcare facility, the date of his death.

(2) The particulars required by subsection 91) to be recorded by the register shall be so recorded as soon as practicable after the occurrence of the act or event to which the entry relates.

(3) The Administrator of a hospital or healthcare facility shall, within forty-eight hours of the death of any patient, in the hospital or healthcare facility, forward to the chief medical officer a copy of the notification of the death of a patient and the name of the attending medical practitioner.

(4) Any person who knowingly makes a false entry in the register of patients is guilty of an offense and is liable on summary conviction to a fine of twenty thousand dollars or to imprisonment for one year or both that fine and imprisonment.

- (5) Any Administrator who fails to make any record in the register required by subsections (1) and (2) to be made therein or the notification as required by subsection (3) is guilty of an offense and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for three months or to both that fine and imprisonment.
25. (1) The Board shall appoint persons to be inspectors for the purposes of this Act.
- (2) Every inspector may be assisted by a team of qualified persons, appointed by the Board to make an inspection and evaluation of any hospital or healthcare facility or any aspect of the administration or management thereof.
- (3) Any inspector or person appointed to assist such inspector who has a direct or indirect pecuniary interest in any hospital or healthcare facility shall as soon as possible, disclose the nature of his interest to the Board and that inspector or evaluate the hospital or healthcare facility on which he has a pecuniary interest.
- (4) Every hospital or healthcare facility shall be inspected and evaluated as often as required and at least once a year and the hospital or healthcare facility, the operation thereof, and its registers and record shall at times be open to such inspection and evaluation, and upon completion thereof an inspector shall forward a report to the Board.
- (5) Where an inspector has reasonable grounds to believe or to suspect that any building or place is used as a hospital or healthcare facility without being licensed under this Act, the inspector may upon presentation of his certificate or appointment, at any time, by himself, or with such assistance as he may require, enter and inspect that building or place and every part thereof.
- (6) Any person who prevents or obstructs the entry, inspection or examination of a hospital or healthcare facility by an inspector or any person assisting an inspector, is guilty of an offense and is liable on summary conviction to a fine of thirty thousand dollars or to imprisonment for two years or to both that fine and imprisonment.
26. The funds and resources of the Board shall consist of-
- (a) any monies as from time to time are provided by Parliament; and
- (b) any monies or other property as from time to time may in any manner be lawfully paid to or vested in the Board whether or not in respect of any matter incidental to its functions.
27. (1) The Board shall keep proper accounts of all transactions and shall prepare in respect of each financial year a statement of accounts in a form that the Minister may with the approval of the Minister of Finance direct.
- (2) The accounts shall be audited annually by an auditor appointed by the Board with the approval of the Minister.
28. (1) The Board shall, as soon as possible after the expiration of each financial year and in any event not later than the 30th June in any year, submit to the Minister a report containing-
- (a) an account of its transactions throughout the preceding financial year, in such detail as the Minister may direct; and

(b) a statement of the accounts of the Board audited in accordance with section 27.

(2) The Minister shall cause a copy of the report together with a copy of the audited financial statements and the auditor's report to be laid on the table of both Houses of Parliament.

(3) The Board shall, as soon as possible after the expiration of each financial year submit to the Minister a report dealing with the activities of the Board during the preceding financial year.

(4) The Minister shall cause a copy of every such report to be laid on the table of both Houses of Parliament.

29. (1) Any person who is guilty of an offense under this Act for which no penalty is provided elsewhere in this Act, shall be liable on summary conviction to a fine of five thousand dollars or to imprisonment for three months or to both that fine and imprisonment.

(2) Where the licensee is a company, every officer, director or agent of the company who directed, authorized, condoned or participated in the commission of any offense under this Act, is liable to the like penalties as the company and as if he had committed the like offense personally.

30. The Minister may, after consultation with the Board, make regulations as may be necessary for the purposes of this Act, and in particular those regulations may provide for-

- (a) the construction, establishment, licensing, alteration, safety, equipment, maintenance and repair of hospitals or healthcare facilities;
- (b) the classification, grades and standards of hospitals and healthcare facilities;
- (c) the inspection, control, government, management, conduct, operation and use of hospitals or healthcare facilities;
- (d) the qualifications of the Administrators of hospitals and healthcare facilities and of staff, officers, servants and employees of hospitals or healthcare facilities and the powers and duties thereof;
- (e) the qualifications of inspectors;
- (f) the powers and duties of inspectors;
- (g) the admission, treatment, care of, discharge of patients and the control of the admission of any class of patient;
- (h) the facilities and services to be provided in hospitals or healthcare facilities;
- (i) the form of applications for licenses;
- (j) the records, books, reports and returns to be made and kept in respect of hospitals or healthcare facilities and the production to and inspection by the Board, or any person authorized by the Board, of such records, books, reports and returns;
- (k) fees; and

- (l) the reports and returns to be submitted to the Board by a hospital or healthcare facility.
31. (1) Except in so far as may be necessary for the due performance of his functions as a member of the Board, an inspector or a person qualified to assist an inspector under this Act or when lawfully required to do so by any court or under the provisions of any other law, the member of the Board, the inspector or the person qualified to assist an inspector shall preserve and aid in preserving secrecy with regard to all matters that may come to their knowledge in the course of the carrying out of their functions.
- (2) Any person who-
- (a) communicates in breach of subsection (1) any matter referred to in that subsection; or
 - (b) suffers or permits any unauthorized person to have access to any records or documents relating to any patient of any hospital or healthcare facility whereby such preservation of secrecy as provided for by subsection (1) is, or is likely to be, breached, shall be guilty of an offense and liable on summary conviction to a fine of twenty thousand dollars or to imprisonment for one year.

SCHEDULE

A Body Corporate

1. (1) The Board is a body corporate having perpetual succession and a common seal, with power to purchase, lease or otherwise acquire and hold and dispose of land and other property of whatsoever kind.

(2) The Board may sue and be sued in its corporate name and may for all purposes be described by such name, and service upon the Board of any document of whatsoever kind must be made by delivering the document to, or sending it by registered post addressed to, the secretary of the Board at the office of the Board.
2. (1) The seal of the Board must be kept in the custody of any officer of the Board as the Board may approve, and may be affixed to instruments pursuant to a resolution of the Board and in the presence of the chairman or the deputy chairman and one other member.

(2) The seal of the Board must be authenticated by the signature of the chairman or deputy chairman and another member, and the seal shall be officially and judicially noticed.

(3) All documents, other than those required by law to be under seal, made by, and all decisions of, the Board may be signified under the hand of the chairman or deputy chairman.
3. The Board shall consist of nine members appointed by the Minister, of whom-
 - (a) one shall be the chief medical officer;
 - (b) one shall be a medical practitioner, appointed on the advice of the Medical Association of the Bahamas;
 - (c) one shall be a dental practitioner, appointed on the advice of the Bahamas Dental Association;

(d) one shall be a member of the Nurses Association of The Bahamas appointed on the advice of the Nurses Association of the Bahamas;

(e) one shall be a member of the public; and

(f) four persons (other than medical practitioners) shall be qualified as having had experience of or having shown capacity in matters relating to industry, commerce, finance, law or administration.

4. The Minister shall appoint a chairman and a deputy chairman of the Board from among members appointed under subparagraph (f) of paragraph 3 and, if the chairman is absent or unable to act, the deputy chairman shall act as a chairman during the time such absence or inability continues.

5. A member shall, with the exception of the Chief Medical Officer, hold office for a period of three years and shall be eligible for re-appointment, but a member shall not serve on a continuous basis for longer than six years.

6. A member may at any time resign his office by instrument in writing addressed to the Minister and from the date of receipt by the Minister of the instrument, that member shall cease to be a member of the Board.

7. If the Minister is satisfied that a member of the Board-

(a) is incapacitated by physical or mental illness; or

(b) is otherwise unlikely or unfit to discharge the functions of a member of the Board,

the Minister may declare his office as a member of the Board to be vacant and notify this fact in such manner as the Minister thinks fit, and thereupon that office becomes vacant.

8. If any vacancy occurs in the membership of the Board, that vacancy shall be filled by the appointment of another member who shall, subject to this Schedule, hold office for the remainder of the period for which the previous member was appointed, however, that appointment shall be made from the same category of persons as the appointment of the previous member.

9. The names of all the members of the Board and every change therein shall be published in the Gazette.

10. A member of the Board shall declare any financial interest in a hospital or healthcare facility.

11. (1) The Board shall meet as often as is required for the due performance of its functions, and in any case at least once in every two months and, subject to this Schedule, shall regulate the procedure to be followed at its meetings.

(2) The powers of the Board shall be exercisable notwithstanding any vacancy in its number or any defect with regard to the appointment of any of its members.

(3) Five members of the Board shall form a quorum.

(4) The decisions of the Board shall be by a majority of votes and, in addition to an original vote, the chairman of the Board shall have a casting vote in any case in which the voting is equal.

12. There shall be paid to the chairman, the deputy chairman and each member of the Board such remuneration (if any), whether by way of honorarium or fees, and such allowances (if any) as the Minister may determine.

Staff

13. The Board may appoint and employ on such terms and conditions as it thinks fit any officer, servant or agent as it considers necessary for the proper carrying out of the provisions of this Act.

14. (1) Except as provided in any contract of employment with the Board, the Minister may grant to any employee of the Board in respect of his service with the Board pensions, gratuities or other like allowances at the rate prescribed by and in accordance with the Pensions Act as if reference in that Act the "Governor General", the "public service" and a "public officer" were references to the "Board acting with the approval of the Minister", "service with the Board" and "employee", respectively.

(2) For the purposes of subsection (1) reference to the service of an employee of the Board includes any continuous period of service of that employee with an approved authority immediately prior to his service with the Board.

(3) In this section, the expression "approved authority" has the same meaning as in section 2 of the Pensions Act.

(4) The pensions, gratuities or other like allowances which are payable under subsection (1) shall be charged on and paid out of the funds of the Board or the Consolidated Fund.

Hospitals and Healthcare Facilities (General) Regulations, 2000

The Minister, after consultation with the Board, in exercise of the powers conferred by section 30 of the Hospitals and Healthcare Facilities Act, 1998, makes the following regulations-

Preliminary

1. These regulations may be cited as the Hospitals and Healthcare Facilities (General) Regulations, 2000.

2. In these regulations-

"Act" means the Hospitals and Healthcare Facilities Act, 1998;

"anesthetist" means a medical practitioner with specialty training in anesthesiology;

"blood bank" means a blood recruitment and transmission facility;

“cardiologist” means a medical practitioner with specialty training in the diseases of the heart;

“cardiology clinic” means a facility where services are provided by a cardiologist;

“clinical laboratory” means a facility where tests are performed on individuals to assess their health or determine whether they are diseased;

“dental clinic” means a facility where dental services are provided by a dentist;

“dental hygienist” means a person who is registered and licensed as a dental hygienist under the Dental Act, 1989;

“dental practitioner” means a person who is registered and licensed as a dental practitioner under the Dental Act, 1989

“diagnostic imaging facility” means a facility where services are provided in intervention imaging, diagnostic x-ray imaging techniques including static radiography and dynamic radiography;

“dialysis center” means a facility where artificial renal replacement therapy is performed including haemodialysis or peritoneal dialysis;

“dynamic radiology” means radiology studies where physiological information is obtained from the patient and includes fluoroscopy;

“facility” means a healthcare facility;

“haematology and oncology clinic” means a clinic for the treatment of persons suffering from blood diseases and neoplastic diseases or tumors;

“health professional” means a person who is licensed under the Health Professions Act, 1998;

“internist” means a medical practitioner who is a specialist in internal medicine;

“interventional radiology” means radiology that is used in lieu of surgical procedures;

“laboratory” means a facility where human tissues and fluids are tested;

“licensee” means the holder of a license;

“maternity hospital or birthing center” means a hospital or other premises in which human babies are delivered;

“medical laboratory” means a facility that conducts tests in chemistry, hematology, serology, microbiology, cytology or histology or a combination of any of them;

“medical laboratory technologist” means a person who is licensed as a medical laboratory technologist under the Health Professions Act, 1998;

“medical physicist” means a person who is trained to provide oversight, maintenance and quality control of radiation equipment and to provide radiation protection programs;

“medical practitioner” means a person who is licensed as medical practitioner under the Medical Act;

“medical technician” means a person who is licensed as a medical technician under the Health Professions Act, 1998;

“megavoltage radiation therapy equipment for external-beam therapy” means a linear accelerator or cobalt 60 teletherapy unit;

“oral surgeon” means a person who is a dental practitioner with specialty training in oral surgery;

“pathologist” means a medical practitioner with specialty training in pathology;

“pathology laboratory facility” means a facility where cytology; surgical pathology and autopsies are performed;

“pharmacist” means a person who is licensed as a pharmacist under the Health Professions Act, 1998;

“radiation oncologist” means a medical practitioner who confines his or her professional practice to radiation oncology or therapeutic radiology, who holds a certificate in radiology from the American Board of Radiology, the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons in Canada or holds a certification that the Board considers equivalent thereto, or who has completed a residency in radiation oncology or has completed training that the Board considers equivalent thereto;

“radiation oncology clinic” means a facility that utilizes the energy of ionizing radiation to destroy malignant tissues;

“radiographer” means a person who is licensed as a radiographer under the Health Professions Act; 1998;

“radiologist” means a medical practitioner with specialty training in radiology;

“registered nurse” means a person who is registered under the Nurses and Midwives Act;

“static radiography” means radiography where morphological information is obtained from the patient;

“surgical center” means a place where surgical operations are performed under general, local or regional anesthesia; and

“walk-in clinic” means a medical clinic where no appointment is required to receive medical attention;

3. These regulations apply to the following clinics and facilities-

- (a) Blood banks
- (b) Cardiology clinics
- (c) Dental clinics
- (d) Diagnostic imaging facilities
- (e) Dialysis centers
- (f) Haematology and oncology clinics
- (g) Health professionals' offices
- (h) Laboratories in medical practitioner's offices
- (i) Maternity hospitals or birthing centers
- (j) Medical laboratories
- (k) Medical practitioners' offices
- (l) Pathology laboratory facilities and clinical laboratory facilities;
- (m) Radiation Oncology clinics
- (n) Surgical centers, other than surgical centers in a hospital; and
- (o) Walk-in clinics

4. Except where otherwise indicated, every licensee of a healthcare facility that is licensed as a clinic or facility referred to in section 2 shall ensure that the requirements of Part I of these regulations are met.

Part I

5. Except where otherwise provided, every clinic and facility-

- (a) shall be under the direction of a medical practitioner or a person who is licensed under the Health Professions Act, 1998, as the case requires;
- (b) shall have on duty during the hours of operation of the clinic or facility a medical practitioner, a person who is licensed under the Health Profession Act 1998, or a registered nurse with specialty training that relates to the type of clinic or facility being operated; and
- (c) shall have sufficient numbers of qualified staff in the employment of the clinic or facility and sufficient numbers of qualified staff on duty present during the hours of operation of the clinic or facility commensurate with the type of services being offered at the clinic or facility.

6. (1) An up to date patient medical record shall be maintained for each patient of a clinic or facility that bears the date each entry is made on the record and that includes the following information with respect to the patient-

- (a) name, address and phone number, where available;
- (b) relevant history of illness or injury and physical findings;
- (c) diagnosis;
- (d) a list of all diagnostic tests and procedures carried out by the clinic or facility on the patient together with the date of the tests or procedures, and the results where available;
- (e) clinical observations, including results of treatment;
- (f) allergy history;
- (g) in general and paediatric practices only, growth charts for pediatric patients; and
- (h) referral information;

- (2) Patient medical records and reports shall be treated as confidential information and except as provided in subsections (3) and (5) and Part XIV, no person shall be allowed to examine a patient's medical record or be given any information, copy or item from a patient's record.
 - (3) A health practitioner who is treating a patient may examine the patient's medical record or obtain any information, copy or item from the medical record or obtain any information, copy or item from the medical record only for the purpose of providing healthcare or assisting in the provision of healthcare to the patient.
 - (4) Copies from a patient's medical record shall be provided on request to a patient, a personal representative who is authorized by the patient to obtain copies from the record, or if the patient is dead, the patient's legal representative.
 - (5) Every patient's medical record or a copy of it shall be retained for at least six years following the patient's last visit to the facility or clinic.
7.
 - (1) Every clinic and facility shall be so designed and equipped as to be able to carry out the operations of the clinic or facility in a safe, efficient and effective manner.
 - (2) Waiting areas and patient registration areas shall be readily accessible to patients, including physically challenged persons, and shall be so constructed and located as to ensure patient privacy and confidentiality without comprising patient care.
 - (3) Wheelchairs and other ambulating aids are necessary for patients in the particular circumstances, shall be readily available at the clinic or facility but shall not obstruct entry to any part of the facility or clinic.
 - (4) Where a clinic or facility may require a patient to provide a specimen, the area for the procurement of specimens shall be in a room that is separate from the room in which patients are examined.
 - (5) Every clinic and facility shall have an examination room that is properly equipped commensurate with the type of services being offered at the clinic or facility.
 - (6) Every clinic and facility shall have at least one sink with running water for hand washing that is connected to the drainage system with discharge pipes.
 - (7) Where a clinic or facility contains a laboratory, the sink referred to in subsection (6) shall be so constructed as to permit flushing of the eyes, the body and clothes with large quantities of water so as to neutralize any hazardous or corrosive substances in case of an accident.
 - (8) Every clinic and facility shall have a sufficient number of flush toilets and washrooms to handle the volume of patients and employees of the clinic or facility and such toilets and washrooms shall be conveniently located for the patients and employees.
 - (9) Every clinic and facility shall be lighted with at least sixty watts of lighting and shall be ventilated.
8.
 - (1) Every clinic and facility shall establish a preventative maintenance program to ensure that equipment that is required by the manufacturer

to be checked or calibrated is done so with a frequency that is in accordance with the manufacturer's specifications.

(2) Biological and other supplies requiring refrigeration shall be stored in a refrigerated enclosure.

(3) Infectious materials shall be stored in clearly marked containers designed specifically for storage of infectious waste that meet the standards of the Occupational Safety and Health Administration, 1910-1030 ref. Ch. XVII.

(4) Flammable liquids in excess of ten gallons shall be contained in a storage cabinet containing not more than sixty gallons that meets the requirements of section 3902 of the Bahamas Building Code.

(5) "No smoking" signs shall be posted at areas in which flammable gases or liquids are stored for use.

(6) Every hospital or healthcare facility shall contain sufficient storage space for patient records and pharmaceutical supplies.

(7) Approved fire extinguishers in good working order in the number required by the Bahamas Building Code shall be kept on the premises of every clinic and facility.

9. (1) Patients shall be provided with considerate respectful care at all times and under all circumstances, with due regard to their personal dignity.

(2) No patient shall be denied privacy concerning any matter related to that patient's medical history.

(3) All patients shall be provided with care that is appropriate in the circumstances.

(4) All patients shall be informed of the identity and professional status of any person providing for the patient's care.

(5) The health practitioner that is responsible for coordinating a patient's care shall provide information to the patient with respect to the patient's diagnosis and current prognosis, if known.

10. (1) No treatment or procedure shall be performed on a patient without the voluntary, competent and informed consent of the patient or, where the patient is a minor, the consent of the parent or guardian of the patient.

(2) Consent by a patient for a surgical operation shall be made in writing.

(3) Where a patient is unable to give informed consent because the patient is illiterate, physically impaired, mentally impaired, debilitated or incompetent in any way so as not to be able to give informed consent, written consent shall be obtained from a relative or legal representative of the patient prior to the administration of the treatment or procedure on the patient.

(4) When a patient is unable to give informed consent, there is no legal representative or person designated by the patient for this purpose and delay in medical treatment would endanger the life or a limb of the patient, the consent of the patient may be presumed, unless it is obvious from a previous declared expression of the patient that consent would be refused in the situation.

11. Every maternity hospital or birthing center and every surgical center and dental clinic, shall have written policies and procedures that specify the scope and conduct of the care that they provide and that includes at least the following-
 - (a) the mechanism used to inform a patient of the health practitioner responsible for his care;
 - (b) the keeping of patient medical records, including a reference to the confidentiality of patient information, the safeguard of medical records, the release of information to authorized individuals and any consent required for treatment of a patient or the administration of any procedure on a patient;
 - (c) the scope of treatment and procedures to be performed in patient care areas, including general and specific treatments and procedures that may be performed;
 - (d) the mechanism for the provision of care to a minor not accompanied by a parent or guardian;
 - (e) the location and storage of medications, supplies and equipment ;
 - (f) the dispensing of medication in accordance with legal requirements and the responsibility for maintaining the integrity of an emergency drug supply;
 - (g) infection control measures;
 - (h) the methods used to ensure that the clinic or facility is sanitary and free from nuisance;
 - (i) the methods used by the clinic or facility to ensure that the safety and well being of patients and employees are assured; and
 - (j) the mechanism used to report communicable diseases to the Director of Public Health.
12.
 - (1) The premises of a clinic or facility shall be kept sanitary and free from nuisance in accordance with Environmental Health Act.
 - (2) All syringes, needles, lancets or other blood letting devices capable of transmitting infection from one person to another shall be disposed of according to the American Professions Infection Control guidelines or shall be disposed of as infectious waste in accordance with section 13.
 - (3) Maternity hospitals, birthing centers, medical laboratories, surgical centers, and dental clinics shall ensure that linen, gauze, bandages or any other material that is contaminated with blood or other bodily fluids shall be treated as infectious waste in accordance with section 13.
 - (4) Any specimen from a patient that is transported abroad for assessment, shall be shipped in accordance with shipping guidelines as set out in IATA regulation 650.
13.
 - (1) Infectious waste shall,
 - (a) be stored in double impervious plastic bags that are-
 - i. securely fastened
 - ii. conspicuously marked “infectious waste”; and
 - iii. when full do not exceed twenty-five pounds in weight;

- (b) be transported in receptacles that are conspicuously marked “infectious waste”;
 - (c) be incinerated or otherwise processed to render the waste harmless or shall be held for pick-up in specially marked non-metal containers separate from regular waste;
 - (d) be secured from unauthorized persons;
 - (e) be secured from birds and animals;
 - (f) not be removed by mechanical means or compacted; and
 - (g) not be deposited in any landfill
- (2) Broken or leaking bags of infectious waste shall not be permitted to be transported from a clinic or facility unless it is re-bagged in accordance with this section.
- (3) Where trash that may constitute a hazard to any person or thing is compacted and the integrity of the container is compromised, that container shall be handled as infectious waste under this section.
- (4) Radioactive waste shall be stored, transported and disposed of according to standards of the Occupational Safety and Health Administration.

Part II

- 14. Every license of a healthcare facility that is licensed as a blood bank shall ensure that the requirements of this Part are met.
- 15. Every blood bank shall be under the direction of a medical practitioner or a pathologist.

Part III

- 16. Every licensee of a healthcare facility that is licensed as a cardiology clinic shall ensure that the requirements of this Part are met.
- 17. Every cardiology clinic shall-
 - (a) be under the direction of a physician who is an internist or a paediatrician with advanced training in cardiology from an institution approved by the Board; and
 - (b) have on staff a medical practitioner or a registered nurse with specialty training approved by the Board.

Part IV

- 18. Every licensee of a healthcare facility that is licensed as a dental clinic shall ensure that the requirements of this Part are met.
- 19. (1) Every dental clinic-
 - (a) shall be under the direction of a dental practitioner; and
 - (b) shall have a dental hygienist on duty during the hours of operation.

- (2) Every dental clinic where oral surgery or maxilla-facial surgery is carried out and where general, intravenous or any other type of regional anesthesia is being administered shall have an anesthetist on staff or a dental practitioner with specialty training in anesthesiology.
20. Every dental clinic where oral surgery or maxilla-facial surgery is carried out shall, except where otherwise provided, meet the requirements of Part XIII.

Part V

21. Every licensee of a healthcare facility that is licensed as a diagnostic imaging facility shall ensure that the requirements of this Part are met.
22. (1) Every diagnostic imaging facility shall have written policies and procedures for monitoring and evaluating the effective management, safety and operation of imaging equipment so as to minimize patient, personnel and public radiation risks and maximize the quality of the diagnostic information.
- (2) The premises of every clinic or facility that has an x-ray department, shall conform to standard structural requirements for protection from radiation as set out in American College of Radiology Standards.
- (3) Waiting areas and change rooms shall be so situated as to prevent exposure to radiation.
- (4) Equipment performance shall be monitored and machine calibration shall be checked by a medical physicist at least twice a year or in accordance with the manufacturer's specifications, and records of such monitoring and calibration shall be kept in the clinic or facility and shall be readily available upon the request of an inspector.
- (5) Machines requiring calibration shall be calibrated as soon as is practicable.
- (6) Images shall be clearly labeled with the examination date, patient identification and image orientation and a written report of the image results shall be included with the patient's medical record.
- (7) Every diagnostic imaging facility that is a stand alone clinic shall be under the direction of a radiologist.
- (8) X-rays shall be taken by a radiographer or by staff with such training in radiology as the Board deems appropriate.

Part VI

23. Every licensee of a healthcare facility that is licensed as a dialysis clinic shall ensure that the requirements of this Part are met.
24. (1) Every facility licensed as a dialysis clinic shall be under the direct supervision of a nephrologists or internist with specialty training from an institution approved by the Board.
- (2) The staff to patient ratio at the dialysis clinic shall be a minimum of one dialysis trained health practitioner for every three patients.
25. (1) Every facility providing haemodialysis services to patients shall have written policies and procedures for maintaining, monitoring and

evaluating the effective management, safety and operation of equipment in the facility and of services provided in the facility.

(2) The policies and procedures referred to in subsection (1) shall be so designed as to minimize patient, personnel and public risks and to maximize the quality of haemodialysis care.

26. Every dialysis clinic shall have central nursing station with a clear view of the entire treatment area such that all patients are in line of sight of the nursing staff.
27. (1) There shall be an adequate number of sinks for implementing precautions relating to infection control according to standards established by the American Professions Infection Control.
- (2) Walls and floors shall be smooth and washable so that decontamination procedures can be carried out easily.
- (3) Every dialysis clinic shall ensure that in addition to the dialysis treatment the following areas in the clinic are clearly defined-
- (a) cleanup area;
 - (b) clean supply room
 - (c) equipment storage
 - (d) water treatment area
 - (e) lockers and bathrooms for patients and staff
 - (f) general reception area; and
 - (g) waiting room for patients and visitors.

28. Used blood lines and dialysers shall be treated as infectious waste in accordance with section 13.
29. The quality of the water used in the dilution of the dialysis concentrate shall be in accordance with AAMI water treatment equipment and quality recommendations for haemodialysis.

Part VII

30. Every licensee of a healthcare facility that is licensed as a haematology and oncology clinic shall ensure that the requirements of this Part are met.
31. (1) A clinic that is licensed as a haematology and oncology clinic shall be under the direction of a medical practitioner with specialty training in oncology.
- (2) A clinic in which medical oncology is provided shall be under the direction of a medical practitioner with specialty training in medical oncology and shall also have on staff, registered nurses with specialty training in medical oncology.
- (3) A clinic that is licensed as a haematology and oncology clinic shall have on duty during the hours of operation, at least one member of staff who is a medical practitioner with specialty training in oncology or a registered nurse with special training in oncology.
32. (1) Only persons referred by a medical practitioner shall be accepted into care at a haematology and oncology clinic.
- (2) The clinic shall ensure that the referring medical practitioner submits the reason for the referral and that the referral is accompanied by slides of tissue specimen where necessary to properly treat the patient.

- (3) Where a patient is accepted as a patient in a haematology and oncology clinic, the Administrator shall inform the patient of the practitioner responsible for his care.
33. (1) Tissue that is removed from a patient in a haematology and oncology clinic shall be sent to a pathologist for examination and any malignancy reported to the Cancer Registry of the Princess Margaret Hospital.
- (2) Every haematology and oncology clinic shall be linked to the Cancer Registry of the Princess Margaret Hospital so that the treatment protocol can be reviewed and monitored by the Hospital's Tumor Board.
34. (1) Every clinic in which chemotherapy is administered shall have written policies and procedures with respect to the preparation of drugs to ensure the safety of staff and patients.
- (2) Every clinic in which chemotherapy is administered shall have a specimen preparation room.
- (3) Specimen preparation shall only be carried out by a pharmacist or registered nurse who has specialty training in oncology and in the administration of chemotherapy drugs.
- (4) Every clinic in which chemotherapy is administered shall have written policies and procedures for the management of adverse effects of such treatment on patients.
- (5) Every clinic in which chemotherapy is administered shall obtain written consent from the patient or legal representative of the patient before administering chemotherapy drugs.
- (6) Where a patient will be receiving chemotherapy drugs at home, the clinic shall provide instructions to the patient, or where applicable in the circumstances, to any other person who will be assisting the patient or administering the drugs to the patient.

Part VIII

35. Every licensee of a healthcare facility that is licensed as a medical practitioner's office and that is also licensed to operate a laboratory in the medical practitioner's office shall ensure that the requirements of this Part are met.
36. (1) A laboratory may only perform the following tests-
- (a) haematology;
 - (b) microbiology;
 - (c) clinical chemistry;
 - (d) immunology.
- (2) A laboratory may only perform a test on a patient at the written request of a medical practitioner or, where permitted under the Health Professions Act, 1998, by a person licensed under that Act, or by staff with such training in medical laboratory technology as the Board deems appropriate.
- (3) The results of a test on a patient shall only be sent to the health professional ordering the test.

37. The laboratory shall have a quality control program approved by the Board that covers all the types of analyses performed by the laboratory.

Part IX

38. Every licensee of a healthcare facility that is licensed as a maternity hospital or birthing clinic shall ensure that the requirements of the Part are met.
39. (1) Every maternity hospital or birthing center shall be under the direction of a medical practitioner who holds specialist qualifications in obstetrics.
- (2) Every maternity hospital or birthing center shall have on staff at all times, at least one midwife for every two patients.
40. (1) A patient in labour shall be managed by a midwife under the direct supervision of the physician who is responsible for the patient's care.
- (2) Where the physician referred to in subsection (1) is not specially trained in obstetrics, the facility shall have an established written agreement with an obstetrician or gynaecologist to provide twenty-four hours direct consulting access for the physician referred to in subsection (1).
41. Every maternity hospital or birthing center shall have and maintain at all times-
- (a) a delivery room;
- (b) operable refrigeration and bottle sterilization facilities; and
- (c) operable resuscitation equipment including a supply of oxygen and suction apparatus commensurate with the number of patients in the facility.
42. Every maternity hospital or birthing center in which surgical operations are performed shall meet the requirements of Part XIII.
43. Every death shall be reported to the Director of Public Health.

Part X

44. Every licensee of a healthcare facility that is licensed as a medical laboratory shall ensure that the requirements of this Part are met.
45. (1) Every medical laboratory shall be under the direction of a person licensed under the Health Professions Act, 1998.
- (2) Every medical laboratory shall have on staff medical technicians who are qualified to perform the procedures undertaken by the laboratory.
- (3) At least one medical laboratory technologist shall be available on the premises of a medical laboratory during all hours when laboratory tests are performed.
46. Every medical laboratory shall post a list of all tests that are carried out by the facility and those tests that are carried out by another facility on behalf of the laboratory.

47. (1) The collection of specimens shall only be performed under the general supervision of a medical practitioner, the laboratory director, the supervisor or a medical laboratory technologist.
- (2) Every medical laboratory shall post in a conspicuous place in the laboratory, written instructions for the handling, preservation, storage and transportation of specimens.
48. (1) Every medical laboratory shall keep records and reports of all tests undertaken at the facility and those that are carried out by another facility on behalf of the laboratory.
- (2) All records and reports of tests performed, including reports received from another laboratory, shall be kept on the premises of the requesting laboratory that performed the tests, for a period of seven years.
- (3) Records and reports referred to in this section may be kept in electronic form provided they can be reproduced in readable form.
- (4) Records and reports referred to in this section shall be made available to an inspector upon request.
49. (1) Every medical laboratory shall report to the Director of Public Health without any patient identifier, those tests that a medical practitioner is required to report under the Health Services Act.
- (2) A medical laboratory reporting under subsection (1) shall ensure the confidentiality of all information reported.
50. (1) Fume hoods that safely vent toxic and volatile vapours to the outside shall be installed wherever toxic and volatile chemicals are used.
- (2) Fire blankets with instructions for proper use shall be kept on the premises of every medical laboratory.
- (3) Written fire control and evacuation plans together with clearly marked fire escape routes shall be posted in a conspicuous place in every medical laboratory.
- (4) Every medical laboratory shall have emergency power available during a power failure to provide for refrigeration of those things required to be refrigerated under this regulation and to supply heat, if required in the circumstances.

Part XI

51. Every licensee of a healthcare facility that is licensed as a pathology and clinical laboratory facility shall ensure that the requirements of this Part are met.
52. Every pathology and clinical laboratory facility shall designate an area for the procurement and storage of specimens and infectious waste.
53. Abnormal ECG tracings shall be confirmed by an internist or a cardiologist.

Part XII

54. Every licensee of a healthcare facility that is licensed as a radiation oncology clinic shall ensure that the requirements of this Part are met.

55. Every radiation oncology clinic-
- (a) shall be under the direction of a radiation oncologist;
 - (b) shall have on staff medical physicists and support personnel at the levels that follow the guidelines set forth in the 1999 version of the report of the Intersociety Council for Radiation Oncology;
 - (c) shall have on staff for the care of patients, nurses with experience in the care of radiation therapy patients; and
 - (d) shall have on staff a medical physicist responsible for supervising the quality management program of the clinic and for documenting the maintenance and repair of equipment.
56. Every radiation oncology clinic-
- (a) shall have written policies and guidelines for equipment utilization that provide for maintenance and repair at such intervals as to ensure safe operation and use of the equipment at the clinic; and
 - (b) shall have a written program with respect to quality management covering all treatment modalities offered at the clinic.
57. (1) Every radiation oncology clinic shall be equipped with the following equipment which shall be in good working order-
- (a) megavoltage radiation therapy equipment for external-beam therapy;
 - (b) electron beam or x-ray equipment for the treatment of skin lesions;
 - (c) a simulator capable of duplicating the setups of any megavoltage unit and producing radiographs of the fields to be treated;
 - (d) where brachytherapy is used at the clinic, brachytherapy equipment appropriate for intracavitary and interstitial treatment.
 - (e) A treatment planning computer capable of providing external-beam and brachytherapy dose distribution;
 - (f) Physics calibration devices for all equipment;
 - (g) Beam-shaping devices
 - (h) Immobilization devices, and
 - (i) Radiation survey meters.
- (2) Where the megavoltage radiation therapy equipment for external-beam therapy referred to in paragraph (a) of subsection (1) is a cobalt-sixty unit, the equipment shall have a treatment distance of eighty centimeters or more.
- (3) A radiation oncology clinic that has an agreement with another clinic or facility for use of brachytherapy equipment for intracavitary and interstitial treatment is exempt from the requirement of paragraph (d) of subsection (1).

58. (1) Every radiation oncology clinic shall have patient protection measures that include-
- (a) charting systems for prescription, definition and delivery of treatment parameters, and daily dose recording and summation, including forms appropriate for brachytherapy procedures;
 - (b) a physics program for calibration of equipment that ensures accurate dose delivery to the patient, including external-beam and brachytherapy;
 - (c) a system for having a person other than the person treating the patient check the initial dose calculation before the third fraction or 20% of total dose is given to the patient where the treatment schedule is less than 10 fractions;
 - (d) a system for having a person other than the person treating the patient check the weekly doses delivered as treatment progresses;
 - (e) a system for having a person other than the person treating the patient check the initial dose for single or two-fraction treatments before any treatment is given;
 - (f) where brachytherapy is used at the clinic, a system to ensure that the radiation oncologist and medical physicist each check all brachytherapy parameters to be used in each procedure;
 - (g) a program to ensure that the patient is protected from mechanical injury by any machine or accessory equipment in the clinic; and
 - (h) visual and audio contact with the patient while the patient is under treatment.
- (2) Every radiation oncology clinic shall have personnel safety measures that include-
- (a) a radiation exposure monitoring program as set out in the Nuclear Regulatory Commission guidelines;
 - (b) inspections of interlock systems as set out in the Nuclear Regulatory Commission guidelines;
 - (c) room shielding as set out in the Nuclear Regulatory Commission guidelines;
 - (d) routine leak testing of all sealed sources as set out in the Nuclear Regulatory Commission guidelines;
 - (e) safety equipment for use of sealed sources as set out in the Nuclear Regulatory Commission guidelines; and
 - (f) quarterly inventory of all radioactive materials.

Part XIII

59. Every licensee of a healthcare facility that is licensed as a surgical center shall ensure that the requirements of this Part are met.
60. Except for dental clinics, every surgical center where general intravenous or any other type of regional anesthesia is being administered shall have an anesthetist on staff.

61.
 - (1) Where surgical procedures are provided in an ambulatory care setting, the surgical center shall have policies and procedures that are consistent with those applicable to inpatient surgery, anesthesia and postoperative recovery.
 - (2) The policies and procedures referred to in subsection (1) shall include-
 - (a) the types of elective operative procedures that may be performed in the center and the locations where they may be performed;
 - (b) the scope of anesthesia services that may be performed in the center and the location where such anesthesia services may be administered;
 - (c) the available pre-operative and post-operative transportation; and
 - (d) the available postoperative care, including post anesthesia recovery.
 - (3) Every patient in a surgical center who receives anesthesia, other than local anesthesia, shall be examined before discharge and shall be accompanied home by a person designated by the patient.
 - (4) The examination referred to in subsection (3) shall be performed by a medical practitioner or an oral surgeon, as the case requires.
 - (5) When a patient is discharged from a surgical center, the center shall provide written instructions for follow-up care to the patient or other person providing care to the patient including directions for obtaining an appropriate medical practitioner or oral surgeon for postoperative problems.
62.
 - (1) Before a patient is submitted to any anesthetic or undergoes any surgical operation, the patient's history, the results of any physical examination and a written pre-operative diagnosis shall be recorded in the patient's record by the operating surgeon or any medical practitioner so authorized by the surgeon.
 - (2) Where in the opinion of the operating surgeon, compliance with subsection (1) would result in delay detrimental to the patient, the surgeon shall so state in writing and shall record and sign only the pre-operative diagnosis.
63. Every operation performed in a surgical center shall be concisely described in writing by the operating surgeon or his assistant and such written description shall form part of the patient's medical record.
64. Every surgical center shall keep an operations register showing the name of the patient, the date and nature of the operation, the name of the surgeon, the name of the anesthetist, the anesthetic given and the time the operation began and was completed.
65. The anesthetist shall furnish to the surgical center, a record showing the type of anesthetic given, the amount used, the length of time the anesthetic was administered to the patient and the conditions of the patient following the operation.
66. An accurate and complete description of the techniques and findings of every operative procedure performed at a surgical center shall be dictated or written immediately following surgery by the surgeon who performed the operation.

67. (1) Any tissue removed during an operation shall be set aside, preserved and labeled by the operating surgeon.

(2) After the tissue is set aside under subsection (1), the Administrator shall forward the tissue together with a short history of the case and a statement of the findings at the operation to a laboratory approved by the Board to be grossly examined, evaluated by and reported upon by a pathologist.

(3) The pathological report received by the surgical center from the laboratory shall become part of the patient's medical record.

Part XIV

68. An inspector appointed under section 25 of the Act shall be required to hold a Diploma in an Allied Health Profession or a First Degree in Medicine or such other specialty qualifications as the Board may approve.

69. (1) Except as provided in subsection (2), an inspector may, on the production of his or her appointment, enter at any reasonable time, a clinic or facility to be inspected and inquire into and examine the clinic or facility, including any book or record of the clinic or facility that is required to be kept under this regulation.

(2) An inspector referred to in subsection (1) may only inquire into and examine a patient's record at a clinic or facility if the inspector is a medical practitioner, or where the premises being inspected is a dental clinic, a dentist and the inspector has been appointed by the Board to do so.

(3) The Board may only appoint an inspector to inquire into and examine a patient's record at a clinic or facility if-

(a) the Board has received a complaint with respect to a patient record at the clinic or facility;

(b) the Board has received a complaint with respect to a matter under this regulation that relates to a patient record at the clinic or facility; or

(c) the Board has reason to believe that section 6 has not been complied with or that another section of this regulation has not been complied with and that compliance can only be determined by inspecting a patient record at the clinic or facility.

(4) No person shall obstruct an inspector or withhold or conceal from the inspector or destroy anything that is relevant to the inspection.

(5) A magistrate may, on the application of an inspector, issue a warrant authorizing an inspector to enter and search a place and examine anything that is relevant to the inspection if the magistrate is satisfied that the inspector has been properly appointed and that there are reasonable and probable grounds for believing that there is something relevant to the inspection at the place.

(6) A warrant issued under subsection (5) does not authorize an entry or search after sunset and before sunrise unless it is expressly stated in the warrant.

(7) An inspector entering and searching under the authority of a warrant issued under subsection (5) may be assisted by other persons and may enter a place by force.

(8) An inspector entering and searching a place under the authority of a warrant issued under subsection (5) shall produce his or her identification, on request, to any person at the place.

(9) An inspector may copy, at the expense of the clinic or facility, a document or object that an inspector may examine under this section or under the authority of a warrant issued under subsection (5).

(10) An inspector may remove a document or object described in subsection (1) or subsection (9) if-

- (a) it is not practicable to copy it in the place where it is examined;
or
- (b) a copy of it is not sufficient for the purposes of the investigation.

(11) If it is practicable to copy a document or object removed under subsection (10), the inspector shall-

- (a) if it was removed under paragraph (10)(a), return the document or object within a reasonable time; or
- (b) if it was removed under paragraph (10)(b), provide the person who was in possession of the document or object with a copy of it within a reasonable time.

(12) A copy of a document or object certified by an inspector to be a true copy shall be received in evidence in any proceeding to the same extent and shall have the same evidentiary value as the document or object itself.

(13) In this section, "document" means a record of information in any form and includes any part of it.

(14) An inspector shall only report the results of an inspection to the Board.

(15) Except as provided under subsection (16), and inspector acting under this section and the Board shall not disclose, to any person any information reported to the Board.

(16) The results of a report to the Board may, with the concurrence of the Board, be disclosed to a committee of the Board for the purpose of showing that the holder of a license for a clinic or facility knowingly gave false information.