

(TO BE PUBLISHED IN THE PART IV- OF THE DELHI GAZETTE EXTRAORDINARY)
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
(HEALTH & FAMILY WELFARE DEPARTMENT)
9TH Level, A-Wing, Delhi Secretariat, New Delhi-110002

Notification No.:F.24/Misc./NH/DHS/94/PF/A-2.-

Dated: 04.03.2011

NOTIFICATION

No. F.24/Misc./NH/DHS/94/PF /A-2 – In exercise of the powers conferred by section 16 of the Delhi Nursing Homes Registration Act, 1953 (Delhi Act 6 of 1953). The Lt. Governor of the National Capital Territory of Delhi is pleased to make, after previous publication, the following rules to further amend the Delhi Nursing Homes Registration Rules, 1953, namely:-

1. Short title and commencement. – (1) These rules may be called the Delhi Nursing Homes Registration (Amendment) Rules, 2011

(2) These rules shall come into force with immediate effect:

Provided that the nursing homes already standing as registered on the date on which these rules come into force shall comply with these rules within a period of ninety days from the said date.

2. Amendment of rule 6. – In the Delhi Nursing Homes Registration Rules, 1953 (hereinafter referred to as “the principal Rules”), in rule 6, for sub-rule (1), the following sub-rule shall be substituted, namely: -

“(1) An application for the renewal of registration shall be made every third year, in Form ‘B’ before 31st January of applicable year and shall be accompanied with fee as prescribed in rule 7.”

3. Substitution of new rule for rule 7. – In the principal Rules , for rule 7 , the following rule shall be substituted, namely: -

“ 7. Fees for registration and renewal of registration – (1) The fees to be paid for registration and renewal of registration for a period of three years shall be charged as under: -

Bed Strength

Registration /Renewal Fees

Up to ten beds

Two thousand rupees

Eleven beds to thirty beds

Three thousand rupees

Thirty-one beds onwards

Three thousand rupees plus one hundred rupees per bed for every additional bed.

- (2) Where the fee for renewal is not deposited in time as required under rule 6, an additional late fee amounting to ten percent of the renewal fee shall be charged per month or part thereof.
- (3) Failure to file an application for renewal of registration within six months of the last date prescribed under sub-rule (1) of rule 6, shall result in refusal of the application for renewal and removal of name from the register after giving an opportunity of being heard.”

4. Substitution of new rule for rule 11. – In the principal Rules, for rule 11, the following rule shall be substituted, namely :-

“11. Issue of duplicate certificates. – In the event of a certificate of registration being lost, mutilated or destroyed, the holder may apply to the supervising authority for a duplicate certificate and the supervising authority, if it thinks fit, may issue a duplicate certificate upon payment of a fee of five hundred rupees. A certificate issued under this rule shall be marked as ‘DUPLICATE’.”

5. Amendment of rule 12. – In the principal Rules, in rule 12, –for sub-rule (1), the following sub-rule shall be substituted, namely:-

“(1) The keeper of a nursing home shall keep –

(a) a register of patients admitted into the nursing home as per form D appended to these rules and submit the same as per the guidelines framed by the supervising authority from time to time;

(b) a correct alphabetical index of the names of the patients admitted in the nursing home in accordance with the admission register as per Form “D” ;

(c) a record of health of every patient admitted in the nursing home containing the following information in addition to any other information, that may be required by the supervising authority and submitted as per guidelines framed by the supervising authority from time to time:-

(1) Admission number

(2) Name -----son/daughter/wife of Shri-----

(3) Age

(4) Sex

(5) Occupation

(6) Religion

(7) Doctor in charge of the case

- (8) Date and time of admission
- (9) Date of discharge
- (10) Admitting diagnosis
- (11) Final diagnosis
- (12) Result/outcome of the case
- (13) Case summary
- (14) Record of investigations
- (15) Consent
- (16) Details of operative procedure and anesthesia, if given
- (17) Records of treatment
- (18) Records of nursing care
- (19) Special record and progress notes for patient admitted in ICU/ICCU
- (20) Diet
- (21) If medico legal case, date and time of information to police
- (22) Summary of medico legal case given to police;

(d) in the Form “E” appended to these rules, a record of every maternity case admitted into the nursing home and of every child delivered;

(e) a record of all the miscarriages, medical termination of pregnancies and stillbirths occurring in the nursing home as per the provisions of The Medical Termination of Pregnancy Act, 1971 (34 of 1971) in Form F1 and The Pre-Natal Diagnostic Technique (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994) in Form F2.”

- 6. Substitution of new rule for rule 13.** – In the principal Rules, for rule 13, the following rule shall be substituted, namely: -

“13.Intimation of death occurring in nursing home. – If any death occurs in the nursing home, the keeper of the nursing home shall, furnish the information in respect of such death within stipulated time to the Medical Officer of the concerned local authority, i.e., MCD/NDMC/Cantonment Board, having jurisdiction over the area in which the nursing home is situated”.

- 7. Amendment of rule 14.-** In the principal Rules, in rule 14, for the ‘Schedule’, the following ‘Schedule’ shall be substituted, namely: -

“SCHEDULE

(See rule 14)

Requirements to be complied with by a nursing home:

1. **Location and surroundings.** – The nursing home shall be situated in a place having clean surroundings and shall have sufficient facilities for parking area for the visitors, as per norms of Master Plan for Delhi 2021 (MPD 2021).
2. **Buildings.** –
 - 2.1 The building /premises for a nursing home shall conform to the land use as prescribed under Master Plan for Delhi (MPD) 2021.
 - 2.2 The rooms in the nursing home shall be well ventilated and lighted and shall be kept in clean and hygienic conditions. Arrangements shall be made for cooling the rooms in summer and heating them in winter.
 - 2.3 The walls of the labour room and operation theatre up to a height of 1.22 metre (4 feet) from the floor shall be of such construction as to render it waterproof. The flooring shall be such as not to permit retention or accumulation of dust. There shall be no chinks or crevices in the walls or floors.
 - 2.4 Aseptic conditions shall be maintained in labour room and the operation room.
 - 2.5 Adequate arrangements shall be made for isolating patients of septic and infectious cases.
3. **Space accommodation for the patients, etc.** –
 - 3.1 A nursing home providing facility for a single specialty or additional specialty shall have sufficient waiting area for the patients and attendants with proper sitting arrangements and other facilities near the reception/registration counter and shall have appropriate infrastructure according to the specialty or specialties. The floor space in the general nursing home shall not be less than 7.43 square metre (80 square feet) for one bed and additional minimum 5.57 square metre (60 square feet) for every additional bed in the room and the area shall not include the area for toilet for the patient. A nursing home shall have minimum of two beds for admission of the patients.
 - 3.2 A nursing home having facility for intensive care shall, in the main areas, have a space of 11.15 square meter (120 square feet) per bed with at least three feet area on all sides of the bed to be kept unencumbered for free movement of the staff and the equipments. There shall be sufficient storage space for medicines and equipments (for ventilators, special beds, suction machine, transport equipment, wheel chair carts, monitors, etc.). The intensive care units shall have study large shelves, wide room access with touch less/mechanical door openers and outlets for battery charging. The space for doctors/staff on duty shall be in addition to the intensive care unit bed space. The supportive service rooms (changing rooms,

duty rooms and attendant rooms) shall be near the intensive care unit. There shall be space for readily accessible storage (one for 2/4 bedded pod; 3-4 for 10 bedded ICU), crash cart alcoves (with electrical outlets), medication station, refrigerator, lockable cabinet (for narcotics), countertop work area, storage cabinet/drawers, X-ray view box.

- 3.3 Besides the main areas in the intensive care units, the ancillary areas shall include space for communication (house telephones, intercommunication system and emergency code alarm system), clerical space (filing cabinets and drawers) and public space adjacent to unit and prayer area.
- 3.4 A nursing home which intends to provide facilities for a newborn nursing or neonatal care unit shall have 4.65 square metre (50 square feet) per neonatal bed with provision of separate area for hand wash and gowning, formula preparation, stores and duty room for doctors. The floor area and walls upto 1.22 metre (4 feet) shall be washable.
4. **Operation theatre and labour room.** – The operation theatre shall be provided with a minimum floor space of not less than 13.94 square metre (150 square feet) and a separate labour room with an area of not less than 9.29 square metre (100 square feet) per table. The labour room shall have the facilities and equipments for neonatal resuscitation unit.
5. **Provision of duty room.** - A duty room shall be provided for the nursing staff on duty and nursing station /staff shall be available at each floor and near patient care areas.
6. **Storage space.** – Adequate space for storage of medicines, food articles, equipments, etc. shall be provided and the storage cabinets should label the items therein.
7. **Water supply.** – The water used in the nursing home shall be pure and of drinkable quality.
8. **Health, clothing and sanitary requirements of staff.** –
 - 8.1 The staff employed shall be free from contagious diseases, and shall be provided with clean uniforms suitable to the nature of their duties.
 - 8.2 The workers shall be medically examined at the time of employment and periodically so examined thereafter. The worker shall be vaccinated against all contagious diseases to which they are exposed or have a high risk of being exposed.
9. **The equipments and Linens, etc..** – The nursing home shall –

- 9.1 provide and maintain adequate number of commodes, bedpans and slop sinks, with flushing arrangements;
 - 9.2 have high pressure sterilizer , instrument sterilizer , instrument washer disinfectant and ward items washer disinfectant (for bed pans, kidney trays and urine bottles) ;
 - 9.3 have an uninterrupted supply of oxygen through adequate number of oxygen cylinders fitted with all necessary attachments and flow meter, for safe and hygienic delivery of oxygen to the patients;
 - 9.4 have apparatus for transfusions, necessary equipments, instruments, apparatus and medicines of such quality and numbers, as are required in accordance with the services offered by the nursing home;
 - 9.5 have the equipments and drugs required in the neonatal resuscitation unit in the labour room and in the neonatal care unit as per guidelines framed by the supervising authority from time to time;
 - 9.6 have monitoring, diagnostic, radiological, therapeutic/supportive in case providing facilities for intensive care and bedside facilities and availability of drugs as per the guidelines framed by the supervising authority from time to time;
 - 9.7 have adequate quantity of bed sheets , mattresses, pillows, blankets, draw sheets and other linens;
 - 9.8 have a separate almirah under lock and key for poisons.
- 10. Food.** – If the nursing home provides diet to the patients, it shall be prepared and served in hygienic conditions.
- 11. Nursing Staff.** –
- 11.1 There shall be one qualified nurse on duty at all times having minimum qualification as general nursing and midwifery course, registered with the Delhi Nursing Council, for every ten beds or a fraction thereof in the nursing home: Provided that a part of nursing staff may be substituted with the prior approval of the supervising authority by other trained staff like midwife etc. according to the specific needs of the nursing home.

11.2 The nursing home providing facilities of intensive care shall have the qualified staff nurses with experience of working in a 10 bedded ICU/CCU for one year. At one point of time there shall not be more than 40% inexperienced staff nurses, who have not had experience of working in intensive care unit for one year, thus ensuring that there would be availability of minimum 60% experienced staff nurses in one shift. The staff nurses shall be available in the ratio of 1:1 for patients on ventilators and 1:4 for patients who are not on ventilators round the clock and for every 10 nurses there shall be one qualified supervisor who can be one of the senior nurse in the intensive care unit round the clock. The paramedical staff posted in the intensive care unit shall have the previous experience of working in the intensive care unit.

11.3 The nursing home providing newborn nursing or neonatal care unit shall also have 1:1 nurses patient ratio.

12. Records. – Separate stock registers shall be maintained by the nursing home for

- (a) equipment,
- (b) instruments and
- (c) linens.

13. Doctor. –

13.1 There shall be one qualified doctor of modern scientific system of medicine having registration with the Delhi Medical Council, round the clock for every 25 beds or fraction thereof, and the consultant of the concerned specialty shall be on call, in the nursing home.

Provided that in such nursing homes where for any medical/surgical procedures the night stay of the patient after admission may not be required, the availability of a doctor at night may be exempted with the prior approval of the supervising authority, however, the doctor shall be on call duty, and there shall be nursing staff on duty round the clock.

13.2 In the nursing homes providing intensive care, there shall be a postgraduate doctor (MD) in the relevant specialty ICU. In case of nursing home providing facilities of super specialty, the consultant of relevant specialty shall be available on call.

Provided that in case of non availability of a postgraduate doctor, a doctor after graduation, having experience of working for one year in a 10 bedded general ICU/CCU under the supervision of a consultant, may be considered for working as resident

doctor in the ICU/CCU. The ratio of the doctors shall be in the ratio of 1:4 beds round the clock and the consultants shall be on call.

14. Co-operation at the time of natural calamity or disaster and treatment of injured/serious patients. –

14.1 In the event of any natural calamity including outbreak and epidemics or disaster, the owner or the keeper of every nursing home shall, on being directed by the supervising authority in writing co-operate and provide such reasonable assistance and medical aid as may be considered essential by the supervising authority at the time of natural calamity including outbreaks and epidemics or disastrous situation.

14.2 The nursing home shall not refuse treatment to the injured/serious patients brought to them due to any reason, whatsoever.

15. Display of charges. – The keeper of the nursing home shall ensure that the charges levied by the nursing home for all services available in the nursing home are prominently displayed.

16. Provision of uninterrupted supply of electricity. – The keeper of a nursing home shall ensure the provision of standby power backup system in case of power failure in the nursing home.

17. Handling of biomedical waste. – The nursing home shall abide by the Biomedical Waste (Management and Handling) Rules, 1998, and shall also get authorization from Delhi Pollution Control Committee under those rules.

18. Disruption of services at a nursing home. – Where the services of a nursing home are likely to be disrupted due to any reason for more than 15 days at one time, the keeper shall give information about the same to the supervising authority, at least, four weeks in advance:

Provided that in the event of any exigency leading to disruption of services permanently, the information shall be given to the supervising authority within twenty four hours of such disruption.”

By order and in the name of the Lt. Governor of the
National Capital Territory of Delhi,

sd

(RAJENDRA KUMAR)

SECRETARY (HEALTH & FAMILY WELFARE)