

H 26 to 29

Filed Dec 18-1959
3 P.M.

STATE OF WISCONSIN)
BOARD OF HEALTH) SS

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Carl N. Neupert, M.D., Executive Secretary of the Wisconsin State Board of Health and custodian of the official records of said Board, do hereby certify that Chapters H 26, H 27, H 28 and H 29 of the Wisconsin Administrative Code were repealed and that the annexed rules and regulations relating to Maternity Hospitals were duly approved and adopted by this Board on December 18, 1959.

I further certify that said copy has been compared by me with the original on file in this department, and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the department at the State Office Building in the city of Madison, this 18th day of December, A.D., 1959.

Seal

Carl N. Neupert, M.D.
Executive Secretary

ORDER OF THE STATE BOARD OF HEALTH
ADOPTING AND REPEALING RULES

Pursuant to authority vested in the State Board of Health by sections 140.05 (3), 140.35 and 140.36, Wisconsin Statutes, the State Board of Health hereby repeals Chapters H 26, Maternity Hospitals and Homes; H 27, Maternity Hospitals and Homes - Sanitation; H 28, Maternity Hospitals and Homes - Administration and Practices, and H 29, Maternity Hospitals and Homes - Obstetrical and Nursery Facilities, and adopts Chapters H 26, Maternity Hospitals - Administration and Patient Care, and H 27, Maternity Hospitals - Physical Plant, as follows:

CHAPTER H 26

MATERNITY HOSPITALS--
ADMINISTRATION AND PATIENT CARE

H 26.011 Maternity hospital

- (1) Definition. "...a place in which any person, firm, association or corporation receives, treats or cares for more than one woman within a period of 6 months because of pregnancy or in childbirth or within 2 weeks after childbirth, but not counting in case of an individual, women related to such person or his or her spouse by consanguinity within the sixth degree of kindred computed accordingly to the civil law." Wis. Stat. 140.35

(2) Maternity department

- (a) Hospitals taking other than maternity patients shall segregate maternity patients and newborn infants in a separate department and shall not permit them to mingle with other types of patients.
- (b) The number of beds and bassinets for maternity patients and newborn infants, term and premature, shall be clearly designated in the annual license.
- (c) Maternity patients shall not be placed in a room or bed normally allocated for other services except in an emergency and provided the room has been thoroughly cleaned, beds scrubbed, mattresses aired and clean bedding provided.

- (3) Medical supervision of patients. Maternity patients and newborn infants, full-term and premature, shall be under the care of a physician licensed in Wisconsin.

Personnel

H 26.021 Staff and staff supervision

(1) Adequate personnel

- (a) Sufficient professional and auxiliary personnel shall be employed to provide necessary services for patients and adequate instruction and supervision of staff.
- (b) A responsible person, preferably a professional nurse currently registered in Wisconsin, shall be on duty at all times.

(2) Medical staff and staff meetings--recommendation.

It is recommended:

- (a) That the medical staff be organized in accordance with the recommendations of the Joint Commission on Accreditation of Hospitals or its successor.
- (b) That, when such personnel is available, the staff organization include:
 - 1. A qualified specialist in obstetrics as chief of the obstetrical service.
 - 2. A qualified specialist in pediatrics assigned to general supervision of the newborn service.
- (c) That staff meetings be held at regular intervals to review obstetric practices and maternal, infant and fetal morbidity and mortality.

(3) Nursing staff

- (a) A professional nurse currently registered in Wisconsin shall be in charge of the nursing service in any hospital where two or more persons (nurses, practical nurses or aides) provide nursing care to mothers and infants.
- (b) The duties of practical nurses or aides shall be defined in writing and there shall be adequate supervision by a professional nurse currently registered in Wisconsin or, where such a nurse is not available, by a physician licensed in Wisconsin.

- (c) Student nurses shall be under the supervision of a professional nurse currently registered in Wisconsin.
 - (d) Special duty nurses shall be under the supervision of the professional nurse in charge of the obstetric or newborn service and shall be required to follow established technics.
 - (e) It is recommended that the nurse in charge of the maternity department be a professional nurse currently registered in Wisconsin with special training in obstetric nursing.
 - (f) It is recommended that the nurse in charge of the newborn service be a professional nurse currently registered in Wisconsin with special training in newborn nursing.
 - (g) Separate 24-hour nursing personnel for the maternity department shall be provided at any time that four or more obstetric patients are present.
- (4) Dietitian--recommendation. It is recommended that a dietitian meeting the qualifications of the American Dietetic Association for hospital dietitians be employed full time, or part-time each week, to plan and supervise the diets of patients and to assist with nutritional problems.

H 26.022 Staff training. There shall be a written plan in operation for training staff of the maternity department, food handlers, laundry workers and housekeeping personnel; this plan shall provide for orientation in basic hospital procedures and for instruction as needed.

H 26.023 Employee health

(1) Physical examination

- (a) Prior to employment and annually thereafter, a physical examination including chest x-ray shall be required of staff in the maternity department and food handlers, laundry workers and housekeeping personnel serving the maternity department.
- (b) Cultures or other specific procedures shall be required as indicated.
- (c) A dated record of latest examination, on an acceptable form, shall be kept on file.

(2) Exclusion from duty

- (a) Employees with gastrointestinal, upper respiratory or other infectious or contagious disease shall be relieved from duty until there is evidence that they are free from infection.
- (b) Carriers of infectious organisms such as salmonella, staphylococcus, etc., having close contact with mothers or infants shall be relieved from duty until shown to be recovered from the carrier state by appropriate laboratory tests.

Admissions and Visitors

H 26.031 Admissions

- (1) Written policy. Every maternity department shall have a clearly defined written policy on admissions.
- (2) Infectious disease or suspect cases
 - (a) Mothers with acute infectious disease--polio, typhoid, chronic active tuberculosis, etc., shall not be admitted to the maternity department and mothers developing such diseases after admission shall be transferred from the department.
 - (b) Segregation on the maternity floor and use of isolation technics in care shall be provided for:
 1. Mothers reported by their physician to have gastrointestinal, respiratory, skin or other communicable disease, or mothers reported to have had or been in contact with such a disease within one week preceding admission.
 2. Undiagnosed or questionable cases such as those with elevated temperatures, rash, or diarrhea, until the physician has diagnosed the condition as non-contagious.
- (3) Delivery without preparation. When delivery occurs without initial preparation, whether at home, enroute, or in the hospital, mother and baby shall be segregated for at least 72 hours.

- (4) Non-admission of sick infants. Sick infants or children admitted to the hospital shall not be placed in any room in the maternity department.
- (5) Admission data - obstetric patients
 - (a) The blood pressure, temperature, pulse, respiration and fetal heart rate shall be recorded for every maternity patient on admission.
 - (b) It is recommended that admission weight also be recorded.

H 26.032 Visitors

- (1) Posting of regulations. The hospital's regulations regarding visitors shall be prominently posted.
- (2) Exclusion as visitors
 - (a) Children under 16 years of age shall not be admitted as visitors to the maternity department.
 - (b) It is recommended that no visitor be admitted:
 - 1. Who has a cold, pustular skin disease, or other infectious disease.
 - 2. Who has recently recovered from or had contact with a communicable disease.
- (3) Limitation of visitors
 - (a) It is recommended that patients be allowed no more than two visitors at one time.
 - (b) When the rooming-in plan is used, two persons named by the mother shall be the only visitors admitted during the hospital stay.

- (4) Seating and wraps--recommendation. It is recommended that visitors not be allowed to sit on the beds or to place their wraps on the beds.

Medical Orders, Patient Records,
and Required Reporting

H 26.041 Medical orders and reports

- (1) Individual orders and reports
- (a) Shall be in writing and signed and dated by the physician on the patient's chart.
 - (b) Telephone or emergency verbal orders shall be recorded on the patient's chart and countersigned and dated by the physician as soon as possible.
- (2) Standing orders
- (a) Shall be in writing and signed and dated by the physician.
 - (b) Shall be on file in the office of the administrator and a copy provided for the nursing unit.
 - (c) Shall be reevaluated at least annually.
- (3) Prenatal data prior to admission--recommendation
- (a) It is recommended that the attending physician, prior to admission of patient, submit a written prenatal history stressing complications, blood grouping and other pertinent information essential to adequate care.
 - (b) The Prenatal Facts form available through the Wisconsin State Medical Society is recommended.

H 26.042 Patient records

(1) Mother's record

(a) Each mother shall have a complete hospital record.

(b) Recommended for inclusion are:

1. Prenatal history and findings
2. Labor and delivery record including anesthesia
3. Doctor's progress record
4. Doctor's order sheet
5. Medicine and treatment sheet including nurses notes
6. Laboratory and x-ray reports
7. Medical consultant's notes when such service is given.

(2) Infant's record

(a) Each infant shall have a complete hospital record.

(b) Recommended for inclusion are:

1. Record of pertinent maternal data, type of labor and delivery, and condition of infant at birth
2. Physical examinations
3. Progress sheet (medicine, treatments, weights, feedings and temperatures)
4. Medical consultant's notes when such service is given
5. Duplicate of official birth record or equivalent information

H 26.043 Required reporting

(1) Births, deaths or fetal deaths

(a) Physicians shall file birth, death or fetal death certificates in compliance with Wisconsin statutes.

(b) Data entered on certificate shall be checked for accuracy by the physician.

(2) Communicable disease and infection

(a) Reportable communicable disease shall be promptly reported to the local health officer in compliance with Wisconsin Administrative Code Chapter H 45.

(b) Diarrhea of the newborn shall be immediately reported:

1. To the local health officer in communities which employ a full-time health officer.

2. To the State Board of Health in communities which do not have a full-time health officer.

(c) It is recommended that known infectious diseases such as staphylococcal disease be reported to the full-time health officer and the State Board of Health.

(3) Unmarried mothers. The hospital shall use diligence in reporting the presence of such mothers to the Department of Public Welfare within 24 hours and shall maintain such confidential records as that department requires.

General Services

H 26.051 Food and dietary service

- (1) Daily normal diet--recommendation. It is recommended that the kind and amount of food provided daily be in accord with the current National Research Council recommended dietary allowances for pregnant and lactating women. The following foods should form the basis of the daily normal diet:
 - (a) Milk--1 quart for pregnant women, 1 1/2 quarts for lactating women.
 - (b) Orange, grapefruit, tomato or other Vitamin C rich foods--two servings of approximately 1/2 cup each.
 - (c) Green or yellow vegetable--one or more servings.
 - (d) Other vegetables and fruits--two or more servings.
 - (e) Lean meat, poultry, fish, eggs--two or more servings.
 - (f) Whole grain bread and cereal--two or more servings.
 - (g) Other foods, including butter, in amounts required to meet the patient's caloric needs and to make meals appetizing and satisfying.
- (2) Special diets. Modification of the normal diet to meet special needs of individual patients shall be by order of the physician.
- (3) Conserving food value--recommendation. It is recommended that food be prepared by accepted methods to conserve maximum food value and to produce palatable meals.

(4) Canned or preserved foods

- (a) Food canned or otherwise preserved in the institution shall be processed under controlled conditions using methods currently recommended by the bureau of home economics, U. S. department of agriculture.
- (b) Nonacid vegetables, meat and poultry shall be canned by pressure cooker methods.
- (c) Donations of home-canned foods shall not be accepted by the institution for reasons of sanitation and safety.

(5) Milk and milk products

- (a) Milk and milk products shall be Grade A pasteurized and procured from sources conforming to joint standards established by the state department of agriculture and state board of health.
- (b) Milk and fluid milk products shall be served from the original containers in which they are received from the distributor.

- (6) Cooks and food handlers. Cooks and food handlers shall wear clean outer garments, hair nets or caps and shall keep their hands clean at all times while engaged in handling food, drink, utensils or equipment.

H 26.052 Housekeeping

- (1) Wearing apparel. Housekeeping and maintenance personnel shall wear appropriate head covering, mask and gown while working in nursery and delivery room.

(2) Cleaning and cleaning equipment

- (a) The nursery and delivery room shall each have separate cleaning equipment.
- (b) The nursery shall be wet mopped with a clean mop and dusted with a clean damp cloth daily.
- (c) The delivery room shall be wet mopped with a clean mop and dusted with a clean damp cloth daily and after each delivery.

(3) Handling soiled linen

- (a) Soiled linen shall not be sorted in any section of the nursing unit or common hallway.
- (b) Soiled bed linen shall be placed immediately in a bag available for this purpose and sent to laundry promptly.

H 26.053 Emergency control

- (1) Smoking restrictions. Signs prohibiting smoking shall be posted wherever explosive gases are present, used or stored.
- (2) Prearranged plan for fire and disaster control. There shall be a prearranged written plan approved by the local fire authorities and disaster committees for training and alerting all personnel to aid in controlling incipient fires and evacuating all patients and personnel in case of fire or other disaster.

Maternity Service

H 26.061 Staff practices

- (1) Exclusion of personnel caring for infected cases.
Hospital personnel giving care to infected cases outside the maternity department shall not enter the maternity department.
- (2) Written nursing procedures. Nursing procedures shall be in writing and shall be reevaluated at least annually by the nursing department.
- (3) Wearing apparel
 - (a) Individuals entering the maternity department shall put on a clean uniform or gown before giving care to mothers or infants.
 - (b) Maternity department staff leaving the department for brief periods shall remove their uniform or protect it with a clean gown.
 - (c) Rings and wrist watches shall not be worn in nursery or delivery room.
- (4) Handwashing. Hands and forearms shall be washed with detergent or soap and running water before putting on a clean gown, before and after giving care to any patient, and after handling used equipment.
- (5) Mask technic. When masks are used, good technic shall be required. Masks shall:
 - (a) Be washed and sterilized unless of a disposable type.

- (b) Be changed at least every hour and placed in a container marked "soiled masks".
 - (c) Cover nose as well as mouth at all times.
 - (d) Not be left hanging around neck or carried in pocket or belt.
 - (e) Be considered contaminated once in use and hands shall be washed if masks are touched.
- (6) Drugs. Care shall be taken in storing, labeling and control of drugs.

H 26.062 Labor and delivery suite

- (1) Gowns in labor room. Individual gowns shall be worn by husbands or others while in the labor room.
- (2) Delivery room apparel
 - (a) Street clothes shall not be worn in delivery room.
 - (b) Persons in delivery room during a delivery shall wear clean cotton uniform or scrub suit, scrub cap, and mask provided by the maternity department.
 - (c) Sterile gowns shall be worn by all persons participating in the delivery.
 - (d) Conductive shoes or adaptations shall be worn by all persons entering delivery rooms where explosive gases are used.
 - (e) Plastic or rubber scrub aprons shall not be worn in the delivery room.
- (3) Static electricity. Outer garments, blankets or other items of silk, wool or synthetic fabrics which

accumulate static electricity shall not be permitted where explosive anesthetics may be used.

(4) Supportive supplies

- (a) Oxygen, 1% silver nitrate ampules, oxytocics, intravenous fluids and suction apparatus shall be available in every delivery suite.
- (b) It is recommended that every hospital have a supply of blood plasma available at all times.
- (c) Whole blood and fibrinogen shall be available within one hour.

(5) Sterilization of supplies

- (a) Supplies shall be sterilized in continuous saturated steam.
- (b) Minimum temperature-time schedule:
 - 1. Textiles, plastic and rubber...
250° F. (121° C.) 13 min.
 - 2. Linens and dressings.....
250° F. (121° C.) 30 min.
 - 3. Solutions.....
250° F. (121° C.) 30 min.
 - 4. Instruments.....
250° F. (121° C.) 30 min. or
270° F. (132° C.) 2 min.
- (c) Consideration shall be given to packaging, packing of sterilizer, maintenance of temperature, and heat penetration.

- (6) Kelly pads--recommendation. It is recommended that Kelly pads not be used.
- (7) Infant procedures in delivery room
 - (a) Any person delivering a baby shall be responsible for care of the baby's eyes in compliance with Wisconsin statutes.
 - (b) Equipment for aspiration and resuscitation of the newborn shall be available in delivery room.
 - (c) Provision shall be made for weighing and measuring liveborn and stillborn infants at time of delivery.
 - (d) An accepted method of infant identification shall be used.
 - (e) Provision shall be made for keeping baby warm in delivery room and during transport to nursery.

H 26.063 Patient care

- (1) Consultation--recommendation. It is recommended that there be consultation prior to:
 - (a) Cesarean section or other major operative delivery such as high or mid-forceps, version, decomposition of a breech, a mutilating procedure, or cervical incisions.
 - (b) Contemplated delivery from below of a patient previously delivered by cesarean section.
- (2) Oxytocics. Nurses or other non-medical personnel shall not administer oxytocics to antepartum patients unless a physician is present.

- (3) Anesthesia--recommendation. It is recommended that no general anesthesia be given a patient who has taken solid food within six hours.
- (4) Instruction on delivery. Nurses shall be instructed that to delay the course of normal delivery either by anesthesia or force is a dangerous practice.
- (5) Observation
 - (a) Post delivery patients shall be closely observed for at least 6 hours.
 - (b) Patients under the effect of an anesthetic or otherwise unconscious shall not be left unattended.
 - (c) It is recommended that newly delivered patients be placed in a recovery room equipped for such emergencies as might occur immediately postpartum.
 - (d) Bedrails shall be used whenever indicated.
- (6) Segregation and isolation postadmission
 - (a) Mothers showing any evidence of infection or other conditions inimical to the safety of other patients shall be segregated in a private room with handwashing facilities within the maternity department and isolation technics employed in care.
 - (b) Mothers developing acute infectious disease shall be transferred to isolation facilities outside the maternity department.
- (7) Individualized equipment
 - (a) Individual equipment shall be sterilized before being assigned to maternity patients and the use

of common equipment such as towels, shower caps, hair brushes, combs and drinking glasses shall not be permitted.

(b) Sitz baths, perineal lights and all other equipment used in common for obstetric patients shall be disinfected between patients.

(8) Transportation of patients. Clean litters, wheel stretchers and wheel chairs shall be provided for exclusive use of obstetric patients within the maternity department.

(9) Instruction of mothers. To prevent infection, mothers shall be instructed:

(a) In good handwashing practices

(b) In good breast and perineal care

(c) Not to handle infants other than their own

(d) Not to wash wearing apparel in common hand bowl

Nursery

H 26.071 Nursery practices

(1) Limited access to nursery

(a) Only personnel assigned to nursery shall ordinarily be allowed to enter.

(b) Individual facilities shall be provided for examination of infant without doctor entering the nursery.

(c) Physicians or others who occasionally need to enter the nursery shall put on a clean gown and

mask; housekeeping and maintenance personnel shall also wear clean head covering.

(d) Gowns, head coverings or masks shall no longer be considered clean if worn outside the maternity department.

(2) Handwashing. Strict handwashing technic shall be maintained by physicians, nurses and all others before putting on a clean gown, before and after handling each infant or his equipment.

(3) Cleaning of equipment

(a) Instruments such as stethoscopes, calipers and tape measures which have common use shall be cleaned before and after each use.

(b) Containers such as oxygen cylinders and drug bottles which are handled by many persons shall be thoroughly cleaned before being taken into the nursery and between transfers from one infant to another.

(4) Soiled linen and diapers

(a) Every nursery shall have at least one sanitary container approved for safe handling of soiled diapers.

(b) Each nursery shall have a linen hamper with removable bag for soiled linens other than diapers.

(5) Window coverings. Only material easily cleaned shall be used.

- (6) Boric acid. No boric acid powder, crystals or solution shall be kept in the nursery or anywhere in the maternity department except on individual prescription.
- (7) Oxygen, oxygen regulators and analyzers
 - (a) Oxygen shall be readily available to every nursery.
 - (b) Oxygen regulators and analyzers shall be used for controlling the flow of oxygen.
- (8) Supervision of housecleaning. The nurse shall arrange for cleaning at a time when the smallest number of infants are in the nursery, and shall supervise this activity.

H 26.072 Infant care

- (1) Individual care
 - (a) Each infant shall be provided with an individual bassinet thoroughly cleaned, and sterilized individual equipment.
 - (b) Each baby shall receive care in his crib with individual equipment; a common bathing table shall not be used.
 - (c) Clothing needed by infant during hospital stay shall be furnished by the hospital.
- (2) Feeding
 - (a) Breast feeding is recommended.
 - (b) Bottle-fed infants shall be individually fed by hospital personnel or parents; bottles shall not be propped.

(3) Weighing

- (a) Each nursery shall have a scale for weighing infants.
- (b) A clean individual paper or sterile diaper shall be used for each weighing.

(4) Transporting. Transportation of infants shall be carried out in a manner which prevents all possibility of cross infection; common carriers shall not be used.

(5) Circumcision

- (a) Shall be performed under aseptic technic with a nurse or physician present.
- (b) Shall be done only in doctor's examining room, delivery room, or a separate unit set up outside of the nursery for this procedure.

(6) Isolation

- (a) The nurse shall place in suspect nursery or private room with handwashing facilities any infant whose mother is isolated or any infant showing evidence of infection such as:
 - 1. Diarrhea
 - 2. Infection of eyes
 - 3. Upper respiratory infection
 - 4. Skin Infection
 - 5. Other infectious condition

H 26.073 Premature care

- (1) Incubator--recommendation. It is recommended that each maternity department have at least one approved incubator meeting the following specifications:
 - (a) Maintain desired temperature and relative humidity
 - (b) Permit safe use of oxygen
 - (c) Provide for circulation of clean air
- (2) Aseptic technic. Strict aseptic technic shall be carried out when giving care to premature infants.

H 26.074 Formula and fluids

- (1) Prescription. Feeding shall be prescribed by the physician and shall not be started without his order.
- (2) Personnel assigned to formula preparation
 - (a) It is recommended that preparation of formulas be supervised by the obstetric or pediatric supervisor or a qualified dietitian.
 - (b) Persons caring for infected cases shall not be assigned to formula preparation.
 - (c) Persons who prepare formula shall wear a clean head covering and gown.
 - (d) No one shall be allowed in the room or area during preparation of formula except those assigned to this duty.
- (3) Cleansing bottles and equipment
 - (a) Bottles, nipples, bottle caps and utensils used in preparing infant formulas shall be thoroughly

washed to remove all milk residue and rinsed in clear water according to accepted technics.

(b) Bottles and nipples from sick or suspect cases shall be sterilized before being returned to formula room or area.

(4) Terminal sterilization of formula and fluids. Terminal sterilization of all formulas and fluids shall be accomplished by one of the following methods:

(a) Minimum steam pressure of 7 1/2 pounds for 10 minutes.

(b) In flowing steam at atmospheric pressure for 30 minutes

(c) In a covered container of actively boiling water for 25 minutes.

(5) Refrigeration. Formulas shall be removed from sterilizer, allowed to cool at room temperature and stored in a refrigerator at a temperature of 40° until feeding time.

(6) Cultures

(a) At least monthly routine cultures shall be made on formulas at the time they are used for feeding.

(b) Report of cultures shall be kept on file.

H 26.075 Nursery linens

(1) Separate handling of nursery linen. Linen, blankets and garments used for newborn infants and uniforms and gowns worn in the nursery shall be handled separately from the general laundry.

(2) Sterilizing nursery linen. Nursery linens shall be sterilized at 250° F. for 10 minutes unless laundered in the hospital according to acceptable nursery laundry routine.

(3) Acceptable nursery laundry routine

(a) Washing:

<u>No.</u>	<u>Operation</u>	<u>Water level</u>	<u>Temperature</u>	<u>Time</u>
1	Flush	10 in.	110° F.	5 min.
2	Heavy suds	5 in.	125° F.	10 min.
3	Heavy suds	3 in.	145° F.	10 min.
4	Bleach (no soap)	5 in.	160° F.	10 min.
5	Rinse	10 in.	160° F.	5 min.
6	Rinse	10 in.	160° F.	5 min.
7	Rinse	10 in.	160° F.	5 min.
8	Rinse	10 in.	160° F.	5 min.
9	Sour	3 in.	130° F.	5 min.
10	Flush	10 in.	Cold	1 min.

(b) Garments shall be fluff dried in air heated to 165° F. for 20 minutes, or ironed by an ironing surface which is 330° F.

(c) Staff shall cover hair, wash hands with soap and running water, and put on a clean gown before removing nursery linen from dryer or ironer or when storing or otherwise handling nursery linen.

(d) Clean linen shall be wrapped in a freshly washed wrapper or sheet and transported in clean containers.

(4) Cultures

(a) At least monthly routine cultures for pathogens shall be made on nursery linen when unwrapped at place of use.

(b) Report of cultures shall be kept on file.

H 26.076 Referral to public health nurse--recommendation.

It is recommended that all premature infants and other infants needing close supervision on discharge be referred to the public health nurse with the approval of the physician.

CHAPTER H 27

MATERNITY HOSPITALS--
PHYSICAL PLANT

Plan Approval

H 27.011 Plans for new construction or remodeling

- (1) Preliminary or schematic plans. One copy of the preliminary or schematic plans shall be submitted to the state board of health for review and approval prior to the preparation of final plans and specifications.
- (2) Final plans. One copy of final plans and specifications shall be submitted to the state board of health for review and approval before construction is started.

Construction Details

H 27.153 General construction

(1) Walls

- (a) Delivery and labor rooms shall have walls of smooth washable surfaces.
- (b) Kitchens, utility rooms, baths, janitor's closets, sterilizing rooms and spaces with sinks shall have smooth washable wall surfaces up to the splash or spray levels and shall be kept in good repair.

(2) Floors

- (a) Patient room floors including coves and baseboard shall be smooth and easily cleaned.
- (b) All service rooms including kitchens and utility rooms shall have smooth, waterproof, wear-resistant surfaces, such as terrazzo, tile or equivalent.
- (c) Approved conductive flooring shall be provided and properly maintained for rooms where explosive gases are used or stored.
- (d) In new construction, approved conductive flooring shall be provided and properly maintained for delivery rooms, anesthetic storage rooms, anesthetic induction rooms and other areas where explosive gases are used or stored.

(3) Fire safety

- (a) Appropriate special duty fire extinguishers shall be provided in kitchens, laundries, paint shops,

delivery suites, and laboratories.

- (b) All fire protection equipment shall be inspected annually and maintained in readily usable condition.
 - (c) Where oxygen and other compressed gas tanks are in use, transit or stored, they shall be adequately secured.
- (4) Acoustical materials--in new construction. Where acoustical materials are used, they shall be of the incombustible type.
- (5) Vertical openings and shaftways--in new construction.
- (a) Vertical openings and shaftways in one-story buildings with basements shall be of one-hour fire-resistive construction and provided with self-closing doors of equivalent fire protection.
 - (b) Vertical openings and shaftways in buildings two or more stories in height shall be enclosed with two-hour fire-resistive partitions and provided with self-closing doors of equivalent two-hour fire-resistive construction.
- (6) Doors--in new construction
- (a) Doorways for all bedrooms, treatment rooms, delivery rooms, labor rooms and solarium shall be at least 3 feet 8 inches.
 - (b) Patient room doors shall swing into patient rooms.

- (c) Doors of private toilet rooms adjoining patient rooms shall open into the patient rooms.
 - (d) Labor room toilet doors shall be at least 30 inches wide.
- (7) Corridors--in new construction. Corridors shall be at least 7 feet in width in patient areas and in other areas where patients may be transported by beds or vehicles.

H 27.205 Heating and ventilating

(1) Heating plant

- (a) In new construction, the building shall be heated by hot water, steam or an equivalent type of heating system other than the simple hot air recirculation type.
- (b) The heating system shall be capable of maintaining satisfactory and substantially uniform temperatures.
- (c) An auxiliary source of heat other than open electrical coil heaters shall be provided in nurseries.

(2) Incineration. An incinerator shall be provided.

(3) Mechanical ventilation

- (a) Mechanical ventilation--recommendation. It is recommended that mechanical ventilation be provided to introduce fresh heated humidified air to maintain a room temperature of 75° F. and humidity of 55 percent in delivery rooms and nurseries.

- (b) In new construction, mechanical ventilation which introduces fresh heated humidified air to maintain a room temperature of 75° F. and humidity of 55 percent shall be provided in delivery rooms and nurseries.
- (c) Where mechanical ventilation is provided, it shall meet the following minimum capacity requirements for various rooms:
1. Delivery room--8 changes per hour--No recirculation is permitted.
 2. Nursery and nursery workroom--8 changes per hour--No recirculation from other than nursery proper.
 3. Laundry--10 changes per hour.
 4. Kitchen--4 cubic feet per minute per square foot floor area.
 5. Anesthesia storage rooms--4 cubic feet per minute per square foot floor area.
 6. Toilet rooms--2 cubic feet per minute per square foot floor area.
 7. Storage rooms--2 changes per hour.
 8. Other occupied interior--6 changes per hour.
- (d) Window type temperature regulating units. In rooms where explosive gases are used or stored window type temperature regulating units shall be installed above 5 feet from the floor.

H 27.224 Power and lighting

(1) Hazardous area electrical precautions

(a) Explosive gases--recommendation. It is recommended that delivery rooms and other rooms where explosive gases are used or stored be protected in accordance with the recommendations for use of flammable anesthetics.

(b) In new construction, delivery rooms and other rooms where explosive gases are used or stored shall be protected in accordance with the recommendations for use of flammable anesthetics.

(2) Electrical cords. Electrical cords shall be maintained in good repair.

(3) Lighting fixtures

(a) Proper lighting fixtures for the space and occupancy shall be furnished.

(b) Adequate illumination of the delivery field and adequate general illumination shall be provided in the delivery room.

(c) The lights for the illumination of the delivery field shall be connected to the emergency lighting system or a battery-type unit shall be provided.

(4) Emergency power

(a) At least battery-type emergency power shall be provided for the delivery room, exits, stairs and patient corridors.

- (b) In new construction, motor generator emergency power for lighting and outlets for operation of equipment shall be provided for the delivery room, nursery, exits, stairs and patient corridors.
 - (c) Emergency circuit--recommendation. It is recommended in new construction that one boiler with firing controls and circulating pump, and one elevator be connected to the emergency circuit.
 - (d) There shall be an automatic transfer switch or equivalent which will throw the circuits to the emergency service in case of power failure.
 - (e) The emergency lighting plant shall be tested monthly.
- (5) Switches, outlets, fixtures, etc.
- (a) Switches, fixtures and receptacles in rooms where explosive gases are used or stored shall be at least five feet from the floor; those located below five feet shall be approved explosion-proof devices.
 - (b) In new construction, the standard electrical nurses' call system, consisting of bedside switch, corridor signal light and nurses' station panel, shall be extended to include patient, toilet, nursery, labor and delivery rooms.
 - (c) In new construction, switches for general illumination and night lights in patient rooms shall be of an approved mercury or quiet operating type.

- (d) In new construction, electric clocks shall be provided in the delivery room.

H 27.303 Plumbing

(1) Water supply

- (a) Where a public water supply is available it shall be used.
- (b) Where a public water supply is not available, the well or wells shall comply with the Wisconsin well construction and pump installation code.
- (c) Water samples from an approved well shall be tested at the state laboratory of hygiene or a state approved laboratory at least annually.

- (2) Plumbing code. The water supply system shall in all respects conform with the requirements of the Wisconsin state plumbing code.

(3) Hot water supply

- (a) A sufficient supply of hot water shall be provided in accordance with the following requirements:

1. General use:

Water temperature... 110°-140° F. at taps.

Heater capacity, minimum...5 gallons per patient per hour.

Storage tank capacity, minimum...4 gallons per patient.

2. Laundry and dishwashing:

Water temperature at the point of use...170°-
180° F.

Heater capacity, minimum...8 gallons per
patient per hour.

Storage tank capacity, minimum...6 gallons per
patient.

(b) Hot water circulation--recommendation. It is
recommended that hot water circulating mains and
risers be provided.

(4) Approved handwashing facilities

(a) Approved handwashing facilities shall be provided
for:

1. Labor room
2. Scrub sink adjacent to delivery room
3. Nurseries
4. Nursery work room
5. Examining room
6. Formula room
7. Isolation and segregation facilities
8. Kitchen

(b) Handwashing facilities, lavatories and sinks in
the maternity department shall be equipped with
special valves that do not require direct hand
contact; provision of wrist-actuated spade-type
handles shall be considered minimal.

(c) In new construction, approved type handwashing facilities shall be provided for each patient room.

(d) Valve mechanisms--recommendation. It is recommended that the following valve mechanisms for handwashing facilities be provided:

1. Patient and utility rooms--wrist, knee or foot.
2. Nurseries, examination, treatment and labor rooms--knee or foot.
3. Scrub facilities, formula room--knee or foot.
4. Suspect nursery, isolation facilities--knee or foot.

(5) Automatic sprinkler protection

(a) Hospitals of nonfire-resistive construction and more than one story in height shall be protected against fire by an approved automatic sprinkler system installed prior to July 1, 1961.

1. Where the maternity department is located in a nonfire-resistant building more than one story in height, the entire hospital shall be protected by an automatic sprinkler system.
2. Where the maternity department is nonfire-resistant and more than one story in height and the main building is fire-resistant, only the maternity department need be protected by an automatic sprinkler system.

3. Where the maternity department is fire-resistant and the main building is nonfire-resistant, the department shall be separated by Class A fire doors.
4. Where a fire sprinkler system is to be installed, three copies of the plans and specifications shall be submitted to the state board of health for review and approval before installation.
 - (b) Linen chutes and trash chutes shall be provided with automatic fusible link actuated sprinkler heads located at the top of the shafts.
- (6) Sewage disposal. Liquid wastes shall be discharged into a sewer system connected with the public sewer system, if available, or into a treatment system approved by the state board of health.

H 27.343 Kitchen facilities

- (1) Location. Kitchen shall be separated from sleeping quarters, service areas and toilet rooms.
- (2) Handwashing facilities. A separate handwashing lavatory with hot and cold running water, soap, and individual towels shall be provided in the kitchen.
- (3) Kitchen area toilet room. Toilet rooms equipped with handwashing facilities, soap, and individual towels shall be provided adjacent to the food department.

(4) Dressing room

- (a) It is recommended that an employe's dressing room with locker facilities be provided.
- (b) In new construction, an employe's dressing room with locker facilities shall be provided.

(5) Garbage and refuse disposal

- (a) Garbage and refuse shall be collected, stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance or fire hazard, or provide a breeding place for insects or rodents.
- (b) Garbage and refuse receptacles shall be:
 - 1. Durable, watertight, insect- and rodent-proof and covered with tight-fitting lids.
 - 2. Kept covered at all times except when the lid is removed for temporary use.
 - 3. Emptied at frequent intervals.
 - 4. Cleaned and disinfected after each emptying.
- (c) Facilities for washing containers shall be provided.
- (d) When municipal garbage collection and disposal service are not available, garbage shall be disposed of by garbage grinders (when not in conflict with local regulations), incineration, burial, sanitary fill, or other approved method.

- (6) Refrigeration. Perishable food and drink except when being prepared or served shall be kept in a refrigerator which shall have a temperature maintained at or below 40° F.

Accommodations and Equipment
For Patients

H 27.423 Maternity department. The maternity department, including the labor-delivery suite, nursing unit and nursery, shall be segregated from other general patient areas and shall not be adjacent to sections of the hospital subject to contamination from infectious or contagious diseases.

H 27.457 Labor-delivery suite

(1) Facilities

(a) Facilities shall include the following:

1. At least one room equipped as a delivery room used exclusively for clean obstetrics and circumcisions done at time of delivery.
2. Labor room
3. Scrub-up room or area adjacent to delivery room.
4. Clean-up or utility room.
5. In new construction, janitor's closet.
6. Storage space for sterile supplies, stretcher and wheel chair.

(b) Additional facilities--recommendation.

It is recommended that the following facilities be provided:

1. Doctor's and nurse's locker room.
2. Recovery room.

(c) The labor-delivery suite shall be located in a separate wing, projecting alcove, or at a corridor dead-end.

(2) Sterilizing service

(a) Sterilizing service shall be available to the labor-delivery suite.

(b) Sterilizers shall be checked at least every 3 months for pressure, temperature and proper functioning.

(c) Sterilizers located in central supplies shall be considered as being available to the labor-delivery suite.

(3) Labor room

(a) A labor room or private room suitable for such use shall be provided.

(b) Labor rooms shall be located near the delivery room and afford privacy for the patient.

(c) Equipment shall be furnished for such examination and preparation as required by the physician.

- (d) Approved type hand washing facilities shall be provided in the labor room.
 - (e) In new construction, a patient's toilet shall be located adjacent to or near the labor room.
 - (f) In new construction, electrical nurses' call system shall be provided.
- (4) Delivery room and hazardous area equipment
- (a) Delivery tables, stands, stretchers, anesthesia machine and all similar equipment shall be provided with appropriate grounding devices in rooms where explosive gases are used.
 - (b) The pad on the delivery table and the mouth piece, hose and bellows of the anesthesia machine shall be of conductive material.
 - (c) Heated bassinets or incubators shall be of a type approved for hazardous areas.
 - (d) In new construction, electrical nurses' call system shall be provided.
 - (e) Suction apparatus shall be provided.

H 27.514 Nursing unit

(1) Facilities

- (a) The following facilities shall be provided for the nursing unit of the maternity department:

1. Patient rooms and toilet facilities.
2. Segregation facilities.
3. Nurses' station with locked drug cabinet.
4. Utility room
5. Dietary facilities if 24-hour kitchen service is not available.
6. Patients' shower room.
7. Storage for drugs, linen, supplies, stretcher and wheel chairs.
8. Janitor's closet.
9. In new construction, nurses' locker and toilet rooms.

(b) Nursing unit facilities--recommendation.

It is recommended that the following facilities be provided:

1. Lounge and dining room.
2. Nurses' locker and toilet rooms.

(2) Patient rooms

(a) The following minimum floor area per bed shall be provided:

- 80 square feet for multiple-patient rooms
- 100 square feet for single patient rooms
- 100 square feet for patient rooms used for "rooming-in".

- (b) The distance between patient beds shall be at least 3 feet.
- (c) Means of signaling hospital personnel shall be provided at the bedside of patients.
- (d) In new construction, electrical nurses' call system shall be provided.
- (e) In new construction, switches in patient rooms shall be of an approved mercury or quiet operating type.
- (f) A hospital type bed with suitable mattress, pillow and necessary coverings shall be provided for each patient.
- (g) There shall be a bedside table or stand and chair for each maternity patient.
- (h) There shall be sufficient and satisfactory storage space for clothing, toilet articles and other personal belongings of patients.
- (i) Means for assuring privacy for each patient shall be provided and maintained in a safe way.
- (j) A shower for the exclusive use of maternity patients shall be provided for every 10 maternity patients.

(k) In new construction, approved type hand washing facilities shall be provided for each patient room.

(3) Segregation

(a) Segregation facilities within the maternity department shall be provided.

(b) A single room with toilet and handwashing facilities shall be considered minimal.

(4) Drug storage

(a) Adequate storage for drugs shall be provided.

(b) A locked cabinet shall be provided for narcotics and dangerous drugs.

(5) Lounge and dining room. Where lounge and dining facilities for maternity patients are provided, they shall be physically separated from facilities for general patients.

H 27.555 Nursery department

(1) Nursery

(a) A separate nursery or nurseries for newborn infants shall be provided unless "rooming-in" is employed.

(b) A minimum floor area for each bassinet shall be as follows:

Full-term nursery, 24 square feet per bassinet.

Premature nursery, 30 square feet per bassinet.

Suspect nursery, 40 square feet per bassinet.

There shall be a minimum of 2 feet between bassinets.

(c) In new construction, the maximum bassinet capacity of nurseries shall be as follows:

Full-term nursery, 12 bassinets

Premature nursery, 8 bassinets

Suspect nursery, 4 bassinets

(d) Cubicle partitions--recommendation. It is recommended that cubicle partitions in nurseries be avoided.

(e) The following equipment shall be provided in the nursery:

1. Each infant shall be provided with an individual bassinet.

2. Oxygen shall be readily available in the nursery at all times.

3. Where oxygen and compressed gas tanks are used, they shall be adequately secured.

4. A clock with a second hand shall be provided in every nursery.

5. Approved handwashing facilities shall be provided in every nursery.

(f) Approved incubator--recommendation. It is recommended that each nursery have at least one approved incubator.

(g) A janitor's closet or cabinet space shall be provided for exclusive use of nursery cleaning equipment.

(2) Examination area and work space

(a) An adequate examination area and work space shall be provided for each nursery.

(b) Each examining area and work area shall be provided with a scrub-up sink having foot-, knee-, or elbow-action control; counter with counter sink having a gooseneck spout and wrist-action controls.

(3) Suspect nursery. A suspect nursery or private patient room with approved handwashing facilities shall be provided.

H 27.582 Formula department

(1) Formula room

(a) A separate room or safe area shall be provided for the preparation of infant formulas.

(b) In new construction, a separate room or safe area outside the nursery shall be

provided for preparation of infant formula.

- (2) Handwashing sink. The formula room or area shall contain a handwashing lavatory with gooseneck spout and foot-, or elbow-action controls.
- (3) Bottle cleaning, sterilization and refrigeration. Equipment for proper cleaning of bottles, terminal sterilization and refrigeration of formula shall be provided.

H 27.615 Isolation department

(1) Isolation

- (a) Isolation facilities outside the maternity department shall be provided.
- (b) A single room with toilet and handwashing facilities shall be considered minimal.
- (c) In new construction, a separate sub-utility room containing a sink with gooseneck spout and foot-, knee-, or elbow-action controls, a sterilizer and a work counter shall be provided.

Sanitation

H 27.643 Kitchen sanitation

- (1) Kitchen counters. Surfaces with which food or beverages come in contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily

accessible for cleaning.

- (2) Utensil storage. Utensils shall be stored in a clean, dry place protected from flies, splash, dust, overhead leakage and condensation and other contamination. Wherever practicable, utensils shall be covered or inverted.
- (3) Walls, ceilings and floors. Walls, ceilings, and floors of all rooms in which food or drink are stored, prepared, or served shall be kept clean and in good repair.
- (4) Methods of cleaning
 - (a) Dustless methods of cleaning shall be used.
 - (b) All except emergency cleaning shall be done during those periods when the least amounts of food and drink are exposed.
- (5) Tin can disposal. Tin cans shall be rinsed and flattened before disposal if not otherwise disposed of in a sanitary manner.

H 27.771 Washing and sanitization of kitchen utensils

- (1) Definition of utensils. Utensils shall include any dishes, kitchenware, tableware, glassware, cutlery, containers, covers, or other equipment with which food and drink come in contact during storage, preparation or serving.

(2) Prewash. Facilities for either manual or mechanical prewashing shall be provided.

(3) Manual cleaning

(a) A two-compartment sink shall be provided.

(b) Three-compartment sink--recommendation.

It is recommended in new construction that a three-compartment sink be provided.

(c) The utensils shall be washed in hot water at a temperature of 110°-120° F., containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing it frequently.

(d) Following handwashing, all utensils shall be sanitized by either of the following two methods:

1. First method. Submerge all utensils for 30 seconds in clean water maintained at a temperature of 170° F. or more.

2. Second method. All utensils shall be submerged or rinsed following the washing operation in hot water at a minimum temperature of 110° F. to remove soap or detergent, and then be submerged for at least 2 minutes in a hypochlorite

solution. The solution shall be made up with a chlorine concentration of at least 100 parts per million and shall be discarded when the chlorine concentration goes below 50 parts per million. All hypochlorite solutions shall be prepared fresh at least 3 times each day prior to its use in sanitizing the dishes used at each main meal period, and at least twice each day if only glassware is sanitized. Soaps, water softeners, washing compounds and detergents shall not be added to hypochlorite solutions. Utensils shall be racked in baskets so that all surfaces will be reached by the chemical solution while submerged. Other chemical sanitizing solutions may be approved for use by the state health officer in which case the concentration will be specified.

- (e) A suitable thermometer shall be provided for frequent determination of the temperature of the water used for sanitizing, washing and rinsing utensils.

(4) Mechanical cleaning

- (a) Utensils shall be stacked in racks or trays so as to avoid overcrowding and in such manner as to assure complete washing contact with all surfaces of each article.
- (b) The wash water temperature of the utensil washing machine shall be held at from 130°-150° F. The utensils shall be in the washing section for at least 20 seconds.
- (c) A detergent shall be used in all utensil washing machines.
- (d) Automatic detergent dispensers--recommendation. It is recommended that utensil washing machines be equipped with automatic detergent dispensers so that the maximum efficiency of the machines can be obtained.
- (e) For sanitizing in a spray type machine, dishes shall be subjected to a rinse period of 10 seconds or more at a temperature in the line of at least 180° F. For sanitizing in an immersion tank type machine, dishes shall be submerged for 30 seconds or more with water at a temperature of 170° F. or more. There shall be a constant change of water through the inlet

and overflow.

- (f) Thermometers shall be located in both the wash compartment and rinse water lines at the machine so as to be readily visible.
- (g) Thermostatic control--recommendation. It is recommended that thermostatic control of the temperature of the wash and rinse water be provided for existing equipment.
- (h) In new construction, thermostatic control of the temperature of the wash and rinse water shall be provided.

(5) Drying of utensils.

- (a) Drying cloths, if used, shall be clean and shall be used for no other purpose.
- (b) Drying of utensils--recommendation. It is recommended that utensils be allowed to drain and air dry in racks or baskets.

(6) Sanitizing of washing aids. Brushes, dish mops, dishcloths, drying cloths and other hand aids used in dishwashing operation shall be sanitized after each period of use.

H 27.853 General sanitation

(1) Insect and rodent control

- (a) Necessary means for the elimination of rodents, flies, roaches, bedbugs, fleas and lice shall be used.

- (b) Poisonous compounds shall be stored in original containers separate from food and kitchenware and properly protected.
- (2) Common drinking vessels. No common drinking vessels shall be permitted.
- (3) Common towels. No common towels shall be permitted at handwashing sinks.

The rules and repeals contained herein shall take effect on February 1, 1960 as provided in Section 227.026 (1), Wisconsin Statutes, subject to approval under the provisions of Section 14.225, Wisconsin Statutes.

Dated December 18, 1959

Seal

STATE BOARD OF HEALTH

Carl R. Neupert M.D.

Executive Secretary



The State of Wisconsin

BOARD OF HEALTH

STATE OFFICE BUILDING

MADISON 2

IN REPLY PLEASE REFER TO:

December 18, 1959

Mr. James J. Burke
Revisor of Statutes
321 Northeast, State Capitol
Madison 2, Wisconsin

Dear Mr. Burke:

As provided in Section 227.023, Wisconsin Statutes, I hereby submit a certified copy of Chapters H 26 and H 27 relating to Maternity Hospitals of the Wisconsin Administrative Code as adopted by the Wisconsin State Board of Health on December 18, 1959, for publication in the Wisconsin Administrative Register. It is hoped that the rules can be published in the January issue of the Register so the effective date may be February 1, 1960.

Copies of the rules are also being submitted to the Governor as required by Section 14.225 and to the Secretary of State as required by Section 227.023, Wisconsin Statutes.

Respectfully submitted,

Carl N. Neupert

Carl N. Neupert, M. D.
Executive Secretary

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Enclosures 2