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Chapter H 26

HOSPITAL OBSTETRIC AND NEWBORN INFANT UNITS—ADMINISTRATION AND PATIENT CARE

History: Chapter H26, Maternity hospitals and homes, H27, Maternity hospitals and homes—sanitation, H28, Maternity hospitals and homes—administration and practices, and chapter H29, Maternity hospitals and homes—obstetrical and nursery facilities, (1-2-56) were repealed, Register, January, 1960, No. 49, eff. 2-1-60.

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." Section 140.35, Wis. Stats.

(2) OBSTETRIC AND NEWBORN UNITS. (a) The number of beds and bassinets for obstetric patients* and newborn infants, term and premature, shall be designated in the annual license.

(b) It is recommended that individual hospitals reduce their obstetric unit bed capacity and continue to maintain a strictly segregated obstetric unit rather than admit non-obstetric patients to the obstetric unit.

(c) Hospitals taking other than obstetric patients shall segregate newborn infants and labor and delivery suites.

(d) Hospitals which admit to the obstetric unit adult female patients other than obstetric patients shall comply with the following:

1. Shall have written policies and procedures incorporating the criteria for admission or exclusion and care of patients (both obstetric and non-obstetric, as well as newborn infants) and its proposed methods of control, supervision, means of implementation and evaluation, and shall submit same to the state board of health prior to admitting non-obstetric patients to the obstetric unit.

*Maternity (obstetric) patient defined by law—see H 26.011 (1) above.

2. Shall maintain a department or committee of obstetrics under the supervision of a physician who shall be responsible for carrying out the above plan.
3. Shall designate the rooms to which clean non-obstetric patients may be admitted to the obstetric unit.
   a. These rooms shall be remote from the nurseries and away from traffic areas utilized in taking infants to mothers for feeding and mothers' rooms.
   b. Separate bathroom facilities shall be maintained for obstetric patients.
   c. It is recommended that the obstetric facilities be in one section of the unit and other facilities in a separate wing or end of corridor.
   d. Non-obstetric patients shall not be placed in the same room with obstetric patients.
   e. Obstetric patients shall always take priority for facilities in the obstetric unit and a sufficient number of unoccupied beds shall always be available in the unit to accommodate peak obstetric loads and emergency admissions.
4. Surgery on non-obstetric patients shall not be performed in the delivery suite.

(3) MEDICAL SUPERVISION OF PATIENTS. Obstetric patients and newborn infants, full-term and premature, shall be under the care of a physician licensed in Wisconsin.

(4) 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 departmental or general staff meetings be held at regular intervals to review obstetric practices, maternal, infant and fetal morbidity and mortality and cases of infection.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60; r. and recr. Register, March, 1966, No. 123, eff. 4-1-66.

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.

(2) NURSING STAFF. (a) A professional nurse currently registered in Wisconsin, shall be on duty at all times and responsible for nursing care of all patients within the unit. (Condition and number of

patients and definition of nursing as defined by section 149.10 (1), Wis. Stats., Definitions, will determine whether her presence is needed within the unit at all times.)

1. When a hospital's plan for admitting non-obstetric patients to the obstetric unit has been approved, the registered professional nurse responsible for nursing care of obstetric patients and newborn infants may also be responsible for the care of all patients in the unit.

(b) Persons giving direct care to newborn infants shall not give care to non-obstetric patients.

(c) An adequate number of nursing service personnel to meet the needs of the situation shall be required at all times.

(d) The duties and practices of nursing personnel (registered professional or licensed practical or assistants) shall be defined in writing and there shall be adequate supervision by a professional nurse currently registered in Wisconsin.

(e) 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.

(f) It is recommended that the registered professional nurse in charge of the obstetric unit have special training in obstetric nursing.

(g) It is recommended that the registered professional nurse in charge of the newborn service have special training in newborn nursing.

(3) 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.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60; r. and recr. Register, March, 1966, No. 123, eff. 4–1–66.

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

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60; r. and recr. Register, March, 1966, No. 123, eff. 4–1–66.

H 26.023 Employe 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 obstetric and newborn units and food handlers, laundry workers and housekeeping personnel serving these units.

(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) Employes 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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60; r. and recr. Register, March, 1966, No. 123, eff. 4-1-66.

ADMISSIONS AND VISITORS

H 26.031 Admissions. (1) OBSTETRIC. (a) *Infectious disease or suspect cases.* 1. Obstetrics patients with acute infectious disease—polio, typhoid, chronic active tuberculosis, etc., shall not be admitted to the obstetric unit and patients developing such diseases after admission shall be transferred from the unit.

2. Segregation in the obstetric unit and use of isolation technics in care shall be provided for:

a. Obstetric patients reported by their physician to have gastrointestinal, respiratory, skin or other communicable disease, or those reported to have had or been in contact with such a disease within one week preceding admission.

b. Undiagnosed or questionable cases such as those with elevated temperatures, rash, or diarrhea, until the physician has diagnosed the condition as non-contagious.

(b) *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 48 hours. An alternate can be rooming-in for the duration of the hospital stay.

(c) *Non-admission of sick infants.* Sick infants or children admitted to the hospital shall not be placed in any room in the obstetric or newborn infant units.

(d) *Admission data—obstetric patients.* 1. The blood pressure, temperature, pulse, respiration and fetal heart rate shall be recorded for every obstetric patient on admission.

2. It is recommended that admission weight also be recorded.

(2) NON-OBSTETRIC. When other than obstetric cases are placed in the obstetric unit compliance with the following shall be required:

(a) The physician in charge of obstetrics or his designee shall be responsible for the supervision of admissions and any problems concerning admission or transfer of patients shall be cleared with him.

(b) All admissions of non-obstetric patients shall be cleared through the physician in charge of obstetrics or the director of nursing service or her designee before admission to the obstetric unit.

(c) Records shall be reviewed at least once daily and a plan shall be made by which patients showing evidence of infection can be transferred at anytime during the day or night.

(d) Types of patients that may be admitted:

1. Adult female patients with elective or diagnostic conditions considered to be free of infection, malignancy or debilitating conditions who have been examined by the physician within the last 48 hours prior to admission to the obstetric unit.

2. An adult patient is one 16 years of age or over.

(e) Types of patients that shall not be admitted if known on admission or shall be transferred from the unit should any one of these conditions develop:

1. Patient with temperature (oral) of 100.4° F. or over. (Febrile morbidity is a temperature of 100.4° F. (38° C.) occurring on any 2 successive days of the first 10 days postpartum, exclusive of the first 24 hours. The temperature is to be taken by mouth by a standard technique at least 4 times daily.—Definition adopted by American Committee on Maternal Welfare —ACOG Manual of Standards, 2nd ed. April 1965.)
2. Patients with known or questionable infections:
   a. Observed symptoms or laboratory examination findings of infection.
   b. Unexpected pus or malignancy discovered in surgery. (This does not include non-invasive, intraepithelial carcinoma—cancer-in-situ.)
   c. Cases requiring intraperitoneal drainage.
   d. Postoperative wound infections.
   e. Other infections unrelated to the diagnosed condition, such as skin, upper respiratory, or genito-urinary infections.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60; r. and recr. Register, March, 1966, No. 123, eff. 4-1-66.

H 26.032 Visitors. (1) POSTING OF REGULATIONS. The hospital's regulations regarding visitors shall be prominently posted.

(2) EXCLUSION OF VISITORS. (a) Children under 16 years of age shall not be admitted as visitors to the obstetric or newborn infant units.

(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) VISITORS TO NON-OBSTETRIC PATIENTS. Individuals visiting non-obstetric patients in the obstetric unit shall observe the regulations established for visitors to obstetric patients.

(4) LIMITATION OF VISITORS. (a) It is recommended that patients be allowed no more than 2 visitors at one time.

(b) When the rooming-in plan is used, 2 persons named by the mother shall be the only visitors admitted during the hospital stay.

(5) 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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60; r. and recr. Register, March, 1966, No. 123, eff. 4-1-66.

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 re-evaluated at least annually.

(3) PRENATAL DATA PRIOR TO ADMISSION. (a) The attending physician shall, 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.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60; r. and recr. Register, March, 1966, No. 123, eff. 4–1–66.

H 26.042 Patient records. (1) OBSTETRIC RECORD. (a) A record of each delivery shall be kept in the delivery suite record book.

(b) Each obstetric patient shall have a complete hospital record.

(c) 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.
8. Estimate of blood loss.

(2) NEWBORN INFANT'S RECORD. (a) Each newborn 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.

(3) NON-OBSTETRIC RECORD. (a) Hospitals admitting non-obstetric patients to the obstetric unit shall maintain a log book listing name, hospital number, date of admission, date of discharge or transfer (state reason), which shall be available for review at all times.

(b) Each non-obstetric patient shall have a complete hospital record.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60; r. and recr. Register, March, 1966, No. 123, eff. 4–1–66.

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 Wis. Adm. Code Ch. 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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60.

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, 1½ quarts for lactating women.

(b) Orange, grapefruit, tomato or other Vitamin C rich foods—2 servings of approximately ½ cup each.

(c) Green or yellow vegetables—one or more servings.

(d) Other vegetables and fruits—2 or more servings.

(e) Lean meat, poultry, fish, eggs—2 or more servings.

(f) Whole grain bread and cereal—2 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.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60.

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.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60.

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.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60.

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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60.

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 uniforms 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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60.

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 over 20 weeks gestation unless a physician is present.

(a) This means oxytocics administered by any means—buccal, nasal, oral, intramuscular, or intravenous.

(b) Medication should be discontinued if the physician (or his "adequate medical substitute")* is not immediately available (within the unit or hospital).

(c) Only nurses who shall have been properly instructed‡ should stay with patients who are being medically induced in labor.

(3) ANESTHESIA—RECOMMENDATION. It is recommended that no general anesthesia be given a patient who has taken solid food within 6 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.

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* "Adequate medical substitute" means a physician well enough versed in obstetrics to properly handle medical emergencies commonly resulting from adverse reaction to administered oxytocics.

‡ "Properly instructed" indicates a course of instruction, demonstration, and supervision meeting the criteria established jointly by medical and nursing groups, covering the administration of drugs or biologicals (intramuscular, intradermal, etc.), untoward reactions, contra-indications for use of drugs or biologicals, precautions, and follow-up. The qualification for such instruction would be:

1. Designation of a specific person as instructor who is qualified to teach the above mentioned techniques
2. Course be written and approved by the executive committee and the medical and nursing staff
3. A record be made and signed that the individual nurse has been properly instructed.

(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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60; r. and recr. (1) and (2), Register, March, 1966, No. 123, eff. 4-1-66.

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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60.

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

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60.

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.

History: Cr. Register, January, 1960, No. 49, eff. 2-1-60.

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 7½ 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 culture shall be made on formulas at the time they are used for feeding.

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

(7) READY-TO-USE FORMULAS. Terminal sterilization and refrigeration shall not be required for ready-to-use infant formulas packaged and sterilized in sealed containers when such formulas are approved by the board for use in accordance with the methods recommended by the manufacturer.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60; cr. (7), Register, May, 1963, No. 89, eff. 6–3–63.

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:

No.	Operation	Water level	Temperature	Time
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.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60.

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.

History: Cr. Register, January, 1960, No. 49, eff. 2–1–60.