Title 15 - Mississippi Department of Health

Part III – Office of Health Protection

Subpart 01 – Health Facilities Licensure and Certification

CHAPTER 44 MINIMUM STANDARDS OF OPERATION FOR ABORTION FACILITIES

PART I GENERAL

100 **LEGAL AUTHORITY**

101 **Adoption of Regulations**. Under and by virtue of authority vested in it by Mississippi Code Annotated ', the Mississippi Department of Health, as licensing agency, does hereby adopt and promulgate the following rules, regulations and standards governing abortion facilities licensed to operate in the State of Mississippi.

102 **Procedures Governing Amendments**. The rules, regulations and minimum standards for abortion facilities may be amended by the licensing agency from time to time as necessary to promote the health, safety and welfare of persons receiving services in such institutions.

103 **Inspections Required**. Each abortion facility for which a license has been issued shall be inspected by the Mississippi Department of Health or by persons delegated with authority by said Mississippi Department of Health at such intervals as the Department may direct. The Mississippi Department of Health and/or its authorized representatives shall have the right to inspect construction work in progress. New abortion facilities shall not be licensed without having first been inspected for compliance with these rules, regulations and minimum standards.

104 **Provisions**. The provisions of this act shall not be constructed to repeal or modify any provision of Mississippi law not expressly altered by this act, and furthermore does not establish a state policy that condones abortion.

105 **DEFINITIONS**

A list of selected terms often used in connection with these rules, regulations and standards follows.

105.01 **Abortion**. For the purpose of these regulations, "Abortion" means the use or prescription of any instrument, medicine, drug or any other substances or device to terminate the pregnancy of a woman known to be pregnant with any intention other than to increase the probability of a live birth to preserve the life or health of the child after live birth or to remove a dead fetus.

105.02 **Administrator**. The term "administrator" shall mean a person who is delegated the responsibility for the implementation and proper application of policies and programs established by the governing authority of the facility and is delegated responsibility for the establishment of safe and effective administrative management, control and operation of the services provided. This definition applies to a person designated as Chief Executive Officer or other similar title.

105.03 **Abortion Facility**. The term "abortion facility" means a facility operating substantially for the purpose of performing abortions for outpatients and is a separate identifiable legal entity from any other health care facility. Abortions shall only be performed by physicians licensed to practice in the State of Mississippi. The term "abortion facility" term includes physicians' offices which are used substantially for the purpose of performing abortions. An abortion facility operates substantially for the purpose of performing abortions if any of the following conditions are met:

1. The abortion facility is a provider for performing ten (10) or more abortions procedures per calendar month during any month of a calendar year, or one hundred (100) or more in a calendar year.

2. The abortion facility, if operating less than twenty (20) days per calendar month, is a provider for performing ten (10) or more abortion procedures, or performing a number of abortion procedures which would be equivalent to ten (10) procedures per month, if the facility were operating twenty (20) or more days per calendar month, in any month of a calendar year.

3. The facility applies to the licensing agency for licensure as a Level I or Level II abortion facility.

105.04 **Anesthetist**. A physician qualified and trained to administer anesthetic agents or a certified registered nurse qualified to administer anesthetic agents.

105.05 **Change of Ownership**. The term "change of ownership" includes, but is not limited to, intervivos gifts, purchases, transfers, leases, can an/or stock transactions or other comparable arrangements whenever the person or entity acquires an interest of fifty percent (50%) or more of the facility or services. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included, provided, however, "change of ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi.

105.06 **Abortion Facility Charge Nurse**. The "charge nurse" means a Registered Nurse, who is currently licensed by the Mississippi Board of Nursing, with supervisory and administrative ability who is responsible to the Governing Authority of the facility.

105.07 **Governing Authority**. The term "governing authority" shall mean owner(s) associations, public bodies, board of trustees, or any other comparable designation of an individual or group of individuals who have the purpose of owning, acquiring, constructing, equipping, operating and/or maintaining abortion facilities and exercising control over the affairs, and in which the ultimate responsibility and authority of the facility is vested.

105.08 **Level I**. In accordance with Section 41-75-1, Mississippi Code of 1972, effective August 15, 2005, a Level I abortion facility shall be required to meet minimum standards for Level II abortion facilities and Minimum Standards of Operation For Ambulatory Surgical Facilities as established by the licensing agency.

105.09 **Level II**. In accordance with Section 41-75-1, Mississippi Code of 1972, effective August 15, 2005, a Level II abortion facility shall be required to meet the minimum standards for Level II abortion facilities as established by the licensing agency.

105.10 **Licensed Practical Nurse**. "Licensed practical nurse" (LPN) means any person licensed as such by the Mississippi State Board of Nursing.

105.11 **License**. The term "license" shall mean the document issued by the Mississippi Department of Health and signed by the Executive Director of the Mississippi Department of Health.

105.12 **Licensure** shall constitute authority to receive patients and perform the services included within the scope of these rules, regulations and minimum standards.

105.13 **Licensee**. The term "licensee" shall mean the individual to whom the license is issued and upon whom rests the responsibility for the operation of the abortion facility in compliance with these rules, regulations and minimum standards.

105.14 **Licensing Agency**. The term "licensing agency" shall mean the Mississippi Department of Health.

105.15 **Medical Treatment**. Means, but is not limited to, hospitalization, laboratory tests, surgery or prescription of drugs.

105.16 **Nursing Personnel**. The term "nursing personnel" shall mean registered nurses, graduate nurses, licensed practical nurses, nurses' aides, orderlies, attendants and others rendering patient care.

105.17 **Operating**. "Operating" an abortion facility means that the facility is open for any period of time during a day and has on site at the facility or on call a physician licensed to practice in the State of Mississippi available to provide abortions.

105.18 **Patient**. The term "patient" shall mean a person admitted to the abortion facility by and upon the recommendation of a physician and who is to receive medical care recommended by the physician.

105.19 **Performance By Physician Required**. No termination of pregnancy shall be performed at any time except by a physician.

105.20 **Pharmacy**. The term "pharmacy" shall mean a place licensed by the Mississippi Board of Pharmacy where prescriptions, drugs, medicines and chemicals are offered for sale, compounded or dispensed, and shall include all places whose titles may imply the sale, offering for sale, compounding or dispensing of prescriptions, drugs, medicines or chemicals.

105.21 **Pharmacist**. The term "pharmacist" shall mean a person currently licensed by the Mississippi Board of Pharmacy to practice pharmacy in Mississippi under the provisions contained in current state statutes.

105.22 **Physician**. The term physician shall mean a person fully licensed by the Mississippi State Board of Medical Licensure to practice medicine and surgery in Mississippi under provisions contained in current state statutes. He or she must have qualifications that fall into one of the following categories:

1. He or she must have completed a residency in family medicine, with strong rotation through OB/GYN, in a residency program approved by the accreditation counsel for graduate medical education.

2. He or she must have completed a residency in obstetrics and gynecology in a residency program approved by the accreditation counsel for graduate medical education.

3. He or she must have an M.D. or O.D. degree and at least one year of post graduate training in a training facility with an approved residency program and an additional year of obstetrics/gynecology residency.

105.23 **Registered Nurse**. The term "registered nurse" (R.N.) shall mean a professional registered nurse currently licensed by the Mississippi Board of Nursing in accordance with the provisions contained in current state s statutes.

105.24 **Person**. The term "person" means any individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

105.25 **May**. The term "may" indicates permission.

105.26 **Shall**. The term "shall" indicates mandatory requirement(s).

105.27 **Should**. The term "should" indicates recommendation(s).

105.28 **Termination of Pregnancy**. Abortion procedures after the first trimester shall only be performed at a Level I abortion facility or an ambulatory surgical facility or hospital licensed to perform that service.

106 TYPE OF LICENSE

106.01 **Regular License**. A license shall be issued to each abortion facility that meets the requirements as set forth in these regulations. In addition, no abortion facility may be licensed until it shows conformance to the regulations establishing minimum standards for prevention and detection of fire, as well as, for protection of life and property against fire. Compliance with the N.F.P.A. Life Safety Code 101 for doctors' office and clinics shall be required.

106.02 **Provisional License**. Within its discretion, the Mississippi Department of Health may issue a provisional license when a temporary condition of noncompliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Mississippi Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered meanwhile.

106.03 **Level I Abortion Facility**. Level I abortion facilities shall be required to meet minimum standards for abortion facilities and The Minimum Standards of Operation For Ambulatory Surgical Facilities as established by this agency.

106.04 **Level II Abortion Facility**. Level II abortion facilities shall be required to meet minimum standards for abortion facilities as established by this agency.

SECTION 5. The following shall be codified as Section **41-75-16**, Mississippi Code of 1972: **41-75-16**. Any abortion facility which is in operation at the time

of promulgation of any applicable rules or regulations or minimum standards under this chapter shall be given a reasonable time, under the particular circumstances not to exceed six (6) months from the date such are duly adopted, within which to comply with such rules and regulations and minimal standards.

107 LICENSING

107.01 **Application and Annual Report**. Application for a license or renewal of a license shall be made in writing to the Mississippi Department of Health on forms provided by the Department which shall contain such information as the Mississippi Department of Health may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations and minimum standards.

107.02 **Fee**. In accordance with Section 41-7-209 Mississippi Code of 1972, as amended, each application for initial licensure shall be accompanied by a fee of $3,000.00, in check or money order, made payable to the Mississippi Department of Health. The fee shall not be refundable after a license has been issued.

107.03 **Renewal**. A license, unless suspended or revoked, shall be renewable annually upon payment of a renewal fee of $3,000.00 which shall be paid to the Mississippi Department of Health, and upon filing by the licensee and approval by the Mississippi Department of Health of an annual report upon such uniform dates and containing such information in such form as the licensing agency requires. Each license shall be issued only for the premises and person or persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed premises.

107.04 **Name**. Every abortion facility designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changes without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued, as well as, the new name proposed. Only the official name by which the abortion facility is licensed shall be used in telephone listings, on stationery, in advertising, etc. Two or more abortion facilities shall not be licensed under similar names in the same vicinity. No freestanding abortion facility shall include the word "hospital" in its name.

107.05 **Issuance of License**. All licenses issued by the Mississippi Department of Health shall set forth the name of the abortion facility, the location, the name of the licensee and the license number.

107.06 **Separate License**. A separate license shall be required for abortion facilities maintained on separate premises even though under the same management. However, separate licenses are not required for buildings, on the same ground, which are under the same management.

107.07 **Expiration of License**. Each license shall expire on June 30, following the date of issuance.

Denial or Revocation of License: Hearings and Review. The Mississippi Department of Health after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. **Section 7; 41-75-26**.

SECTION 7. The following shall be codified as **Section 41-75-26**, Mississippi Code of 1972:

1. Any person or persons or other entity or entities establishing, managing or operating an abortion facility or conducting the business of an abortion facility without the required license, or which otherwise violate any provision of this chapter regarding abortion facilities or the rules, regulations and standards promulgated in furtherance thereof shall be subject to revocation of the license of the abortion facility or non-licensure of the abortion facility. In addition, any violation of any provision of this chapter regarding abortion facilities or of the rules, regulations and standards promulgated in furtherance thereof by intent, fraud, deceit, unlawful design, willful and/or deliberate misrepresentation, or by careless, negligent or incautious disregard for such statutes or rules, regulations and standards, either by persons acting individually or in concert with others, shall constitute a misdemeanor and shall be punishable by a fine not to exceed One Thousand Dollars ($1,000) for each such offense. Each day of continuing violation shall be considered a separate offense. The venue of persecution of any such violation shall be in any county of the state wherein any such violation, or portion thereof, occurred.

2. The Attorney General, upon certification by the executive director of the licensing agency, shall seek injunctive relief in a court of proper jurisdiction to prevent violations of the provisions of this chapter regarding abortion facilities or the rules, regulations and standards promulgated in furtherance thereof in cases where other administrative penalties and legal sanctions imposed have failed to prevent or cause a discontinuance of any such violation.

108 RIGHT OF APPEAL

Provision for hearing and appeal following denial or revocation of license is as follows.

108.01 **Administrative Decision**. The Mississippi Department of Health will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the denial or revocation of license.

1. The licensing agency shall notify the applicant or licensee by registered mail or personal service the particular reasons for the proposed denial or revocation of license. Upon written request of applicant or licensee within ten (10) days of the date of notification, the licensing agency shall fix a date not less than thirty (30) days from the date of such service at which time the applicant or licensee shall be given an opportunity for a prompt and fair hearing.

2. On the basis of such hearing or upon default of the applicant or licensee, the licensing agency shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail to the last known address of applicant or licensee or served personally upon the applicant or licensee.

3. The decision revoking, suspending, or denying the application or license shall become final thirty (30) days after it is so mailed or served unless the applicant or licensee, within such thirty (30) day period, appeals the decision to the Chancery Court in the county in which the facility is located, in the manner prescribed in SB2884, as amended. An additional period of time may be granted at the discretion of the licensing agency.

108.02 **Penalties**. Any person or persons or other entity or entities establishing managing or operating an abortion facility or conducting the business of an abortion facility without the required license, or which otherwise violate any of the provisions of this act or the Mississippi Department of Health, as amended, or the rules, regulations or standards promulgated in furtherance of any law in which the Mississippi Department of Health has authority therefore shall be subject to the penalties and sanctions of **Section 41-7-209**, Mississippi Code of 1972.

109 REPORTING REQUIREMENTS

109.01 **Reporting**. Each abortion facility shall report monthly to the Mississippi Department of Health such information as may be required by the department in its rules and regulations for each abortion performed by such facility.

109.02 **Abortion Complication Reporting**

1. A physician shall file a written report with the State Department of Health regarding each patient who comes under the physician's professional care and requires medical treatment or suffers death that the attending physician has a reasonable basis to believe is a primary, secondary, or tertiary result of an induced abortion.

These reports shall be submitted within thirty (30) days of the discharge or death of the patient treated for the complication.

110 CONSENTS REQUIRED

110.01 **Consents Required.** No abortion shall be performed or induced except with the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if:

1. The woman is told the following by the physician who is to perform or induce the abortion or by the referring physician, orally and in person at least twenty-four (24) hours before the abortion:

    a. The name of the physician who will perform or induce the abortion;

    b. The particular medical risks associated with the particular abortion procedure to be employed including, when medically accurate the risks of infection, hemorrhage and breast cancer and the danger to subsequent pregnancies and infertility;

    c. The probable gestational age of the unborn fetus at the time the abortion is to be performed or induced; and

    d. The medical risks associated with carrying her fetus to term.

2. The woman is informed, by the physician of his agent orally and in person, at least twenty-four (24) hours before the abortion:

    a. That medical assistance benefits may be available for prenatal care, childbirth and neonatal care;

    b. That the father is liable to assist in the support of her child, even in instances which the father has offered to pay for the abortion;

    c. That there are available services provided by public and private agencies which provide pregnancy prevention counseling and medical referrals for obtaining pregnancy prevention medications or devices; and

d. That she has the right to review the Informed Consent Information & Resources booklet. The physician or his agent shall orally inform the woman that these materials have been provided by the State of Mississippi and that they describe the unborn fetus and list agencies that offer alternatives to abortion. If the woman chooses to view the booklet, copies of them shall be furnished to her. The physician or his agent may disassociate himself or themselves from those materials, and may comment or refrain from comment on them as he chooses. The physician or his agency shall provide the woman with the "Informed Consent Information & Resource Booklet".

3. The woman certifies in writing before the abortion that the information described in paragraphs (a) and (b) above has been furnished to her, and that she has been informed of her opportunity to review the Informed Consent Information and Resource booklet.

Before the abortion is performed or induced, the physician who is to perform or induce the abortion receives a copy of the written certification prescribed by this section.

111 PROCEDURES REQUIRED

111.01 **Procedures Required.**

1. Before the performance of an abortion, as defined in Paragraph 105.01, the physician who is to perform the abortion, or a qualified person assisting the physician, shall:

a. Perform fetal ultrasound imaging and auscultation of fetal heart tone services on the patient undergoing the abortion;

b. Offer to provide the patient with an opportunity to view the active ultrasound image of the unborn child and hear the heartbeat of the unborn child if the heartbeat is audible;

c. Offer to provide the patient with a physical picture of the ultrasound image of the unborn child;

d. Obtain the patient's signature on a certification form stating that the patient has been given the opportunity to view the active ultrasound image and hear the heartbeat of the unborn child if the heartbeat is audible, and that she has been offered a physical picture of the ultrasound image; and

e. Retain a copy of the signed certification form in the patient's medical record.

2. An ultrasound image must be of a quality consistent with standard medical practice in the community, shall contain the dimensions of the unborn child and shall accurately portray the presence of external members and internal organs, if present or viewable, of the unborn child.

PART II LEVEL II ABORTION FACILITY ADMINISTRATION

112 GOVERNING AUTHORITY

112.01 Each facility shall be under the ultimate responsibility and control of an identifiable governing body, person, or persons.

1. The facility's governing authority shall adopt bylaws, rules and regulations which shall:

   a. Specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individuals responsible.

   b. Provide for at least annual meetings of the governing authority if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings.

   c. Require policies and procedures which includes provisions for administration and use of the facility, compliance, personnel, quality assurance, procurement of outside services and consultations, patient care policies and services offered.

2. When services such as dietary, laundry, or therapy services are purchased from other the governing authority shall be responsible to assure the supplier(s) meets the same local and state standards the facility would have to meet if it were providing those services itself using its own staff.

3. The governing authority shall provide for the selection and appointment of the Medicaid and dental staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.

113 ORGANIZATION AND STAFF

113.01 **Officer or Administrator**.

1. The governing authority shall appoint a qualified person as chief executive officer or administrator of the facility to represent the governing authority and shall define his/her authority and duties in writing. He/she shall be responsible for the management of the facility, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these regulations.

2. When there is a planned change in ownership or in the chief executive officer, the governing authority of the facility shall notify the Mississippi Department of Health. The chief executive officer shall be responsible for the preparation of written facility policies and procedures.

114 PERSONNEL POLICIES AND PROCEDURES

114.01 **Personnel Records**. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:

1. Application for employment.
2. Written references and/or a record of verbal references.
3. Verification of all training and experience, and licensure, certification, registration and/or renewals.
4. Initial and subsequent health clearances.
5. Record of orientation to the facility, its policies and procedures and the employee's position.

Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.

114.02 **Health Examination**. As a minimum, each employee shall have a pre-employment health examination by a physician. The examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of the medical director, administrator and director of nursing, and documentation of the health examination shall be included in the employee's personnel folder.

115 MEDICAL STAFF ORGANIZATION

115.01 **Medical Staff**. There shall be a single organized medical staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing authority. The manner in which the medical staff is organized shall be consistent with the facility's documented staff organization bylaws, rules and regulations, and pertain to the setting where the facility is located. The medical staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only upon the recommendation of a licensed physician and that a licensed physician be responsible for diagnosis and all medical care and treatment.

Physicians performing procedures in the licensed abortion facility must meet the requirements set forth in Part I, 102.24.

115.02 **Professional Staff**. Each facility shall have at all times a designated medical director who shall be a physician who shall be responsible for the direction and coordination of all medical aspects of facility programs.

There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present. During times when procedures are actually being performed, there shall be a physician and a registered nurse present on the premises.

All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi.

Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by a M.D., D.O., R.N., or a L.P.N. supervised directly by a R.N., until reacted and able to summon aid.

All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually.

116 PATIENT TRANSFER

116.01 **Transfer Agreement**. The abortion facility shall have a written agreement with one or more physicians for the express purpose of ensuring that patients who have complications will be immediately transferred to the physician's care. The physician who enters the written agreement with the abortion facility shall:

1. Have full admitting privileges with one or more acute general hospitals that shall be located within 30 minutes travel time of the abortion facility.

2. Maintain his or her primary office location within 30 minutes travel time of the abortion facility.

3. Have full credentials to handle complications of abortions with the acute general hospital (s).

This transfer agreement is to be kept on site at the abortion facility subject to verification on demand by the Mississippi State Board of Health. The transfer agreement as well as the parties to the agreement or any information regarding the parties will be kept confidential by the Mississippi State Board of Health.

117 SAFETY

117.01 **Written Policies and Procedures**.

1. The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors.

2. The policies and procedures shall include establishment of the following:

   a. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs;

   b. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken;

   c. Provision for dissemination of safety-related information to employees and users of the facility; and

   d. Provision for syringe and needle storage, handling and disposal.

118 HOUSEKEEPING

118.01 **Cleaning**. The abortion suite shall be appropriately cleaned in accordance with established written procedures after each operation. Holding rooms shall be maintained in a clean condition.

Adequate housekeeping staff shall be employed to fulfill the above requirement.

119 LINEN AND LAUNDRY

119.01 **Linen and Laundry Supply**.

1. An adequate supply of clean linen or disposable materials shall be maintained.

2. Provisions for proper laundering of linen and washable goods shall be made. Soiled and clean linen shall be handled and stored separately.

3. Sufficient supply of cloth or disposable towels shall be available so that a fresh towel can be used after each hand washing. Towels shall not be shared.

120 **SANITATION**

120.01 **Facility Sanitation**.

1. All parts of the facility, the premises and equipment shall be kept clean and free of insects, rodents, litter and rubbish.

2. All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

3. Disposal of medical waste. “Infectious medical wastes” includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

   a. Wastes resulting from the care of patients and animals who have Class I and/or II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined in 609.2.

   b. Cultures and stocks of infectious agents: including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from biologicals, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate and mix cultures;

   c. Blood and blood products such as serum, plasma and other blood components;

   d. Pathological wastes, such as tissues, organs, body parts and body fluids that are removed during surgery and autopsy;

   e. Contaminated carcasses, body parts and bedding of animals that were exposed to pathogens in medical research;

   f. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

   g. Other wastes determined infectious by the generator or so classified by the Department of Health.

"Medical Waste" means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

120.02 **Class I Diseases - Immediate Report**:

Any suspected outbreak (including foodborne outbreaks)

Anthrax (in man)

Botulism

Cholera

Dengue

Diphtheria

Encephalitis

Hepatitis A

HIV infection, including AIDS

Measles

Meningitis or other Invasive Disease due to:

Neisseria meningitides

Hemophilus influenza

Plague

Poliomyelitis

Rabies (human or animal)

Syphilis

Trichinosis

Tuberculosis (active)

Typhoid

Yellow Fever

Any case of rare or exotic communicable disease

120.03 **Class II Diseases - Report within one Week**:

Actinomycosis

Acute Rheumatic Fever

Amebiasis

Ascariasis

Blastomycosis

Brucellosis

Coccidioidomycosis

Congenital Rubella Syndrome

Cryptococcoses

Gonorrhea

Hansen's Disease (Leprosy)

Helicobacter (Campylobacter) Infection

Hepatitis B

Hepatitis non-A, non-B

Hepatitis, unspecified

Histoplasmosis

HookwormHydatidosis

Legionellosis

Leptospirosis

Lyme Borreliosis

Malaria

Meningitis other than

Meningococcal or

Hemophilus influenza

Mumps

Pertussis

Poisoning

Psittacosis

Q Fever

Relapsing Fever

Reye Syndrome

Rocky Mountain Spotted Fever

Salmonellosis

Shigellosis

Taeniasis

Tetanus

Toxoplasmosis

Tularemia

Typhus Fever

Vibrio Infection other than

Cholera

Viral Encephalitis in Horses

120.04 **Medial Waste Management Plan**

All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to the following:

1. Storage and Containment of Infectious Medical Waste and Medical Waste

    a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

    b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

    c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 6ºC (38ºF). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0ºC (32ºF) for a period of not more than ninety (90) days without specific approval of the Department of Health.

    d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using

language to be determined by the Department and legible during daylight hours.

e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport.

f. All sharps shall be contained for disposal in leakproof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

g. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.

h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

i. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leakproof, have tight-fitting covers and be kept clean and in good repair.

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E.

Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

i. Exposure to hot water at least 180ºF for a minimum of 15 seconds.

ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:

i. Hypochlorite solution (500 ppm available chlorine).

ii. Phenolic solution (500 ppm active agent).

iii. Iodoform solution (100 ppm available iodine).

iv. Quaternary ammonium solution (400 ppm active agent).

Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (j) of this section.

k. Trash chutes shall not be used to transfer infectious medical waste.

l. Once treated and rendered non-infectious, previously defined infectious medical waste shall be classified as medical waste and may be landfilled in an approved landfill.

2. Treatment or disposal of infectious medical waste shall be by one of the following methods:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sterilization by heating in a steam sterilizer, so as to render the waste noninfectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to the following:

i. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity.

ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121ºC (250ºF) for one half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.

iv. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.

v. Maintenance of records of procedures specified in (1), (2), (3) and (4) above for period of not less than a year.

c. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Department of Health.

d. Recognizable human anatomical remains shall be deposed of by incineration or internment, unless burial at an approved landfilled is specifically authorized by the Mississippi Department of Health.

e. Chemical sterilization shall use only those chemical sterilants recognized by the U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

3. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility.

All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

121 PREVENTIVE MAINTENANCE

121.01 **Preventive Maintenance**. A schedule of preventive maintenance shall be developed for all of the surgical equipment in the surgical suite to assure satisfactory operation when needed.

122 DISASTER PREPAREDNESS

122.01 **Evacuation**.

1. The facility shall have a posted plan for evacuation of patients, staff, and visitors in case of fire or other emergency.

2. Fire drills:

   a. At least one drill shall be held every three months for every employee to familiarize employees with the drill procedure. Reports of the drills shall be maintained with records of attendance.

   b. Upon identification of procedural problems with regard to the drills, records shall show that corrective action has been taken.

There shall be an ongoing training program for all personnel concerning aspects of fire safety and the disaster plan.

123 MEDICAL RECORD SERVICES

123.01 **Medical Record System**. A medical record is maintained in accordance with accepted professional principles for every patient admitted and treated in the facility.

123.02 **Facilities**. A room or area shall be designated within the facility for medical records.

123.03 **Ownership**. Medical records shall be the property of the facility and shall not be removed except by subpoena or court order. These records shall be protected against loss, destruction and unauthorized use.

123.04 **Preservation of Records**. Each patient's medical record shall include at least the following information:

1. Patient identification, including the patient's full name, sex, address, date of birth, next of kin and patient number.

2. Admitting diagnosis.

3. Preoperative history and physical examination pertaining to the procedure to be performed.

4. Anesthesia reports.

5. Procedure report.

6. Pertinent laboratory and pathology reports as indicated and tests for RH Negative factor. A pregnancy test or pathological exam of tissue shall be recorded to verify pregnancy.

7. Preoperative and postoperative orders.

8. Discharge note and discharge diagnosis.

9. Informed consent.

10. Nurses' notes:

    a. Admission and preoperative.

    b. Recovery and discharge.

123.05 **Completion of Medical Records**. All medical records shall be completed promptly.

Indexes. All medical records should be properly indexed.

PART III LEVEL II ABORTION FACILITY PATIENT CARE

124 NURSING SERVICE

124.01 **Nursing Staff**. The abortion facility shall maintain an organized nursing staff to provide high quality nursing care for the needs of the patients and be responsible to the ambulatory surgical facility for the professional performance of its members. The abortion facility nursing service shall be under the direction of a legally and professionally qualified registered nurse. There shall be a sufficient number of duly licensed nurses on duty at all times to plan, and provide nursing care for the patient.

124.02 **The Nursing Supervisor**. The nursing supervisor shall be a currently licensed Registered Professional Nurse.

124.03 **Staffing Pattern**. The staffing pattern shall provide for sufficient nursing personnel and for adequate supervision and direction by a registered nurse(s) consistent with the size and complexity of the abortion facility.

124.04 **Nursing Care**. A registered nurse must plan, supervise and evaluate the nursing care of each patient from admission to discharge.

124.05 **Licensed Practical Nurse**. Licensed practical nurses who are currently licensed to practice within the state, as well as other ancillary nursing personnel, may be used to give nursing care that does not require the skill and judgment of a registered nurse. Their performance shall be supervised by one or more registered nurses.

124.06 **Policies and Procedures**. Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieving projected goals through realistic, attainable goals.

In planning, decision making, and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patient's environment, the recommendations of representatives of nursing service shall be considered.

Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of the State of Mississippi and the Association of PeriOperative Registered Nurses (AORN) Standards of Practice.

Policies shall include statements relating to at least the following:

1. Noting diagnostic and therapeutic orders.
2. Assignment of preoperative and postoperative care of patients.
3. Administration of medications.
4. Charting of nursing personnel.
5. Infection control.
6. Patient and personnel safety.

Written copies of the procedure manual shall be available to the nursing staff in every nursing care unit and service area and to other services and departments in the ambulatory surgical facility.

The abortion facility nursing policies and procedures shall be developed, periodically reviewed and revised as necessary.

125 SURGERY

125.01 **Policies and Procedures**. The abortion facility shall have effective policies and procedures regarding surgical privileges, maintenance of the operating rooms and evaluation of the clinic patient.

1. The abortion room register shall be complete and up-to-date.
2. There shall be a minor history and physical work-up in the chart of every patient prior to surgery plus documentation of a properly executed informed patient consent (by law).
3. There shall be adequate provision for immediate postoperative care.

4. An operative report describing techniques and findings shall be written or dictated immediately following surgery and signed by the surgeon.

5. A procedure shall exist in establishing a program for identifying and preventing infections, maintaining a sanitary environment, and reporting results to appropriate authorities. The operating surgeon shall be required to report back to the facility an infection for infection control follow-up.

6. The abortion rooms shall be supervised by an experienced registered professional nurse.

7. The following equipment shall be available to the abortion suite: emergency call system, oxygen, assistance equipment, including airways and manual breathing bag, sonography, emergency drugs and supplies specified by the medical staff. Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the abortion facility.

8. Appropriate surgical attire will be worn in the abortion room.

9. Rules and regulations or policies related to the abortion room shall be available for abortion facility personnel and physicians.

126 **ANESTHESIA**

126.01 **Policies and Procedures**. The clinic shall have effective policies and procedures regarding staff privileges, the administration of anesthetics, and the maintenance of strict safety control.

1. A preoperative evaluation of the patient within 24 hours of surgery shall be done by a physician to determine the risk or anesthesia and of the procedure to be performed.

2. Before discharge from the abortion facility, each patient shall be evaluated by the physician for proper anesthesia recovery and discharged in the company of a responsible adult unless otherwise specified by the physician.

3. Anesthetic agents shall be administered by only a physician qualified to administer anesthetic agents or a Certified Registered Nurse Anesthetist (CRNA).

4. The operating physician shall be responsible for all anesthetic agents administered in the abortion facility.

5. The professional staff shall assume the responsibility of establishing general policies and supervising the administration of anesthetic agents.

6. Safety precautions shall be in accordance with N.F.P.A. Bulletin 56-A, 1981.

127 SANITARY ENVIRONMENT

127.01 **Environment**. The abortion facility shall provide a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

1. An infection committee, or comparable arrangement, composed of physician, Registered Nurse and Administrator, shall be established and shall be responsible for investigating, controlling and preventing infections in the abortion facility.

2. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the abortion facility.

3. Continuing education shall be provided to all abortion facility personnel on causes, effects, transmission, prevention, and elimination of infection on an annual basis.

128 CENTRAL STERILE SUPPLY

128.01 **Sterilization**. Policies and procedures shall be maintained for method of control used in relation to the sterilization of supplies and water and a written policy requiring sterile supplies to be reprocessed at specific time periods.

129 PHARMACEUTICAL SERVICES

129.01 **Administering Drugs and Medicines**. Drugs and medicines shall not be administered to patients unless ordered by a physician duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician who prescribes the drug or medicine.

129.02 **Medicine Storage**. Medicines and drugs maintained on the nursing unit for daily administration shall be properly stored and safe-guarded in enclosures of sufficient size, and which are not accessible to unauthorized persons. Only authorized personnel shall have access to storage enclosures.

129.03 **Safety**. Pharmacies and drug rooms shall be provided with safeguards to prevent entrance of unauthorized persons, including bars on accessible windows and locks on doors. Controlled drugs shall be stored in a securely constructed room or cabinet, in accordance with applicable federal and state laws.

129.04 **Narcotic Permit**. An in-house pharmacy shall procure a state controlled drug permit if a stock of controlled drugs is to be maintained. The permit shall be displayed in a prominent location.

129.05 **Records**. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered.

129.06 **Medication Orders**. All oral or telephone orders for medications shall be received by a registered nurse, a physician or registered pharmacist and shall be reduced to writing on the physician's order record reflecting the prescribing physician and the name and title of the person who wrote the order. Telephone or oral orders shall be signed by the prescribing physician within 48 hours. The use of standing orders will be according to written policy.

130 **CONTROLLED SUBSTANCES: ANESTHETIZING AREAS**:

130.01 **Dispensing Controlled Substances**. All controlled substances shall be dispensed to the responsible person (nursing supervisor), designated to handle controlled substances in the abortion room by a registered pharmacist in the abortion facility. When the controlled substance is dispensed, the following information shall be recorded into the Controlled Substance (proof-of-use) Record.

1. Signature of pharmacist dispensing the controlled substance.

2. Signature of designated licensed person receiving the controlled substance.

3. The date and time controlled substance is dispensed.

4. The name, the strength, and quantity of controlled substance dispensed.

5. The serial number assigned to that particular record, which corresponds to same number recorded in the pharmacy's dispensing record.

130.02 **Security/Storage of Controlled Substances**. When not in use, all controlled substances shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.

130.03 **Controlled Substance Administration Accountability**. The administration of all controlled substances to patients shall be carefully recorded into the anesthesia record. The following information shall be transferred from the anesthesia record to the controlled substance record

by the administering practitioner during the shift in which the controlled substance was administered.

1. The patient's name.

2. The name of the controlled substance and the dosage administered.

3. The date and time the controlled substance is administered.

4. The signature of the practitioner administering the controlled substance.

5. The wastage of any controlled substance.

6. The balance of controlled substances remaining after the administration of any quantity of the controlled substance.

7. Day-ending or shift-ending verification of count of balances of controlled substances remaining, and controlled substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.

131 LABORATORY SERVICES

131.01 **Laboratory Services**. The facility may either provide a clinical laboratory or make contractual arrangements with an approved outside laboratory to perform services commensurate with the needs of the facility.

131.02 **Qualifications of Outside Laboratory**. An approved outside laboratory may be defined as a freestanding independent laboratory or a hospital-based laboratory which in either case has been appropriately certified or meets equivalent standards as a provider under the prevailing regulations of 42 CFR Part 493, Clinical Laboratory Improvement Amendment, 1988.

131.03 **Agreements**. Such contractual arrangements shall be deemed as meeting the requirements of this section so long as those arrangements contain written policies, procedures and individual chart documentation to disclose that the policies of the facility are met and the needs of the patients are being provided. Written original reports shall be a part of the patient's chart.

131.04 **In-House Laboratories**.

1. In-house laboratories shall be well-organized and properly supervised by qualified personnel.

2. The laboratory will be of sufficient size and adequately equipped to perform the necessary services of the facility.

3. Provisions shall be made for preventive maintenance and an acceptable quality control program covering all types of analyses performed by the laboratory. Documentation will be maintained.

4. Written policies and procedures shall be developed and approved for all services provided by the laboratory.

5. When tissue removed in surgery is examined by a pathologist, either macroscopically or microscopically, as determined by the treating physician and the pathologist, the pathology report shall be made a part of the patient's record.

6. Arrangements shall be made for immediate pathological examinations, when appropriate.

7. The laboratory must provide pathologists' services, as necessary.

PART IV LEVEL II ABORTION FACILITY ENVIRONMENT

132 PATIENT AREAS

132.01 **Treatment Facilities**.

1. **Examination Room(s)**. Rooms for examination shall have a minimum floor area of 80 square feet, excluding vestibules, toilets and closets. Room arrangement should permit at least 2 feet 8 inches clearance at each side and at the foot of the examination table. A hand washing fixture shall be provided.

2. **Procedure Room**. Procedure rooms shall have a minimum floor area of 120 square feet, excluding vestibule, toilet and closets. The minimum room dimension shall be 10 feet. A scrub sink with knee, elbow, wrist, or foot control, soap dispenser, and single service towel dispenser will be available. All finishes shall be capable of repeated cleaning.

3. **Recovery Room**. One or more recovery rooms containing sufficient beds for recovering patient shall be provided. Reclining type vinyl upholstered chairs may be substituted in lieu of beds. Direct visual observation of the patients shall be possible from a central vantage point, yet patients shall have a reasonable amount of privacy.

4. **Clean Workroom**. A clean workroom shall be provided sufficient in size to process and store clean and sterile supply material and equipment, and must contain a work counter and sink. A system for sterilizing equipment shall be provided. Sterilizing procedures may be done on or off site, or disposables may be used to satisfy functional needs.

5. **Soiled Workroom**. A separate soiled workroom is not required; however, facilities shall be provided for closed clean storage which prevents contamination by soiled materials and for storage and handling of soiled linens and other soiled materials.

6. **Toilets**. At least one toilet and lavatory with soap dispenser and towel dispenser shall be provided in the recovery room area. Recovering patients shall have easy access to toilet facilities. Toilet facilities shall be provided at no less than one water closet and lavatory per ten recovery beds.

7. **Housekeeping Room**. At least one housekeeping room or closet shall be provided. It shall contain a service sink and storage for housekeeping supplies and equipment.

8. **The examination room, procedure room and recovery room** may be combined, provided that the combined room meets the requirements of Paragraphs 1, 2 and 3.

133 GENERAL SERVICE FACILITIES

133.01 **Admission Office**. There shall be a room designated as the admission office where patients may discuss personal matters in private.

The admission office may be combined with the business office and medical record room if privacy can be maintained when confidential matters are being discussed. This space shall be separated from the treatment area by walls and partitions.

133.02 **Waiting Room**. A waiting room in the administrative section shall be provided with sufficient seating for the maximum number of persons that may be waiting at any time. Public toilets/public telephones and drinking fountains, accessible to individuals with disabilities shall be available.

134 PLAN AND SPECIFICATIONS

134.01 **New Construction, Additions, and Major Alterations**. When construction is contemplated, either for new buildings, conversions, additions, or major alterations to existing buildings, or portions of buildings coming within the scope of these rules, plans and specifications shall be submitted for review and approval to the Mississippi Department of Health.

134.02 **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the surgical facility is licensed need not be submitted for approval.

134.03 **Water Supply, Plumbing and Drainage**. No system of water supply, plumbing, sewerage, garbage or refuse disposal shall be installed, nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration or extension have been submitted to the Mississippi Department of Health for review and approval.

134.04 **First Stage Submission - Preliminary Plans**.

1. First stage or preliminary plans shall include the following:

    a. Plot plans showing size and shape of entire site, location of proposed building and any existing structures, adjacent streets, highways, sidewalks, railroad, etc., all properly designated; size, characteristics, and location of all existing public utilities.

    b. Floor plans showing overall dimensions of buildings; location, size and purpose of all rooms; location and size of all doors, windows, and other openings with swing of doors properly indicated; and location of stairs, elevators, dumbwaiters, vertical shafts, and chimneys.

    c. Outline specifications listing the kind and type of materials.

2. Approval of preliminary plans and specifications shall be obtained from the Mississippi Department of Health prior to starting final working drawings and specifications.

134.05 **Final Stage Submission - Working Drawings and Specifications**.

1. Final stage or working drawings and specifications shall include the following:

    a. Architectural drawings.

    b. Structural drawings.

    c. Mechanical drawings to include plumbing, heating and air conditioning.

    d. Electrical drawings.

    e. Detailed specifications.

2. Approval of working drawings and specifications shall be obtained from the Mississippi Department of Health prior to beginning actual construction.

134.06 **Preparation of Plans and Specifications**. The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Mississippi.

134.07 **Contract Modifications**. Any contract modification which affects or changes the function, design or purpose of a facility shall be submitted to and approved by the Mississippi Department of Health prior to beginning work set forth in any contract modification.

134.08 **Inspections**. The Mississippi Department of Health and its authorized representative shall have access to the work for inspection whenever it is in preparation or progress.

135 GENERAL

135.01 **Location**. The abortion facility shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the individuals with disabilities. Also, the facility shall be located within 30 minutes travel time from a hospital which has an emergency room. Site approval by the licensing agency must be secured before construction begins.

135.02 **Local Restriction**. The abortion facility shall comply with local zoning, building, and fire ordinances. In additional, ambulatory surgical facilities shall comply with all applicable state and federal laws.

135.03 **Structural Soundness**. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.

135.04 **Fire Extinguisher**. An all purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher.

135.05 **Fire extinguishers** shall be of a type approved by the local fire department or State Fire Marshall and shall be inspected at least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.

135.06 **Ventilation**. The building shall be properly ventilated at all times with a comfortable temperature maintained.

135.07 **Garbage Disposal**. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal, or by a combination of these techniques. Infectious waste materials shall be rendered noninfectious on the premises by appropriate measures.

135.08 **Elevators**. Multi-story facilities shall be equipped with at least one automatic elevator of a size sufficient to carry a patient on a stretcher.

135.09 **Multi-Story Building**. All multi-story facilities shall be of fire resistive construction in accordance with N.F.P.A. 220, Standards Types of Building Construction. If the facility is part of a series of buildings, it shall be separated by fire walls.

135.10 **Doors**. Minimum width of all doors shall be 3 feet.

135.11 **Corridors**. Minimum public corridor with shall be 5 feet. Work corridors less than 6 feet in length may be 4 feet wide.

135.12 **Occupancy**. No part of an abortion facility may be rented, leased or used for any commercial purpose, or for any purpose not necessary or in conjunction with the operation of the facility. Food and drink machines may be maintained or a diet kitchen provided.

135.13 **Lighting**. All areas of the facility shall have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.

135.14 **Emergency Lighting**. Emergency lighting systems shall be provided to adequately light corridors, operating rooms, exit signs, stairways, and lights on each exit sign at each exit in case of electrical power failure.

135.15 **Exits**. Each floor of a facility shall have two or more exit ways remote from each other, leading directly to the outside or to a two-hour fire resistive passage to the outside. Exits shall be so located that the maximum distance from any point in a floor area, room or space to an exit doorway shall not exceed 100 feet except that when a sprinkler system is installed the distance of travel shall not exceed 150 feet.

135.16 **Exit Doors**. Exit doors shall be a minimum of 3 feet wide and shall swing in the direction of egress and shall not obstruct the travel along any required fire exit.

135.17 **Exit Signs**. Exits shall be equipped with approved illuminated signs bearing the word "Exit" in letters at least 42 inches high. Exit signs shall be placed in corridors and passageways to indicate the direction of exit.

135.18 **Interior Finish and Decorative Materials**. All combustible decorative and acoustical material to include wall paneling shall be as follows:

1. Materials on wall and ceiling in corridors and rooms occupied by four or more persons shall carry a flame spread rating of 25 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

2. Rooms occupied by less than four persons shall have a flame spread rating of 75 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

135.19 **Floors**. All floors in abortion suite and holding areas shall be smooth resilient tile and be free from cracks and finished so that they can be easily cleaned. All other floors shall be covered with hard tile resilient tile or carpet or the equivalent. Carpeting is prohibited as floor covering in abortion and holding areas.

135.20 **Carpet**. Carpet assemblies (carpet and/or carpet and pad) shall carry a flame spread rating of 75 or less and smoke density rating of 450 or less in accordance with ASTM E-84, or shall conform with paragraph 6-5, N.F.P.A. 101, Life Safety Code, 1981.

135.21 **Curtains**. All draperies and cubicle curtains shall be rendered and maintained flame retardant.

135.22 **Facilities for Individuals with Disabilities**. The facility shall be accessible to individuals with disabilities and shall comply with A.N.S.I. 117.1, "Making Buildings and Facilities Accessible and Usable by Individuals with Disabilities".

135.23 **Smoke Free Environment**. NO SMOKING of tobacco products will be allowed within the abortion facility.

135.24 **Ceiling**. The minimum ceiling height shall be 7 feet 8 inches.

135.25 **Facilities for Individuals with Disabilities**. The facility shall comply with the Americans with Disabilities Act Accessibility Guidelines.

135.26 **Wheelchair Storage**. The facility shall provide space for the storage of wheelchairs and such storage space shall be out of the direct line of traffic.

135.27 **Disaster Preparedness Plan**

The facility shall maintain a written disaster preparedness plan that includes procedures to be followed in the event of fire, train derailment, explosions, severe weather, and other possible disasters as appropriate for the specific geographic location. The plan shall include:

1. Written evidence that the plan has been reviewed and coordinated with the licensing agency's local emergency response coordinator and the local emergency manager;

2. Description of the facility's chain of command during emergency management, including 24-hour contact information and the facility's primary mode of emergency communication system;

3. Written and signed agreements that describe how essential goods and services, such as water, electricity, fuel for generators, laundry, medications, medical equipment, and supplies, will be provided;

4. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and

5. Description of recovery, i.e., return of operations following an emergency.

The disaster preparedness plan shall be reviewed with new employees during orientation and at least annually.

Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.

PART V LEVEL II ABORTION FACILITY LICENSING AGENCY

136 **CONDITIONS**.

136.01 **Condition**s which have not been covered in the standards shall be enforced in accordance with the best practices as interpreted by the licensing agency. The licensing agency reserves the right to:

1. Review the payroll records of each abortion facility for the purpose of verifying staffing patterns.

2. Grant variances as it deems necessary for facilities existing prior to July 1, 1997.

3. Information obtained by the licensing agency through filed reports, inspection or as otherwise authorized, shall not be disclosed publicly in such a manner as to identify individuals or institutions, except in proceedings involving the questions of licensure. In proceedings involving questions of licensure, confidentiality of patient identifying information shall be maintained through redaction of any identifying information from records and the use of AJohn Doe@ or AJane Doe, @ etc., in the proceeding, the use of protective orders or placing appropriate parts of the file or any transcript of the proceeding under seal, or all of the above as may be appropriate, unless a written consent in waiver of confidentiality is executed.

4. The licensing agency shall reserve the right to review any and all records and reports of any abortion facility, as deemed necessary to determine compliance with these minimum standards of operation.

CERTIFICATION OF REGULATION

This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the Mississippi State Board of Health on August 8, 2007 to become effective September 7, 2007 .

F.E. "Ed" Thompson, MD, MPH
Secretary and Executive Officer