

THE REGISTRATION OF NURSING HOMES LAW.

(CAP. 148.)

NURSING HOMES REGULATIONS.

33 Gaz. 750

1. These regulations may be cited as the Nursing Homes Regulations.

2. Every person applying for registration under section 3 (1) of the Registration of Nursing Homes Law shall transmit to the Director of Medical and Health Services a duly completed application in the form shown in the Appendix A hereto, copies of which may be obtained on application. Any change in any of the particulars furnished in such Appendix on original registration shall be reported without delay.

Cap. 148.

Appendix A.

3. Every person in charge of a nursing or maternity home shall keep in proper order and up-to-date a register of patients showing in respect of each the name, age, sex, home address, disease, or condition from which suffering or for which admitted, name of medical practitioner, if any, attending, date and nature of operation, if any, name of operating surgeon and assistants, if any, result, and date of discharge or death—in case of death, the certified cause of death and by whom certified, and in maternity cases the following additional particulars:—

(a) date of confinement, medical practitioner or person present and in charge of case during confinement, sex of infant, whether full time or premature (if premature how many weeks before term) whether born alive or dead; if child born alive, condition of child on removal from home and date of removal; if child died in home, date and cause of death; in case of death of mother and survival of child, name and address of person removing child and such person's relationship, if any, to mother;

(b) full name of father and mother and in the case of an illegitimate child the name of mother alone; date and hour of birth; weight at birth; whether first, second, etc., child of mother; if child removed from home—weight on removal; destination of child; if child died in home, place of burial.

4. Every person in charge of a nursing or maternity home shall furnish to the Director of Medical and Health Services not later than the last day of January in each year a report and returns in the form shown in Appendix B hereto (copies of which may be obtained on application) regarding the working of the home during the preceding year, and shall also at any time, when so required by the Director of Medical and Health Services, furnish him without delay with information or particulars regarding the home or the patients treated or staff employed therein.

Appendix B.

5. The certificate of registration to be issued under section 3 (2) of the Registration of Nursing Homes Law shall be in the form shown in Appendix C hereto.

Cap. 148.

Appendix C.

APPENDIX A.

(Regulation 2).

APPLICATION FOR REGISTRATION OF NURSING OR MATERNITY HOME.

(Under section 3 of the Registration of Nursing Homes Law, Cap. 148).

To the Director of Medical and Health Services, Nicosia.

1. Name of home (if any).....
2. Date when established or opened.....
3. Classes of patient admitted (*maternity, surgical, medical, general, tubercular, etc.*).....
4. Situation of premises (*state town or locality and name and number of street, if any*).....

5. Tenure on which premises held by proprietor
6. Registered owner of the property
7. Proprietor of home, and all persons financially interested therein ;
if a partnership, give list of partners.....
(Names and addresses to be given throughout).
8. General nature and construction of buildings.....
9. Water supply.....
10. Whether provided with water-closets and sewerage ; if not, state
nature of sanitary conveniences and system of disposal of night-soil
and slop-water.....
11. Number and particulars of wards or rooms used for patients :

No.	Length	Breadth	Height	No. of windows	No. of beds	Remarks

12. Particulars of mortuary accommodation and size of mortuary room
13. Number and size of sleeping and other rooms used for staff, including
person in charge (*state number sleeping in each room*).....
14. Number of persons (*if any*) other than patients and staff residing or
accommodated on the premises :

Adult males	Adult females	Children	Total

15. Person in charge (*qualifications or nursing experience*) :

Name	Age	Sex

16. Medical staff.....
(*State names of medical practitioners and general arrangement for
medical attendance on patients*).
17. Other staff (*exclusive of person in charge*) :—
(a) Trained nurses(*state names
and qualifications*).
- (b) Pupil nurses or pupil midwives : No.....
- (c) Probationer nurses : No.....
- (d) Other Staff : Males..... Females..... Total.....
18. Arrangements (*if any*) for training and instruction of pupil nurses,
pupil midwives, or probationer nurses.....

I certify that to the best of my knowledge and belief the foregoing particulars are true and correct and I request that the aforesaid home be registered under the provisions of section 3 of the Registration of Nursing Homes Law, Cap. 148, and the regulations thereunder.

Cap. 148

(Signed).....

Place.....

Person in charge of home.

Date

APPENDIX B.

(Regulation 4).

REPORT AND RETURNS IN RESPECT OF THE.....
HOME SITUATED AT..... DURING THE
YEAR.....

To the Director of Medical and Health Services, Nicosia.

Number.	Remarks.
1	...
2	...
3	...
4	...
5	...
6	...
7	...
8	...
9	...
10	...
11	...
12	...
13	...
14	...
15	...
16	...
17	...
18	...
19	...
20	...
21	...
22	...
23	...
24	...
25	...
26	...
27	...
28	...
29	...
30	...
31	...
32	...
33	...
34	...
35	...
36	...
37	...
38	...
39	...
40	...
41	...
42	...
43	...
44	...
45	...
46	...
47	...
48	...
49	...
50	...
51	...
52	...
53	...
54	...
55	...
56	...
57	...
58	...
59	...
60	...
61	...
62	...
63	...
64	...
65	...
66	...
67	...
68	...
69	...
70	...
71	...
72	...
73	...
74	...
75	...
76	...
77	...
78	...
79	...
80	...
81	...
82	...
83	...
84	...
85	...
86	...
87	...
88	...
89	...
90	...
91	...
92	...
93	...
94	...
95	...
96	...
97	...
98	...
99	...
100	...

Admitted during year

Discharged during year

Died during year *
--------------------	----	----	----	----

Remaining in home at end of year	100	100
--	-----	-----

Operated on in home during year	Major		Minor	
	Yes	No	Yes	No
1. Spinal cord	1	1	1	1
2. Hip	1	1	1	1
3. Knee	1	1	1	1
4. Shoulder	1	1	1	1
5. Ankle	1	1	1	1
6. Wrist	1	1	1	1
7. Elbow	1	1	1	1
8. Neck	1	1	1	1
9. Jaw	1	1	1	1
10. Other	1	1	1	1

Confinements in home during year	100
--	-----

Still-births in home during year

Miscarriages and abortions during year . .

Deaths of infants during year
-------------------------------	----	----

Patients nursed outside home during year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100																																																							
Patients nursed outside home during year	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690	695	700	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850	855	860	865	870	875	880	885	890	895	900	905	910	915	920	925	930	935	940	945	950	955	960	965	970	975	980	985	990	995	1000

Confinements attended outside home during
year

Staff employed at end of year:

Person in charge (state name).

Medical officers (state names).

Trained nurses or midwives.....(*state names*).

Pupil nurses or probationers.....(*state numbers*).

Additions to or alterations of the buildings or premises or changes in manner of use thereof during the year.....

Remarks

(Signed).....

Place..... *Person in charge of home.*

Date

LIST OF DEATHS OF PATIENTS IN THE.....HOME DURING THE YEAR
ENDED 31ST DECEMBER, 19.....

[illegible]

Place..... (Signed).....

Date..... *Person in charge of home.*

* Particulars of death in home to be given on back of this form.

APPENDIX C.

(Regulation 5).

CERTIFICATE OF REGISTRATION OF A NURSING OR
MATERNITY HOME.

This is to certify that the premises situated at..... in charge of..... are registered as a Nursing and Maternity Home under section 3 of the Registration of Nursing Homes Law, Cap. 148.

Date.....

(Signed).....

Director of Medical and Health Services.