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DEPARTMENT OF HEALTH
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4640.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of this chapter, the terms used in subparts 2 to 11 have the meanings given them in this part.

Subp. 2. [Repealed by amendment, L 1977 c 305 s 39]

Subp. 3. **Chronic disease hospital.** A "chronic disease hospital" is a hospital, the primary purpose of which is to provide the services and facilities for the diagnosis, treatment, and rehabilitation of patients with chronic illness. "Chronic disease" refers to illness or disability which is either permanent or recurrent, which may require long periods of medical supervision or care as well as special rehabilitative services, as distinguished from acute illness which is usually of short duration and self-limiting in nature. Nursing homes and boarding care homes as classified and defined in parts 4655.0090 to 4655.1060, and hospitals devoted exclusively to the care of patients with mental illness are not "chronic disease hospitals."

Subp. 4. **General hospital.** A "general hospital" is a hospital providing community service for inpatient medical and surgical care of acute illness or injury and for obstetrics.

Subp. 5. **Hospital.** A "hospital" is an institution adequately and properly staffed and equipped; providing services, facilities, and beds for the reception and care for a continuous period longer than 12 hours for one or more nonrelated persons requiring diagnosis, treatment, or care for illness, injury, or pregnancy; and regularly making available clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care or other definitive medical treatment of similar extent. Definitive medical treatment may include psychiatric care, physical medicine and rehabilitation, X-ray therapy, and similar specialized treatment. The following are not hospitals within the meaning of these rules: diagnostic or treatment centers, physicians' offices or clinics, and facilities for the foster care of children licensed by the commissioner of human services.

Subp. 6. **Licensee.** The "licensee" is the person or governing body to whom the license is issued. The licensee is responsible for compliance with all applicable rules and standards of the commissioner of health.

Subp. 7. **Maternity hospital.** A "maternity hospital" is a hospital, the primary purpose of which is to provide services and facilities for obstetrical care.

Subp. 8. **Mental hospital.** A "hospital for persons with mental illnesses" is a hospital for the diagnosis, treatment, and custodial care of persons with a mental illness.

Subp. 9. **Psychiatric hospital.** A "psychiatric hospital" is a type of hospital for persons with a mental illness where patients receive diagnosis and intensive treatment and where usually only a minimum of continuous long-term treatment facilities are afforded.

Subp. 10. **Specialized hospital.** A "specialized hospital" is a hospital providing primarily for one type of care, such as a hospital for persons with a mental illness, a psychiatric hospital, a chronic disease hospital, or a maternity hospital. The specialized hospital shall meet the applicable regulations for a general hospital of corresponding size and all regulations pertaining to such specialized services as are provided by the hospital.

Subp. 11. **Specialized unit.** When a general hospital provides ten or more beds in a segregated unit for a specialized type of care, such as psychiatric, chronic disease, or nursing home, such a unit is a "specialized unit" of the general hospital. The services provided in a nursing home unit are not hospital services. For licensing purposes, one license shall be issued to a general hospital having one or more specialized units, when such units are adjacent to or located on property adjoining that of the general hospital. Separate licenses shall be required for institutions which are maintained on separate premises even though they are under the same management. The total bed capacity, including bassinets, shall be used in determining the license fee.

Subp. 12. [Repealed, 44 SR 371]

Statutory Authority: *MS s 14.05; 14.3895; 144.55; 144.56*

History: *L 1977 c 305 s 39; L 1984 c 654 art 5 s 58; L 2013 c 59 art 3 s 21; 44 SR 371*

Published Electronically: *September 16, 2019*

4640.0200 LICENSING.

Subpart 1. **License fees.** Each application for either an initial or renewal license to operate a hospital or a related institution within the meaning of Minnesota Statutes, sections 144.50 to 144.56 and these rules, shall be accompanied by a fee based upon the formula established in part 4735.0200. A bed must be licensed if it is available for use by patients. If the number of licensed beds in a nonaccredited hospital is increased during the term of the license, \$25 for each additional bed shall be paid. There shall be no refund for a decrease in licensed beds.

Subp. 2. **License expiration date.** Initial and renewal licenses issued pursuant to Minnesota Statutes, sections 144.50 to 144.56 and these rules, shall be issued for the calendar year for which application is made and shall expire on December 31 of such year. License renewals shall be applied

for on an annual basis. Applications for license renewal shall be submitted no later than December 31 of the year preceding the year for which application is made. Any application for an initial license submitted after November 1 shall be considered as an application for the following year; provided, however, that a license may be issued and be effective prior to January 1 of the year for which application is made without payment of fees for two years.

Subp. 3. **License to be posted.** The license shall be posted conspicuously in the hospital.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.0300 COMPLIANCE.

All hospitals licensed as of the effective date of these rules shall comply with the requirements contained in parts 4640.0100 to 4640.6400.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.0400 HOSPITAL PLANNING.

When any individual or group in a given locality believes a need exists for a hospital and would like to investigate the need for and the possibilities of such a hospital, the commissioner of health shall be so notified in writing. The commissioner of health shall thereupon make available to such body all of the latest information relative to hospital needs in that hospital area. Nothing in these rules shall prohibit the development of a hospital in any location, provided such hospital meets the standards of construction, equipment, licensing, maintenance, and operation as prescribed in these rules.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *November 12, 1997*

4640.0500 CROWDED CONDITIONS IN EXISTING HOSPITALS.

When the occupancy rates of a hospital are determined by the commissioner of health to be so excessively high as to thereby create serious overcrowding and interference with the provision of proper care for patients, the commissioner of health shall so inform the governing body which shall thereupon make provisions for expansion of the bed capacity and needed services or make other arrangements to alleviate such conditions.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *November 12, 1997*

4640.0600 CONVERSION.

On and after the effective date of these rules, any building or structure not then operating as a hospital but which is to be converted for use as a hospital shall be of fire-resistive construction and upon completion shall conform with parts 4645.0200 to 4645.5200 of these hospital rules entitled regulations for hospital construction and equipment. The commissioner of health shall be advised immediately in writing when the acquisition or purchase of a building or structure is contemplated for use as a hospital.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *November 12, 1997*

ADMINISTRATION, MEDICAL STAFF, PERSONNEL**4640.0700 ADMINISTRATION.**

Subpart 1. **Standards.** It is recommended that the standards of the Joint Commission on Accreditation of Hospitals, 875 North Michigan, Chicago, Illinois 60611, be adopted.

Subp. 2. **Governing body.** The governing body or the person or persons designated as the governing authority in each institution shall be responsible for its management, control, and operation. It shall appoint a hospital administrator and the medical staff. It shall formulate the administrative policies for the hospital. The governing body should not employ an administrator until it is determined that the administrator qualifies for registration as a hospital administrator in Minnesota. It is recommended that the governing body officially appoint one or more assistants to the administrator who shall act in the administrator's absence.

Subp. 3. **Change in administrators.** Notification of the termination of service of the administrator as well as of the appointment of a new administrator shall be given promptly in writing by the governing body of the hospital to the commissioner of health. If a registered administrator is not available to assume the position immediately, such notification to the commissioner of health should include the name of the person temporarily in charge of the hospital. This temporary period should not exceed 90 days.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39; L 1980 c 567 s 2; 17 SR 1279*

Published Electronically: *November 12, 1997*

4640.0800 THE MEDICAL STAFF.

Subpart 1. **Responsibility.** The medical staff shall be responsible to the governing body of the hospital for the clinical and scientific work of the hospital. It shall be called upon to advise regarding professional problems and policies.

Subp. 2. **Organization and duties.** In any hospital used by two or more practitioners, the medical staff shall be an organized group which shall formulate and, with the approval of the

governing body, adopt bylaws, rules, regulations, and policies for the proper conduct of its work. The medical staff shall: designate one of its members as chief of staff; hold regular meetings for which minutes and records of attendance shall be kept; and review and analyze at regular intervals the clinical experience in the hospital.

Subp. 3. **Professional care.** All persons admitted to the hospital shall be under the professional care of a member of the medical staff.

Subp. 4. [Repealed, L 2012 c 247 art 4 s 51]

Subp. 5. **Emergency calls.** Provision shall be made for one or more members of the medical staff to be available at all times for emergency calls.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 2012 c 247 art 4 s 51*

Published Electronically: *July 11, 2012*

4640.0900 PERSONNEL.

Subpart 1. **Policies and procedures.** Written policies, procedures, rules, and regulations shall be established for the administrative and technical guidance of the personnel of the entire hospital. Employees shall be instructed in the requirements, policies, and procedures pertaining to their respective duties.

Subp. 2. **Number of personnel.** At all times there shall be enough qualified personnel on duty to provide the standard of care and maintenance in the hospital which is necessary for the well-being of the persons received for care. This includes night duty, vacation, and other relief periods. A record shall be kept of the length of service of each employee.

Subp. 3. **Nurses.** A registered nurse shall be responsible for the nursing care of patients and shall assign nursing duties to qualified personnel when he or she is off duty. Additional nursing personnel with training and experience commensurate with the responsibility of the specific assignments shall be employed to assure a high quality of nursing care to all patients both day and night.

It is recommended that nurses in the obstetrical department limit their services to maternity and clean surgical cases.

Subp. 4. **Practical nurses, auxiliary workers, and volunteers.** All practical nurses, auxiliary workers, and volunteers performing nursing service functions shall be under the supervision of a registered nurse. Their duties shall be clearly defined and they shall be instructed in all duties assigned to them.

Subp. 5. **Health of employees.** The governing body of the hospital upon recommendation of its organized medical staff shall provide in its rules and regulations measures to prevent the transmission of communicable diseases. Such regulations shall include provisions for an immunization program; for preemployment physical examinations including tuberculin tests, X-rays of the chest, and other indicated laboratory procedures; and for subsequent chest X-rays and periodic

examinations of all hospital employees. Such regulations shall also include the procedures to be followed in the case of illness or absenteeism of any employee or in the case of the exposure of any employee to a communicable disease. All employees shall report any illness or exposure to communicable disease to the administrator and to a designated member of the medical staff.

Routine admission chest X-ray examination of patients is recommended.

Statutory Authority: *MS s 144.55; 144.56*

History: *17 SR 1279*

Published Electronically: *December 8, 2014*

RECORDS AND REPORTS

4640.1000 MEDICAL RECORDS.

Subpart 1. **Personnel.** A trained medical record librarian or other authorized hospital employee shall be given the responsibility for the proper custody, supervision, indexing, and filing of the completed medical records of patients.

Subp. 2. **Facilities and equipment.** Space and equipment shall be provided for the recording and completion of the record by the physician as well as for indexing, filing, and safe storage of medical records.

Subp. 3. **Information to be included.** Accurate and complete medical records shall be maintained on all patients from the time of admission to the time of discharge. The following additional information shall be obtained and recorded for all maternity patients: full and true name of patient and her husband, the place of residence of the patient prior to hospitalization, and place of residence following discharge. To be considered complete, a record should include:

- A. adequate identification data;
- B. admitting diagnosis, to be completed within 24 to 48 hours;
- C. history and physical examination, including history of pregnancy on maternity cases, to be completed within 24 to 48 hours;
- D. progress notes;
- E. signed doctors' orders;
- F. operative notes, where applicable to include course of delivery on maternity cases;
- G. special reports and examinations, including clinical and laboratory findings, X-ray findings, records of consultations, anesthesia reports, etc.;
- H. nurses' notes;
- I. discharge diagnosis; and
- J. autopsy report, where applicable.

Subp. 4. **Records on newborn infants.** A medical record shall be maintained on all newborn infants and shall include a physical examination performed and recorded by the physician and a statement relative to the physical condition of the infant at the time of discharge. When the child leaves the hospital with any person other than a parent, the hospital shall obtain and record the true name of the person or persons with whom the child leaves, and the place of residence where it is planned that the child is to be taken.

Subp. 5. **Completion of the record.** The medical staff shall have a policy requiring that the medical records shall be completed within a reasonable time following the discharge of the patient. The completion of the medical record shall be the responsibility of the attending physician.

Subp. 6. **Surgical cases.** The history and physical examination record shall be completed and signed by the attending staff member prior to the performance of any surgery except in case of emergency when an admission note including significant findings and diagnosis shall be written.

Statutory Authority: *MS s 144.55; 144.56*

History: *17 SR 1279*

Published Electronically: *November 12, 1997*

4640.1100 HOSPITAL RECORDS.

The following hospital records shall be maintained in a form and manner acceptable to the commissioner of health:

A. record of admissions and discharges, total patient days, average length of stay, and number of autopsies performed. Separate data shall be maintained for: adults and children excluding newborns, and newborn infants excluding stillbirths;

B. register of births;

C. register of deaths;

D. register of operations; and

E. register of outpatients.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *October 3, 2013*

4640.1200 NARCOTIC RECORD.

A record shall be maintained for all narcotics administered. This record shall contain the date, hour, name of patient, name of physician, kind of narcotic, dose, and name of person by whom administered. A federal permit is necessary for the purchase of narcotics for stock use. Application for this permit must be approved by the commissioner of health. This approval is based on the proper storage of narcotics and the maintenance of a record book of narcotics.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *November 12, 1997*

4640.1300 REPORTS.

Subpart 1. **Annual report to commissioner of health.** On or before January 31 of each year, there shall be filed with the commissioner of health, on a form provided by the commissioner of health, the annual hospital statistical report covering patient service data.

Subp. 2. **Hospital reports.** On or before the tenth of each month, the hospital administrator shall file with the commissioner of health, on a blank provided by or approved by the commissioner of health for the purpose, a report of all births and deaths or stillbirths occurring in such institution during the previous month. Subpart 2 is taken from part 4600.1200 relating to hospital reporting of vital records. It is here made of special application to hospital administrators. Part 4615.0800 should also be noted. It reads as follows: Any death associated with pregnancy, including abortion and extrauterine pregnancy, or the puerperium for a period of three months postpartum, whether or not it is the actual cause of death, shall be reported by mail within three days after death to the Minnesota Department of Health, Section of Maternal and Child Health, by the attending physician and by the hospital where the death occurred.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39; L 2015 c 21 art 1 s 109*

Published Electronically: *September 30, 2015*

4640.1400 CHILD WELFARE REPORTS.

Subpart 1. **Illegitimate birth reports.** Every illegitimate birth shall be reported to the commissioner of human services, on a form furnished by the commissioner, within 24 hours after the birth of the child.

Subp. 2. **Information confidential.** No member of the hospital staff, or employee of the hospital, shall give information regarding a maternity patient or her child where there is any question relative to the legitimacy of such birth except to a duly authorized representative of the commissioner of health or to the commissioner of human services or the duly authorized representatives.

Subp. 3. **Boarding infants in hospital.** No infant shall be retained in the hospital for care for more than 29 days following discharge of the mother except for prematurity, illness, or other physical reason which requires specialized hospital care.

Subp. 4. **Placement of children.** No member of the hospital staff or employee of the hospital shall place or participate in the placement of any child born in the hospital with any person other than a birth parent or member of the immediate family except in cooperation with an authorized child-placing agency.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39; L 1984 c 654 art 5 s 58; L 1987 c 403 art 3 s 96; 17 SR 1279; L 1994 c 465 art 1 s 62; L 1994 c 631 s 31*

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LABORATORY AND X-RAY SERVICES

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4640.1600 [Repealed, L 2023 c 70 art 3 s 83]

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ACCOMMODATIONS, FURNISHINGS, AND EQUIPMENT FOR CARE

4640.1700 [Repealed, L 2023 c 70 art 3 s 83]

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4640.2600 [Repealed, L 2023 c 70 art 3 s 83]

Published Electronically: *November 30, 2023*

4640.2700 NURSERY DEPARTMENT.

Subpart 1. **Newborn nursery.** Each hospital with a maternity service shall provide at least one newborn nursery for the exclusive use of well infants delivered within the institution. The

number of bassinets provided shall be at least equal to the number of maternity beds. Each nursery shall be provided with a lavatory with gooseneck spout and other than hand-operated faucets.

It is recommended that each newborn nursery be limited to 12 bassinets. An exit door from the nursery into the corridor is recommended for emergency use.

Subp. 2. **Nursery space of new hospitals.** In hospitals constructed after the effective date of these rules, the total nursery space, exclusive of the workroom, shall provide a floor area of at least 24 square feet for each bassinet, with a distance of at least two feet between each bassinet and an aisle space of at least three feet.

Subp. 3. **Nursery space of existing hospitals.** Hospitals operating as of the effective date of these rules shall comply with subpart 2, to the extent possible, but no hospital shall have a nursery area which provides less than 18 inches between each bassinet and an aisle space of at least three feet, exclusive of the workroom or work area.

Subp. 4. **Bassinet.** Each bassinet shall be mounted on a single stand and be removable to facilitate cleaning.

Subp. 5. **Observation window.** An observation window shall be installed between the corridor and nursery for the viewing of infants.

Subp. 6. **Incubators.** Each nursery department shall have one or more incubators whereby temperature, humidity, and oxygen can be controlled and measured.

Subp. 7. **Premature nursery.** A separate premature nursery and workroom are recommended for hospitals with 25 or more maternity beds on the basis of 30 square feet per incubator and a maximum of six incubators per nursery.

It is recommended that the oxygen concentration be checked by measurement with an oxygen analyzer at least every eight hours or that an incubator-attached, minus 40 percent oxygen concentration limiting device be used.

Subp. 8. **Examination and workroom.** An adjoining examination and workroom shall be provided for each nursery or between each two nurseries. The workroom shall be of adequate size to provide facilities necessary to prepare personnel for work in the nursery, for the examination and treatment of infants by physicians, for charting, for storage of nursery linen, for disposal of soiled linen, for storage and dispensing of feedings, and for initial rinsing of bottles and nipples. Each workroom shall be provided with a scrub-up sink having foot, knee, or elbow action controls; counter with counter sink having a gooseneck spout and other than hand-operated controls.

Hospitals operating as of the effective date of these rules shall comply with regulation subpart 2, to the extent possible, but if a separate examination and workroom is not provided, there shall be a segregated examination and work area in the nursery. The work area shall be of adequate size and provide the facilities and equipment necessary to prepare personnel for work in the nursery, for the examination and treatment of infants by physicians, for storage of nursery linen, and for the dispensing of feedings.

Subp. 9. **Formula preparation.** Space and equipment for cleanup, preparation, and refrigeration to be used exclusively for infant formulas shall be provided apart from care areas and apart from other food service areas. A registered nurse or a dietitian shall be responsible for the formula preparation. A separate formula room is recommended; terminal sterilization is recommended.

Subp. 10. **Suspect nursery or room.** There shall be a room available for the care of newborn infants suspected of having a communicable disease and for newborn infants admitted from the outside. Where a suspect nursery is available, it shall provide 40 square feet per bassinet with a maximum of six bassinets and have a separate workroom. Isolation technique shall be used in the suspect nursery.

Subp. 11. **Isolation.** Infants found to have an infectious condition shall be transferred promptly to an isolation area elsewhere in the hospital.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

FOOD SERVICE AND FOOD SANITATION

4640.2800 PREPARATION AND SERVING OF FOOD.

Subpart 1. **Supervision.** The dietary department shall be under the supervision of a trained dietitian or other person experienced in the handling, preparation, and serving of foods; in the preparation of special diets; and in the supervision and management of food service personnel. This person shall be responsible for compliance with safe practices in food service and sanitation.

Subp. 2. **Kitchen.** There shall be sufficient space and equipment for the proper preparation and serving of food for both patients and personnel. The kitchen shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils. A dining room or rooms shall be provided for personnel.

It is recommended that a separate dishwashing area or room be provided.

Subp. 3. **Food.** Food for patients and employees shall be nutritious, free from contamination, properly prepared, palatable, and easily digestible. A file of the menus served shall be maintained for at least 30 days.

Subp. 4. **The serving and storage of food.** All foods shall be stored and served so as to be protected from dust, flies, rodents, vermin, unnecessary handling, overhead leakage, and other means of contamination. All readily perishable food shall be stored in clean refrigerators at temperatures of 50 degrees Fahrenheit or lower. Each refrigerator shall be equipped with a thermometer.

Subp. 5. **Milk and ice.** All fluid milk shall be procured from suppliers licensed by the commissioner of agriculture or pasteurized in accordance with the requirements prescribed by the commissioner of agriculture. The milk shall be dispensed directly from the container in which it was packaged at the pasteurization plant. Ice used in contact with food or drink shall be obtained

from a source acceptable to the commissioner of health, and handled and dispensed in a sanitary manner.

Subp. 6. **Hand-washing facilities.** Hand-washing facilities with hot and cold running water, soap, and individual towels shall be accessible for the use of all food handlers and so located in the kitchen to permit direct observation by the supervisor. No employee shall resume work after using the toilet room without first washing his or her hands.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39; 17 SR 1279*

Published Electronically: *November 12, 1997*

4640.2900 DISHWASHING FACILITIES AND METHODS.

Subpart 1. **Methods.** Either of the following methods may be employed in dishwashing.

Subp. 2. **Manual.** A three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load for a period sufficient to permit complete air drying. Water-heating equipment capable of maintaining the temperature of the water in the disinfection compartment at 170 degrees Fahrenheit shall be provided. Drain boards shall be part of the three-compartment sink and adequate space shall be available for drainage. The dishes shall be washed in the first compartment of the sink with warm water containing a suitable detergent; rinsed in clear water in the second compartment; and disinfected by complete immersion in the third compartment for at least two minutes in water at a temperature not lower than 170 degrees Fahrenheit. Temperature readings shall be determined by a thermometer. Dishes and utensils shall be air-dried.

Subp. 3. **Mechanical.** Water pressure in the lines supplying the wash and rinse section of the dishwashing machine shall not be less than 15 pounds per square inch nor more than 30 pounds per square inch. The rinse water shall be at a temperature not lower than 180 degrees Fahrenheit at the machine. The machines shall be equipped with thermometers which will indicate accurately the temperature of the wash water and rinse water. Dishes and utensils shall be air-dried. New dishwashing machines shall conform to sections 1, 2, 3, 4, and 6 on pages 7-28 inclusive, of Standard No. 3 issued in May 1953, entitled Spray-Type Dishwashing Machines by the National Sanitation Foundation, Ann Arbor, Michigan, which sections of such standard are hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *November 12, 1997*

4640.3000 VENTILATION.

All rooms in which food is stored, prepared, or served or in which utensils are washed shall be well ventilated. The cooking area shall be ventilated to control temperatures, smoke, and odors.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.3100 GARBAGE DISPOSAL.

Garbage shall be disposed of in a manner acceptable to the commissioner of health. When stored, it shall be retained in watertight metal cans equipped with tightly fitting metal covers. All containers for the collection of garbage and refuse shall be kept in a sanitary condition.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *November 12, 1997*

4640.3200 TOILET AND LAVATORY FACILITIES.

Conveniently located toilet and lavatory facilities shall be provided for employees engaged in food handling. Toilet rooms shall not open directly into any room in which food is prepared or utensils are handled or stored.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

PHYSICAL PLANT**4640.3300 WATER FACILITIES.**

Subpart 1. **Water supply.** The water supply shall be of safe sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which are acceptable to the commissioner of health. Hot water of a temperature required for its specific use shall be available as needed. For the protection of patients and personnel, thermostatically controlled valves shall be installed where indicated.

Subp. 2. **Sewage disposal.** Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system which is acceptable to the commissioner of health.

Subp. 3. **Plumbing.** The plumbing and drainage, or other arrangements for the disposal of excreta and wastes, shall be in accordance with the rules of the commissioner of health and with the provisions of the Minnesota Plumbing Code, chapter 4714.

Subp. 4. **Toilets.** Toilets shall be conveniently located and provided in number ample for use according to the number of patients and personnel of both sexes. The minimum requirement is one

toilet for each eight patients or fraction thereof. It is recommended that separate toilet and bathing facilities be provided for maternity patients.

Subp. 5. **Hand-washing facilities.** Hand-washing facilities of the proper type in each instance shall be readily available for physicians, nurses, and other personnel. Lavatories shall be provided in the ratio of at least one lavatory for each eight patients or fraction thereof. Lavatories shall be readily accessible to all toilets. Individual towels and soap shall be available at all times. The use of the common towel is prohibited. It is recommended that each patient's room be equipped with a lavatory.

Subp. 6. **Bathing facilities.** A bathtub or shower shall be provided in the ratio of at least one tub or shower for each 30 patients or fraction thereof. It is recommended that separate toilet and bathing facilities be provided for maternity patients.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39; 40 SR 71*

Published Electronically: *April 1, 2016*

4640.3400 SCREENS.

Outside openings including doors and windows shall be properly screened or otherwise protected to prevent the entrance of flies, mosquitoes, and other insects.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.3500 PHYSICAL PLANT.

Subpart 1. **Safety.** The hospital structure and its equipment shall be kept in good repair and operated at all times with regard for the health, treatment, comfort, safety, and well-being of the patients and personnel. All dangerous areas and equipment shall be provided with proper guards and appropriate devices to prevent accidents. Elevators, dumbwaiters, and machinery shall be so constructed and maintained as to comply with the rules of the Division of Accident Prevention, Minnesota Department of Labor and Industry. All electrical wiring, appliances, fixtures, and equipment shall be installed to comply with the requirements of the Board of Electricity.

Subp. 2. **Fire protection.** Fire protection for the hospital shall be provided in accordance with the requirements of the state fire marshal. Approval by the state fire marshal of the fire protection of a hospital shall be a prerequisite for licensure.

Subp. 3. **Heating.** The heating system shall be capable of maintaining temperatures adequate for the comfort and protection of all patients at all times.

Subp. 4. **Incinerator.** An incinerator shall be provided for the safe disposal of infected dressings, surgical and obstetrical wastes, and other similar materials.

Subp. 5. **Laundry.** The hospital shall make provision for the proper laundering of linen and washable goods. Where linen is sent to an outside laundry, the hospital shall take reasonable precautions to see that contaminated linen is properly handled.

Subp. 6. **General illumination.** All areas shall be adequately lighted.

Subp. 7. **Lighting in hazardous areas.** All lighting and electrical fixtures including emergency lighting in operating rooms, delivery rooms, and spaces where explosive gases are used or stored shall comply with Part II of Standard No. 56, issued in May 1954, entitled Recommended Safe Practice for Hospital Operating Rooms, by the National Fire Protection Association, 60 Batterymarch Street, Boston, Massachusetts, which part of said standard is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

Subp. 8. **Emergency lighting.** Safe emergency lighting equipment shall be provided and distributed so as to be readily available to personnel on duty in the event of a power failure. There shall be at least a battery operated lamp with vaporproof switch, in readiness at all times for use in the delivery and operating rooms.

It is recommended that an independent source of power be available for emergency lighting of surgical and obstetrical suites, exits, stairways, and corridors.

Subp. 9. **Stairways and ramps.** All stairways and ramps shall be provided with handrails on both sides and with nonskid treads.

Subp. 10. **General storage.** Space shall be provided for the storage of supplies and equipment. Corridors shall not be used as storage areas.

Subp. 11. **Telephones.** Adequate telephone service shall be provided in order to assure efficient service and operation of the institution and to summon help promptly in case of emergency.

Subp. 12. **Ventilation.** Kitchens, laundries, toilet rooms, and utility rooms shall be ventilated by windows or mechanical means to control temperatures and offensive odors. If ventilation is used in operating rooms, delivery rooms, or other anesthetizing areas, the system shall conform to the requirements of part 4645.3200.

Subp. 13. **Walls, floors, and ceilings.** Walls, floors, and ceilings shall be kept clean and in good repair at all times. They shall be of a type to permit good maintenance including frequent washings, cleaning, or painting.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1977 c 305 s 39*

Published Electronically: *November 12, 1997*

MENTAL AND PSYCHIATRIC HOSPITALS

4640.3600 STAFF.

Subpart 1. **Medical director or chief of staff.** There shall be a medical director or chief of staff who shall be a licensed physician with training and experience in psychiatry and who shall assume responsibility for the medical care rendered.

Subp. 2. **Medical and nursing staff.** An adequate medical staff shall be provided to assure optimum care of patients at all times. The director of the nursing service shall be a well-qualified, registered nurse with training and experience in psychiatric nursing. There shall be a sufficient number of nurses, psychiatric aides, and attendants under the director's supervision to assure optimum care of patients at all times.

Subp. 3. **Other staff.** The staff shall include a sufficient number of qualified physical and occupational therapists to provide rehabilitation services for the number of patients accommodated. The hospital shall make provisions in its staff organization for consultations in the specialized fields of medicine.

Statutory Authority: *MS s 144.55; 144.56*

History: *17 SR 1279*

Published Electronically: *November 12, 1997*

4640.3700 DENTAL SERVICE.

Provisions shall be made for dental service either within or outside the institution.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.3800 PROTECTION OF PATIENTS AND PERSONNEL.

Subpart 1. **Security.** Every reasonable precaution shall be taken for the security of patients and personnel. Drugs, narcotics, sharp instruments, and other potentially hazardous articles shall be inaccessible to patients.

Subp. 2. **Segregation of patients.** Patients with tuberculosis or other communicable disease shall be segregated.

Subp. 3. **Seclusion and restraints.** Patients shall not be placed in seclusion or mechanical restraints without the written order of the physician in charge unless, in the judgment of the supervisor in charge of the service, the safety and protection of the patient, hospital employees, or other patients require such immediate seclusion or restraint. Such seclusion or restraint shall not be continued beyond eight hours except by written or telephone order of the attending physician. Emergency orders given by telephone shall be reduced to writing immediately upon receipt and shall be signed by the staff member within 24 hours after the order is given. Such patient shall be under reasonable observation and care of a nurse or attendant at all times.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.3900 FLOOR AREA IN PATIENTS' ROOMS.

The following minimum areas shall be provided:

A. psychiatric units and wards of general hospitals, and those units and wards of public and private mental hospitals where diagnosis and intensive treatment are provided, such as receiving, medical and surgical, tuberculosis, intensive treatment and rehabilitation, and units and wards for the acutely disturbed patient: parts 4640.1700 to 4640.2200 shall apply; and

B. continued treatment areas for long-term patients: in hospitals constructed after the effective date of these rules, the minimum floor area shall be at least 80 square feet in single rooms and 60 square feet in multibed rooms; in dormitory areas, this may include the space devoted to aisles. All main traffic aisles shall be five feet in width except in large dormitories where the aisle serves ten or more patients, it shall be six feet in width.

All hospitals in operation as of the effective date of these rules shall comply with the requirements of this part to the extent possible.

Beds shall be placed at least three feet from adjacent beds except where partitions or other barriers separate beds or where two beds are placed foot-to-foot. Beds shall be so located as to avoid drafts and other discomforts to patients.

Whenever the patient's condition permits, each individual patient's area shall be equipped with a chair and a bedside cabinet. Adequate provision shall be made for the storage of patients' clothes and other personal possessions.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *October 3, 2013*

4640.4000 DINING ROOM.

A minimum of 12 square feet of dining room space shall be provided for each patient. Arrangements may be made for multiple seatings.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.4100 RECREATION AND DAYROOMS.

Space shall be provided for recreation and dayroom areas.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.4200 SPECIALIZED TREATMENT FACILITIES.

Space and equipment for physical, occupational, and recreational therapy shall be provided. Storage space for equipment shall be provided.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.4300 INSTITUTIONS FOR THE MENTALLY DEFICIENT AND EPILEPTIC.

Hospital sections in institutions for persons with developmental disabilities and epilepsy shall comply with the applicable portions of the rules for general hospitals contained herein.

Parts 4640.3900, except for item A, 4640.4000, and 4640.4100 shall apply to the sections of these institutions other than the hospital sections. Hospital rules shall not apply to facilities for foster care licensed by the commissioner of human services nor to institutions that do not have hospital units.

Statutory Authority: *MS s 144.55; 144.56*

History: *L 1984 c 654 art 5 s 58; L 2013 c 59 art 3 s 21*

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4640.4400 [Repealed, 44 SR 371]

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4640.4500 [Repealed, 44 SR 371]

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4640.5900 [Repealed, 44 SR 371]

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4640.6000 [Repealed, 44 SR 371]

Published Electronically: *September 16, 2019*

CHRONIC DISEASE HOSPITALS

4640.6100 STAFF.

Subpart 1. **Licensed physician.** A licensed physician with interest, training, and experience in the medical and physical rehabilitation of the chronically ill shall be responsible for the adequacy of the medical care rendered.

Subp. 2. **Medical and nursing staff.** An adequate medical staff shall be provided to assure optimum care of patients at all times. The director of the nursing service shall be a well-qualified, registered nurse with experience in rehabilitation nursing. There shall be a sufficient number of nurses and attendants under the director's supervision to assure optimum care of patients at all times.

Subp. 3. **Other staff.** The services of at least one qualified physical therapist and one qualified occupational therapist shall be available, preferably on a full-time basis. Additional therapists shall be provided to assure optimum care for the number of patients accommodated. There shall be an adequate number of medical social workers. Educational and vocational educational personnel shall be provided where indicated. The hospital shall make provisions in its staff organization for consultations in the specialized fields of medicine.

Statutory Authority: *MS s 144.55; 144.56*

History: *17 SR 1279*

Published Electronically: *November 12, 1997*

4640.6200 DENTAL SERVICE.

Provision shall be made for dental service either within or outside the institution.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.6300 DIAGNOSTIC AND TREATMENT FACILITIES AND SERVICES.

Laboratory and X-ray facilities and services as well as basal metabolism and electrocardiograph shall be provided unless available in an adjacent general hospital.

Statutory Authority: *MS s 144.55; 144.56*

Published Electronically: *November 12, 1997*

4640.6400 ROOMS IN THE HOSPITAL.

Subpart 1. **Dining room.** Every possible effort shall be made to encourage all patients to eat in a common dining room. A minimum of 15 square feet shall be provided for each ambulatory patient. Arrangements may be made for multiple seatings. Areas in dayrooms and solarium may be utilized for this purpose.

Subp. 2. **Dayroom or solarium.** Every possible effort shall be made to encourage all patients to utilize dayrooms, solarium, recreational and occupational therapy, and similar areas. A minimum of 25 square feet per patient shall be provided.

Subp. 3. **Specialized treatment facilities.** Space and equipment for physical, occupational, and recreational therapy shall be provided. Storage space for equipment shall be provided.

Statutory Authority: *MS s 144.55; 144.56*

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4640.6500 [Repealed, L 1980 c 567 s 2]

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4640.6600 [Repealed, L 1980 c 567 s 2]

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4640.6900 [Repealed, L 1980 c 567 s 2]

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