

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

Place.....

(Signed).....  
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.

	<i>Number.</i>	<i>Remarks.</i>
Admitted during year .. .. .		
Discharged during year .. .. .		
Died during year * .. .. .		
Remaining in home at end of year .. .. .		
Operated on in home during year	{	Major Minor
Confinements in home during year .. .. .		
Still-births in home during year .. .. .		
Miscarriages and abortions during year .. .. .		
Deaths of infants during year .. .. .		
Patients nursed outside home during year .. .. .		
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.....

Name of patient	Age	Sex	Home address	Disease or condition for which admitted	Date of operation or confinement	Operated on or confinement attended by	Date of death	Certified cause of death	Medical Practitioner signing death certificate	Remarks

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.*

