

CHAPTER 270

THE MEDICAL AND HOLBERTON INSTITUTION ACT

THE FIENNES INSTITUTE RULES

Arrangement of Rules

Rule

1. Short title.
2. Master.
3. Inmates.
4. General Rules for the Institute.
5. Miscellaneous Provisions.

S.R.O. 2/1945.
S.R.O. 6/1948.
S.R.O. 8/1953.
S.R.O. 13/1955.
S.R.O. 22/1960.

THE FIENNES INSTITUTE RULES, MADE UNDER SECTION 8 OF THE MEDICAL AND HOLBERTON INSTITUTION ACT.

1. SHORT TITLE. These Rules may be cited as the Fiennes Institute Rules.

2. MASTER. (a) The Master shall have the following powers and duties—

(1) To reside in the Fiennes Institute (in these Rules referred to as the Institute) and not absent himself therefrom, except when authorised or in the performance of his duty.

(2) To assist the Medical Superintendent of the Institution (in these Rules referred to as the Superintendent) in the maintenance of order, discipline, cleanliness and sanitary conditions in the Institute, and be responsible for the prompt and accurate execution of his directions.

(3) To prepare all requisitions for goods and stores and submit them to the Superintendent.

(4) To be responsible for the inspection of all goods and stores received for the Institute and to submit to the Superintendent any such goods or stores so supplied which in the opinion of the Master are incorrect in quantity or quality.

(5) To ensure that every inmate is provided with suitable clothing.

(6) To supervise the cooking, serving, quality, quantity and punctual distribution of all diets in accordance with the authorized dietary scale, and the issue of snuff and tobacco as authorized.

(7) To call the roll of all inmates and satisfy himself of their presence in the Institute, and to ensure that the inmates rise from and retire to their beds at the hours authorized; that is to say at 6 a.m. and 8 p.m. respectively.

(8) To ensure that as far as possible, all inmates are employed in the different services of the Institute, unless otherwise authorized. Such services to include the daily sweeping and cleaning, removal of all garbage and other waste products to suitable places, and such other duties as may from time to time be authorized.

(9) To keep accounts showing quantity and cost of all stores purchased by him for the Institute.

(10) To be responsible for the bringing into account of all provisions, necessities, clothing and materials returned to store.

(11) To ensure that no food shall be sold, given away or exchanged for any other article whatsoever.

(12) To keep and be responsible for his departmental vote book.

(b) The nurses shall have the following duties—

(1) To reside in the Institute and not absent themselves therefrom, except when authorized, or in the performance of their duty.

(2) To assist the Master in the maintenance of order, discipline, cleanliness and sanitary conditions in the Institute and be responsible for the prompt and accurate execution of his directions.

(3) To be responsible to the Master for the care of the clothing, bedding and utensils in the rooms and kitchen.

(4) To be responsible for the cooking, serving, quality, quantity and punctual distribution of the diets as authorized, and the proper return of provisions from unconsumed diets.

3. INMATES. (1) No inmate shall absent himself from the Institute without leave of the Master, and then only for the period granted. Absence without leave is an offence under these rules.

(2) Gambling, the use of alcoholic liquor, smoking inside the buildings and making of fires, except in the kitchens, are forbidden, unless specially authorized.

(3) Disobedience of the above rules or any lawful commands or any other act prejudicial to the good order and discipline of the Institute, are offences under these rules.

(4) The Superintendent, for any offence against these rules may award either (a) a diet of bread and water for not more than three days, or (b) on a third offence, expulsion from the Institute.

4. GENERAL RULES FOR THE INSTITUTE. (1) Any member of the staff of the Institute who shall be guilty of—

(a) accepting any fee, gratuity, or other reward either directly or indirectly from any contractor, or other person dealing with the Institute; or

(b) introducing any fire, matches, tobacco, alcoholic liquors, articles of diet or other unauthorized articles for the use of the inmates, shall be liable to immediate dismissal.

(2) No livestock shall be kept on the premises of the Institute, unless duly authorized.

(3) No member of the staff may resign his appointment without giving notice in writing of his intention so to do to the Superintendent. The length of such notice shall be determined by the length of his periodical payment

of salary or wages (i.e. any officers paid monthly would have to give one month's notice of their intention to terminate their appointment).

(4) Any member of the staff desiring to terminate his appointment without continuing his duties during the full period of notice shall be liable to pay his full salary for the relevant period of such notice in lieu of notice.

(5) Any sums due to the Government in respect of amounts payable by members of the staff in lieu of notice may be recovered summarily as a fine under the provisions of section 22 of the Medical and Holberton Institution Act.

(6) All questions of termination of employment of any member of the staff by the Government shall be governed by Colonial Regulations or any law or other provision substituted for those Regulations.

5. MISCELLANEOUS PROVISIONS. Any person not having official business at the Institute, who, without permission of the Master, enters the premises of the Institute shall be guilty of trespass and upon summary conviction shall be liable to a penalty not exceeding two hundred and fifty dollars.

THE MEDICAL DISTRICTS ORDER

Arrangement of Sections Section

1. Short title.
 2. Medical Districts.
 3. St. John's City District.
 4. Northern District.
 5. St. John's South District.
 6. Windward District.
 7. St. Paul's District.
 8. St. Mary's District.
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S.R.O. 4/1951.

THE MEDICAL DISTRICTS ORDER, 1951, DATED JUNE 21, 1951,
MADE UNDER SECTION 13 OF THE MEDICAL AND
HOLBERTON INSTITUTION ACT.

1. **SHORT TITLE.** This Order may be cited as the Medical Districts Order.

2. **MEDICAL DISTRICTS** The Island of Antigua shall be and is hereby divided into the six following Medical Districts, to be known respectively as District 1 (St. John's City District), District 2 (Northern District), District 3 (St. John's South District), District 4 (Windward District), District 5 (St Paul's District), District 6 (St Mary's District).

3. **ST. JOHN'S CITY DISTRICT.** This District shall be bounded on the north by the drain along the northern side of Dickenson Bay Street from the east end of the Causeway leading to the Citadel and by the extension of this drain in an easterly direction as far as Stapleton Lane; on the east by the eastern side of Stapleton Lane as far as the Parham Road, continuing across the Parham Road to the deep drain east of East Street and along this drain as far as the Country Ponds, and along the eastern side of the road leading to Camacho Avenue as far as South Street; on the south by an imaginary line drawn through the centre of South Street to Market Street and across Market Street to the sea; and on the west by the sea:

Provided that the Citadel and the harbour of St. John's shall be deemed to be included in this District.

4. **NORTHERN DISTRICT.** This district shall comprise all that part of the island lying north and east of St. John's City District and north of the Factory Road as far as North Sound Bridge, the eastern boundary to be along the Eastern side of the public road from North Sound Bridge going north to the point where this road reaches nearest to Fitches Creek Bay:

Provided that accidents and other emergencies occurring along the Factory Road as far as North Sound Bridge shall be deemed to have occurred within this District.

5. ST JOHN'S SOUTH DISTRICT. This District shall be bounded on the north by St. John's City District and the Factory Road as far as North Sound Bridge, on the east by the track leading due south from North Sound Bridge as far as but not including the Lebanon Church and thence westwards along a straight line to the railway crossing on the main road near Herberts and thence to the bridge at Creekside and along the creek to the sea; and on the west by the sea:

Provided that accidents or emergencies occurring along the main Valley Road as far as Creekside bridge and in the creek west of the bridge shall be deemed to have occurred in this District.

6. WINDWARD DISTRICT. This District shall comprise all that part of the island lying East of the Northern and St. John's South Districts and east and north of St. Paul's District as delineated below.

7. ST PAUL'S DISTRICT. This District shall be bounded on the north by the southern boundary of the St. John's South District from the railway crossing near Herberts to and including Lebanon Church and by the extension of this boundary line in an easterly direction as far east as the main road leading from Vernons to All Saints where it meets the road from Freetown and Pares Village at the Diamond Cross Roads then south westwards along this road to the railway crossing near Sandersons, then by a straight line to the junction of the road leading east from All Saints with the road leading north from Bodkins, then along the last mentioned road to Bodkins, then by a straight line from the end of this road to Stand-fast Point; on the south by the sea, and on the west by St. Mary's District:

Provided that accidents and other emergencies occurring along the main road from the Diamond Cross Roads to the railway crossing near Sandersons shall be deemed to have occurred in this District.

8. ST. MARY'S DISTRICT. This District shall be bounded on the north by St. John's South District from the sea at the mouth of the creek to the railway crossing near Herberts; on the east by the western side of the road leading from the last mentioned point southwards as far as the point where this road curves in a south-easterly direction, then by a straight line due south to the pumping station at Body Ponds including the said pumping station, then by a line passing to the west of Sawcolts and John Hughes Villages and the pumping station at Wallings to Wallings reservoir thence to the sea at Doigs.

THE HOLBERTON HOSPITAL RULES

Arrangement of Rules
Rule

1. Short title.
2. Interpretation.

THE MEDICAL SUPERINTENDENT

3. General.

THE SURGEON SPECIALIST OR SURGEON

4. General duties and delegation.

THE HOUSE OFFICERS

5. Duties and responsibilities.

THE HONORARY CONSULTANT

6. Duties and responsibilities.

PHYSICIAN SPECIALIST

7. Duties and responsibilities.

MATRON, ASSISTANT MATRON, SISTERS AND SISTER TUTOR

8. Matron.
9. Assistant Matron.
10. Sister Tutor.
11. Departmental Sisters.
12. Ward Sisters.
13. Nurses Hours of duty.
14. Ward duties.

THE HOUSE STEWARD

15. Duties.

THE SENIOR DISPENSER, THE DISPENSERS, AND THE
STUDENT DISPENSERS

16. General.

THE RADIOGRAPHER AND THE ASSISTANT X-RAY
TECHNICIAN

17. Duties.

THE HOUSEKEEPER

18. Duties and responsibilities.

THE COOKS

19. Hours of duty.

THE LAUNDRY MAIDS

20. Hours of duty.

THE WARDMAIDS

21. Hours of duty.

THE GATEKEEPER

22. Powers and duties.

ORDERLIES

23. Hours of duty.

THE LABOURERS

24. Duties.

THE PATIENTS

25. Accommodation of Patients.

VISITING PATIENTS ETC

26. Visiting Hours.

GENERAL PROVISIONS

27. Prohibited Articles.

28. Giving and taking of presents forbidden.

29. Alteration of rules.

30. Uniforms.

31. Rotation of Medical Officers on Sundays and public holidays.

32. Emergency duties.

33. Private consultant practice not to be carried on at hospital.

THE FINES FUND

34. Hospital Fines Fund.

S.R.O. 28/1965.

THE HOLBERTON HOSPITAL RULES DATED 16TH JUNE 1965,
MADE UNDER THE MEDICAL AND HOLBERTON INSTITU-
TION ACT.

1. SHORT TITLE. These Rules may be cited as the Holberton Hospital Rules.

2. INTERPRETATION. In these Rules unless the context otherwise requires—

“authorised” and “unauthorised” means respectively expressly authorised and not authorised by these Rules, or by the Medical Superintendent;

“Hospital” means the Holberton Hospital;

“Medical Superintendent” means the Medical Superintendent of the Holberton Hospital;

“the Minister” means the Minister responsible for the subject of Health;

“staff” includes every person employed or carrying out duties at the Holberton Hospital except the Medical Superintendent.

THE MEDICAL SUPERINTENDENT

3. GENERAL. (1) He shall have the general supervision of the Hospital and issue such instructions from time to time as may be necessary for its proper administration.

(2) He shall satisfy himself that the sanitary arrangements of the Hospital are satisfactory, that the food is prepared in a proper and palatable manner, and that the provisions and other supplies are good and of wholesome quality.

(3) He shall be generally responsible for the proper care of the buildings and surrounding grounds, and the furniture, instruments and other property of all kinds belonging to the Hospital, and shall keep, or cause to be kept, such books and records as are herein prescribed, or as the Minister may from time to time direct to be kept.

(4) (a) He shall visit the wards daily.

(b) He shall daily see and direct the treatment of all cases under his care and initial the bed card of each such patient.

(c) He shall visit all parts of the Hospital frequently, and shall by personal observation, satisfy himself as to the proper maintenance of order, discipline and cleanliness, and shall regulate all matters affecting its sanitary conditions, reporting when necessary to the Chief Medical Officer.

(5) He shall satisfy himself that the patients receive the diets and treatment ordered for them.

(6) He shall be responsible for the correct keeping of records of all cases of misconduct on the part of the Hospital staff and patients and of all punishments awarded by him.

(7) He may award penalties not exceeding \$5.00 in respect of offences prejudicial to the good order, discipline and efficiency of the Hospital which may be committed by any member of the staff.

(8) He shall submit to the Chief Medical Officer an annual report and return in January in each year on the working of the Hospital up to the 31st December of the previous year, with such information as the Minister may require of him.

(9) He shall cause to be prepared requisitions for medicines, including all drugs, chemicals, instruments, appliances and other miscellaneous goods or stores needed for the Hospital.

(10) He shall be responsible for the accuracy and punctual delivery of all financial returns and accounts and the proper payment of all salaries and wages.

(11) He shall be responsible along with the other medical staff of the Hospital for the selection and control of all cases for admission to and discharge from the Hospital.

(12) On receipt of an application by telephone from any medical practitioner for the admission of an emergency case, he or the senior nursing officer on duty, shall order the ambulance to go at once for the patient, and he or the senior nursing officer on duty shall require of the medical practitioner concerned information by telephone as regards the nature of the complaint of any patient to be admitted as an emergency case and shall require that the medical practitioner concerned shall send the prescribed form of request for admission:

Provided that any emergency case, brought by whatever person or means to the Hospital, shall at the discretion of the medical officer on duty or the senior nursing officer acting on his behalf, be admitted forthwith without any of the above mentioned formalities. If the case is admitted by the senior nursing officer on duty she shall forthwith report the nature of the case to the medical officer on duty.

(13) In non-emergency cases he shall receive from the medical practitioner concerned a written form of request for admission upon which form there shall be stated any special reason, if any, why the patient should be admitted particularly early, the patient's address, and the means by which an urgent message may be delivered without delay to the medical practitioner.

(14) He shall keep available for inspection by all medical practitioners a waiting list of applications made by medical practitioners on behalf of patients who seek admission, the names of such patients being entered thereon with the date of the application.

(15) He shall be responsible for a notice of at least 24 hours being given to any applicant for admission whose name is on the waiting list, with the time when accommodation for him will be available and that such applicant is warned without delay of any variation of such time.

(16) A vacant bed statement shall be made up daily at 9 a.m. which shall include all beds vacant at 9 a.m. and those likely to become vacant during the next 24 hours.

THE SURGEON SPECIALIST OR SURGEON

4. GENERAL DUTIES AND DELEGATION. (1) The Surgeon Specialist or Surgeon shall have professional charge of all surgical, gynaecological and midwifery cases in the Hospital.

(2) He shall reside in quarters allocated to him. Whenever he leaves the Hospital or his residence he shall leave directions as to where he may be found.

(3) He shall have charge of the Operating Theatre, and shall keep or cause to be kept an inventory of all surgical instruments and appliances therein and shall be responsible for the proper keeping of the Register of Operations.

(4) He shall, not later than mid January in each year, submit to the Medical Superintendent an annual report on the working of the department for which he is responsible.

(5) In all matters which are purely professional he shall act in his discretion but he shall always be subject to these Rules. All matters coming under his observation touching his work, and calling for the exercise of executive authority, within the scope of the Medical Superintendent, as hereinbefore set out, shall be referred by him to the Medical Superintendent.

(6) He shall be on night call in turn with the other medical officers.

(7) He shall be allowed consultant practice with the consent of the Government but shall not carry on a private practice as a physician, surgeon or general medical practitioner either gratuitously or for a reward on his own account.

(8) Nothing contained in the foregoing provisions of this rule shall be construed to prevent the appointment from time to time of another medical practitioner to have professional charge of the gynaecological and midwifery cases if that practitioner is qualified to perform such duties.

(9) He shall at all reasonable times either by day or by night if required by a medical officer of the Hospital act as consultant to that medical officer in relation to any patient who has been admitted to the Hospital and for the purpose he shall at the request of any medical officer of the Hospital examine and report on the condition of any patient or take part in professional discussions, conferences, or consultations regarding the appropriate treatment of a patient.

THE HOUSE OFFICERS

5. DUTIES AND RESPONSIBILITIES. The house officers shall have the following duties and responsibilities—

(1) They shall reside in the Hospital compound where so required in quarters provided for the purpose.

(2) They shall perform such duties as shall be assigned to them by the Medical Superintendent.

(3) At least one house officer shall be in charge of the casualty department at all times.

(4) The wards shall be visited by one of the house officers at least twice a day, morning and evening.

(5) A house officer shall not be entitled to carry on private practice as physician, surgeon or general medical practitioner either gratuitously or for a reward on his own account.

THE HONORARY CONSULTANT

6. DUTIES AND RESPONSIBILITIES. The duties and responsibilities of an honorary consultant shall be such as shall be determined by the Medical Superintendent.

PHYSICIAN SPECIALIST

7. DUTIES AND RESPONSIBILITIES. (1) The Physician Specialist shall have such duties and responsibilities as may be determined by the Medical Superintendent from time to time. He shall be allowed consultant practice with the consent of the Government but shall not carry on a private practice as a physician, surgeon or general medical practitioner either gratuitously or for a reward on his own account.

(2) He shall at all reasonable times either by day or by night if required by a medical officer of the Hospital act as consultant to that medical officer in relation to any patient who has been admitted to the Hospital and for this purpose he shall at the request of any medical officer of the Hospital examine and report on the condition of any patient or take part in professional discussions, conferences or consultations regarding the appropriate treatment of a patient.

MATRON, ASSISTANT MATRON, SISTERS, AND SISTER TUTOR

8. MATRON. (1) The matron shall be subject to the authority of the Medical Superintendent.

(2) She shall reside in the Hospital compound in the house allocated to her, and shall not absent herself from the Hospital when on duty without the knowledge of the Medical Superintendent or in his absence the Medical Officer in charge of the Hospital.

(3) She shall carry out such duties as shall be assigned to her by the Medical Superintendent.

(4) She shall assist the Medical Superintendent in the maintenance of order, discipline, cleanliness and good sanitary conditions in the Hospital.

(5) Without prejudice to the generality of the foregoing provisions of this rule she shall have the following powers and duties—

- (i) she shall at all reasonable times be ready to hear complaints from nurses, subordinate employees and patients, and should she deem it necessary, report to the Medical Superintendent. All complaints should be entered in her diary and the action taken noted;
- (ii) she shall have the immediate direction and control of all nurses, whether Government employed or private nurses who work in the Hospital, and the control of all female hospital servants; she shall determine their duties and duty times;
- (iii) she shall see that all directions of the medical staff as to the treatment of patients are properly carried out;
- (iv) she shall in the absence of a Sister Tutor be responsible for the instruction and training of the student nurses;
- (v) she shall superintend the Nurses Home;
- (vi) she shall, subject to the approval of the Medical Superintendent, stop the whole or a portion of the off duty time of a member of the female staff under her control for any neglect of duty, unpunctuality, or misconduct;
- (vii) she shall superintend the kitchen and laundry, and shall see that as far as possible, cause for complaint by patients in this connection does not exist or continue;

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- (viii) she shall be responsible for the custody and issue, as prescribed, of any alcoholic beverage, and shall ensure it is properly administered;
 - (ix) she shall supervise the patients, inspect the wards daily and report to the Medical Superintendent any breach of these Rules;
 - (x) she shall admit immediately on arrival any case of a surgical, medical or obstetrical emergency;
 - (xi) save and except emergency cases, she shall admit only such patients as produce a certificate from a medical practitioner stating that the patient has been examined by him;
 - (xii) she shall report forthwith to the Medical Officer in charge of the Hospital the admission of every emergency case with the patient's history and present state as far as can be ascertained. In the absence of the matron and the assistant matron the senior nursing sister on duty shall have the responsibility under this rule;
 - (xiii) she shall superintend the admission of emergency cases and she shall see that they are taken to the appropriate ward and receive any treatment ordered by the doctor;
 - (xiv) she shall be responsible for the proper care of clothing, bed linen and utensils in the Hospital, and all such articles as may from time to time be issued to her, and shall keep an accurate register thereof; she shall lay the same before the Medical Superintendent every three months;
 - (xv) she shall also be responsible for the cleanliness and tidiness of the wards and those parts of the Hospital occupied by nurses; the kitchen, laundry and linen rooms, and all other parts assigned to her and she shall make daily inspection of the same and she shall see that there is a sufficient quantity of clean linen on hand to enable frequent changes of linen on the beds;
 - (xvi) during the hours of 9 p.m. and 5 a.m. the matron or the assistant matron shall make one round of all the wards for the purpose of observing that the patients are carefully and well attended and the matron and the assistant matron shall take turns in rotation for this purpose;
 - (xvii) during the absence of the matron all powers, authority, and duties exercised by her shall be vested in the assistant matron.

9. ASSISTANT MATRON. (1) The Assistant Matron shall be under the supervision of the matron.

(2) She shall assist in the training and control of nurses and shall report to the matron any irregularities or neglect of duties.

(3) She shall assist the matron in the supervision of the work of the female hospital servants.

(4) She shall perform such other duties as may be determined by the Medical Superintendent.

(5) She shall soon after reporting for duty each morning make a round of all the wards in company with the respective ward sisters observing the method of work of nurses, wardmaids and cleaners and also visit the kitchen.

(6) She shall report to the matron daily her general impression of the wards as regards cleanliness and efficiency of the staff, the general condition of the patients, the preparation and serving of meals, and shall particularly draw her attention to all complaints from nurses, subordinate employees or patients.

10. SISTER TUTOR. (1) The sister tutor shall be responsible for the training of the student nurses, and shall perform such other duties as shall be required of her by the matron in consultation with the Medical Superintendent.

(2) Her authority shall extend over everything that pertains to the instruction, duty and discipline of the student nurses. She shall report to the matron in writing all serious cases of misconduct or inefficiency along with her recommendation.

(3) She shall in consultation with the matron assist in the assignment to duty, recommending such changes from time to time as may be necessary to secure for them a practical experience in all branches of ward work.

(4) She shall be responsible in conjunction with the matron for the filing of applications for nursing, shall advise as to the suitability of applicants, and shall be a member of any committee appointed by the Government for the selection of nurses for training.

11. DEPARTMENTAL SISTERS. (1) The departmental sisters shall be required to perform either day or night duty as the matron may direct.

(2) A departmental sister on day duty shall, as far as she can, assist the matron in controlling the nurses and wardmaids and she shall see that they perform their respective duties.

(3) A departmental sister on day duty shall see that adequate stores of crockery, cutlery, ward instruments, and linen and all government stores in the wards are sufficient and in good order and she shall in company with the ward sisters at least once in every month check the ward inventories and see that defective items are repaired or replaced.

(4) A departmental sister on day or night duty shall see that the ambulance team departs promptly with the ambulance when it is summoned and forthwith report to the Medical Superintendent or to the matron any delay in this respect. She shall see that a nurse is a member of the team in the case of a female patient and if in her opinion the furnishings of the ambulance are not clean and in order or the ambulance orderlies are not tidily and cleanly attired she shall make a special report to the Medical Superintendent through the matron.

(5) A departmental sister on night duty shall visit the wards constantly and satisfy herself that the patients are carefully and well attended to and she shall record her visits to the wards and report in writing any neglect, carelessness or untidiness exhibited by any nurse and any complaints made by or of the patients.

(6) A departmental sister on night duty shall see that the cupboard wherein poisons and dangerous drugs are kept for use at night is kept under lock and key. She shall keep a register of such drugs kept in the night poisons cupboard and superintend their distribution. The key of the said cupboard shall always be in her possession until it is handed over to the nurse coming on duty in her place. The latter nurse, before she assumes duty, shall carefully check the contents of the night poisons cupboard.

(7) A departmental sister on night duty shall see that all staff required to meet any emergency arising during the night are summoned when they are needed.

(8) A departmental sister on night duty shall make a special report should she find any nurse sleeping on duty.

(9) During the absence of a departmental sister all duties ordinarily belonging to her shall vest in the senior nurse on duty.

12. WARD SISTERS. (1) Ward sisters shall be under the control of the matron and shall perform such duties as shall be required of them.

(2) The ward sister shall receive and take charge of all moneys and valuables received from patients, and shall give to the patients a receipt for the same. She shall see that these articles are handed to the steward for safe keeping.

(3) The ward sister shall take care of clothing brought in by patients on admission, and shall enter particulars of the same in a book to be kept for the purpose, which book she shall present to the matron for counter signature.

(4) Where it is found necessary for medical reasons that such clothing needs laundering, she shall see that it is properly labelled with the name of the patient.

(5) She shall return to patients about to be discharged the clothing mentioned in the last preceding paragraph.

(6) She shall be responsible for the loss of any patient's clothing which has been delivered into her custody.

(7) She shall be responsible for the loss of any articles on the ward inventories.

(8) She shall see that the meals are properly served to patients and call attention to any deficiency in the quantity, defect in quality, or imperfection in the cooking of the food supplied to the patients and she shall see that special attention is given to patients who are unable to take food without help.

(9) She shall be responsible for the general cleanliness and care of her ward and she shall see that subordinates report to her before going off duty or returning to duty.

(10) She shall be responsible for the discipline of the ward and she shall see that visitors comply with the visiting rules.

(11) She shall assist in the training of nurses in the wards and shall report to the matron any neglect of duty.

(12) She shall refer all complaints from patients to the matron.

(13) She shall see that her ward is ready for the morning visit of the medical staff.

(14) She shall make out a daily statement of diets and extras.

(15) During the absence of a ward sister all duties ordinarily belonging to her shall be discharged by the senior nurse on duty.

13. NURSES HOURS OF DUTY. (1) Day nurses will enter upon their duty in uniform at 7.30 a.m. and remain on duty until relieved at 8 p.m. with four hours off duty, including meal times, during the day, as authorised subject to any alterations approved by the Medical Superintendent to suit the convenience of the Hospital.

(2) Night nurses shall commence duty in uniform at 8 p.m. and remain on duty on their wards until relieved at 8 a.m., with two hours off duty as authorised, subject to any alteration approved by the Medical Superintendent to suit the convenience of the Hospital.

(3) Nurses shall take up duty in any ward and work on day or night duty as the matron may direct.

(4) They shall report for duty to the ward sister in charge of the ward to which they are assigned.

14. WARD DUTIES. (1) Nurses shall obey the directions of the Medical Officers, matron, assistant matron, and sisters. They shall be responsible for the care of the patients, the maintenance of order, the cleanliness of the wards, and the equipment in their charge.

(2) Nurses shall report to the matron or sister any irregularities that may take place in their respective wards.

(3) Nurses shall personally administer all medicines, according to directions, and shall apply such dressings as the Medical Officer in charge of the case may order. They shall immediately report to the sister or senior nurse in charge any sudden change or condition of a patient.

(4) They shall strictly enforce the rules relating to the control of patients.

(5) Before going off duty they shall hand over to the nurses relieving them the patients under their care, giving oral and written reports.

(6) The senior nurse in charge shall immediately report to the matron or sister the death of any patient, and shall see that no dying patient is unattended.

(7) The ward sister or the senior nurse in charge of a ward to which a case is admitted shall forthwith notify the matron or the doctor on duty of the new arrival, together with a history of the case.

(8) The ward sister or the senior nurse in charge of a ward shall be responsible for the care of the key to the poison cupboard, which shall at all times be in her personal possession, with the cupboard securely locked, and she shall hand over the key to the senior nurse taking up duty in her place. She shall keep the ward register of dangerous drugs and poisons, and shall account for every such drug and poison used during her period of duty.

(9) They shall report without delay to the matron or a senior nurse in charge, the name of any patient who may desire to see a minister of religion of his own denomination.

(10) The senior nurse in charge shall keep a book in which shall be written a report of the condition and treatment of each patient, which shall also contain the details of the medicines and diet prescribed and the instructions for the treatment of the patients.

(11) When about to hand over to the night nurse, the day nurse shall see that the medicines and nourishments directed to be given during the night are available to the night nurse.

(12) A nurse when ill shall immediately report the fact to the matron or the senior nursing officer on duty who shall have the responsibility of reporting such illness to the Medical Superintendent. She shall be treated by the hospital medical staff free of cost or by a private practitioner if she is so desirous at her own expense. In the latter case a medical certificate shall be submitted to the Medical Superintendent through the matron.

(13) A period of sick leave in excess of four weeks in any one year shall be excluded in calculating a student nurse's period of training.

(14) Nurses not on the establishment of the Hospital engaged to attend to patients in the private or paying wards shall, so long as they are in the Hospital or its environs, be subject to discipline. If a private nurse disobeys an order or a direction of a medical officer or of the matron or of a sister the permission granted to her to work in the Hospital may be withdrawn.

(15) Private nurses shall sign the register book each day on arrival and again on going off duty.

THE HOUSE STEWARD

15. DUTIES. (1) The house steward shall reside in the Hospital compound when so required in quarters provided for the purpose.

(2) He shall be in attendance at the hospital during all authorised hours of duty and shall not absent himself therefrom except when authorised or in the performance of his duty.

(3) He shall exercise general supervision of such hospital staff as shall be allocated to him by the Medical Superintendent, to whom he shall report any misconduct on their part.

(4) (a) He shall assist the Medical Superintendent in the maintenance of the cleanliness and the sanitary condition of the Hospital.

(b) He shall cause all refuse and waste matter to be removed from the Hospital and he shall cause all such refuse and waste matter while awaiting removal to be kept in as many metal receptacles as may be necessary for the purpose. He shall see that such receptacles are kept in good repair and covered while in use.

(5) He shall keep the inventories of all stores and equipment, except such as are under the control of the matron, the departmental sister and senior dispenser.

(6) He shall prepare all requisitions for goods and stores and submit them to the Medical Superintendent and shall see that all goods and stores supplied for use in the Hospital are correct in quantity and quality and submit to the Medical Superintendent for inspection any goods or stores supplied which appear to be deficient in any respect.

(7) He shall be responsible for the keeping of the stores records (including books) in accordance with stores regulations.

(8) He shall be responsible for all moneys received by him on behalf of the Hospital, and to pay the same into the Treasury in accordance with Financial Instructions.

(9) He shall enter in a book a full description of all moneys and valuables received from patients on admission together with the name of the person who handed him such articles and he shall keep all such moneys and valuables in a safe place and under lock and key.

(10) He shall be responsible for the correct keeping of a daily diet register.

(11) In addition to the register and inventories referred to in this rule he shall keep the following—

- (i) an account book showing the quantity and cost of articles supplied by contractors or purchased for the Hospital;
- (ii) a book showing all sums due from any patient for hospital charges;
- (iii) a cash book of all moneys received and paid.

(12) He shall have supervision of those parts of the Hospital not occupied by patients and nurses and shall be responsible for their good order and cleanliness.

(13) He shall conduct the correspondence of the Hospital as authorised.

(14) He shall be responsible for seeing that the water supply of the Hospital is in a clean and pure state.

(15) He shall be responsible for the payment of all salaries and wages in the Hospital.

(16) He shall be responsible for collecting any fees due and he shall record payment of any fines in a book kept for the purpose.

(17) (a) He shall see that the ambulance is at all times in good running order and he shall have authority over the ambulance driver.

(b) He shall at least twice a week inspect the interior of the ambulance for the purpose of seeing that it is clean and he shall see that its furnishings are clean and in order and that the ambulance orderlies are tidily and cleanly attired.

THE SENIOR DISPENSER, THE DISPENSERS, AND THE
STUDENT DISPENSERS

16. GENERAL. (1) The dispensary staff shall be on call at such times as determined by the Medical Superintendent and shall have the following powers and duties—

- (i) the senior dispenser shall be responsible for the accurate and punctual dispensing of all authorised prescriptions and he shall be responsible to the Medical Superintendent for the efficient functioning of the Dispensary, the supply and care of all drugs, medicines and medical supplies and equipment in the Dispensary;
- (ii) he shall ensure that no unauthorised issue of drugs, dressings, instruments or appliances is made;
- (iii) he shall be responsible for the key of the cupboards containing all poisonous and dangerous drugs being at all times in his possession, with the cupboard securely locked;
- (iv) he shall be responsible for the teaching of the student dispensers;
- (v) he shall keep a stock book of stores, medicines, and surgical appliances received, and expended in use for the Hospital in such form as may be authorised;
- (vi) he shall keep an admission and discharge register of patients and duly enter therein the name, address, occupation, date of admission and date of discharge or death of all patients admitted to the Hospital;
- (vii) he shall be responsible for keeping the case paper upon which shall be entered the name, address, religion and occupation of each patient upon the admission of such patient;
- (viii) he shall carry out such instructions as may be given him by the Medical Superintendent, including the preparation of indents for drugs;
- (ix) he shall give such instructions to the other dispensers as are necessary for the efficient functioning of the Dispensary.

THE DISPENSERS. (2) The dispensers shall assist the Senior Dispenser in the performance of his authorised duties and shall carry out such instructions as may be given them by the Medical Superintendent or by the Senior Dispenser.

(3) Student dispensers shall assist the dispensers and the Senior Dispenser and perform all duties that may be required of them in the course of their training or any authorised extension of their course of training.

(4) The course of training of student dispensers shall be as prescribed by the Medical Act.

(5) The hours of duty of student dispensers shall be such as are prescribed by the Medical Superintendent.

(6) Student dispensers shall reside in the hospital when so required by the Medical Superintendent.

THE RADIOGRAPHER AND THE ASSISTANT X-RAY TECHNICIAN

17. DUTIES. The radiographer and assistant X-ray technician shall perform such duties as may be determined by the Medical Superintendent.

THE HOUSEKEEPER

18. DUTIES AND RESPONSIBILITIES. (1) The housekeeper shall be under the immediate control of the matron.

(2) She shall be responsible for the daily issue of rations to the wards and kitchens in accordance with the dietary table.

(3) She shall supervise and assist with the cooking and punctual serving of diets to patients and nurses and shall be responsible for the cleanliness of the kitchen and its equipment.

(4) She shall requisition provisions in accordance with the dietary table for the nurses and patients one day in advance.

(5) She shall report to the matron or assistant matron immediately should there be any deficiency in the quantity or quality of the provisions.

(6) She shall not allow unauthorised persons to enter the kitchen.

(7) She shall assist with the supervision of the laundry.

(8) She shall be the responsible mistress of the female servants other than nurses and wardmaids.

THE COOKS

19. HOURS OF DUTY. (1) The hours of duty shall be from 6.00 a.m. to 2.00 p.m. or 9.00 a.m. to 5.00 p.m. or 11.30 a.m. to 7.30 p.m. with such hour or hours off duty in the course of the day as may be directed by the matron.

(2) The head cook shall control and teach the kitchen staff and see that they efficiently perform their duties, and report any neglect of duty or act of insubordination.

(3) The cooks shall prepare and cook carefully the food of the staff and of the patients.

(4) The cooks shall maintain, as far as possible, a constant state of order and cleanliness throughout the kitchen.

(5) The cooks shall allow no waste or misappropriation of provisions or stores of any kind.

(6) The cooks shall daily see that all utensils issued from the kitchen are returned or accounted for within a reasonable time after the last meal of the day has been served and immediately report any deficiency to the housekeeper.

THE LAUNDRY MAIDS

20. HOURS OF DUTY. (1) The hours of duty shall be from 7.00 a.m. to 4.00 p.m. with off duty hours in the course of the day as may be directed by the matron.

(2) They shall hand over the keys of the laundry every evening to a duly authorised person.

(3) They shall see that all articles to be washed are put in the tanks separately and not in bundles and they shall see that all articles to be washed (including articles which for medical reasons are to be washed in the Hospital) are washed as directed by the matron.

(4) They shall allow no waste or misappropriation of stores.

(5) They shall report to the matron any defect in the laundry machinery and keep a record of all articles washed.

THE WARDMAIDS

21. HOURS OF DUTY. (1) The hours of duty shall be from 7.00 a.m. to 3.00 p.m. or 9.00 a.m. to 5.00 p.m. or 11.30 a.m. to 7.30 p.m.

(2) They shall do whatever scrubbing and cleaning or domestic work is required in any part of the Hospital as may be directed by the matron and they shall assist in the dining room when necessary.

(3) They shall obey the orders of the ward sister when employed in a ward.

THE GATEKEEPER

22. POWERS AND DUTIES. (1) The gatekeeper shall have the following powers and duties—

- (i) he shall keep a porter's book and enter therein such information as shall be prescribed by the Medical Superintendent;
- (ii) he shall not allow any persons to take into or out of the Hospital any unauthorised article and for that purpose he may have any parcel or container opened for his examination by the persons in whose possession the same may be;
- (iii) he shall ensure that all authorised members of the staff are booked in and out of the Hospital, and report to the steward every case of unpunctuality of the non-resident staff; he shall examine all admission and discharge orders and allow no persons to enter or leave the Hospital without proper authority.

(2) The gatekeeper shall reside in the hospital grounds and shall not absent himself therefrom except when authorised or in the performance of his duty.

ORDERLIES

23. HOURS OF DUTY. (1) The hours of duty of orderlies shall be from 7.00 a.m. until 3.00 p.m. or such other shifts of 8 hours each as may be required.

(2) An orderly shall not absent himself from the Hospital unless authorised or in the performance of his duty.

(3) An orderly shall obey all orders and perform all such duties as may be assigned to him.

THE LABOURERS

24. DUTIES. Labourers shall be under the immediate control of the steward or matron as the case may be, and perform such duties and conform to such restrictions as the Medical Superintendent shall from time to time order.

THE PATIENTS

25. ACCOMMODATION OF PATIENTS. (1) The Hospital may at any time (subject to the limitations hereinafter mentioned) receive patients and will provide him or her with proper accommodation, medical, nursing and other attendance, medicines and food for such length of time as may be required and will prior to the discharge of such patients take all such steps as may be proper for the disinfection of him or her or of his or her clothing.

(2) The Hospital will not be bound to receive any patient who applies for admission when the whole of the wards or beds are already fully occupied by patients admitted thereto in accordance with these Rules.

(3) Persons suffering from infectious diseases shall be admitted only at the discretion of the Medical Superintendent or the medical officer on duty, and the Medical Superintendent or the medical officer on duty, as the case may be, shall take all necessary steps in his power to protect other patients.

(4) All persons who meet with sudden accident, and such acute medical or surgical cases as require immediate help, shall be treated at any time without an admission order.

(5) Any person whose admission has been approved by one of the medical or surgical officers of the Hospital may be admitted as a patient.

(6) Any medical or surgical officer of the Hospital under whose care any patient shall be, may dismiss such patient for refusing to obey any law or rule or to follow the medical or surgical directions which have been given him. Any action taken under this rule must be immediately reported to the Medical Superintendent (if he is not the medical officer who made the order of dismissal) and to the Chief Medical Officer:

Provided that no patient shall be dismissed whose health is such that his or her life may be endangered thereby.

(7) Any patient who insists on leaving the Hospital without the approval of the medical officer in charge of the case shall be required to sign a statement in the prescribed form that he is doing so.

(8) The occasions upon which the ambulance may be used shall be at the discretion of the Medical Superintendent. Subject to that discretion, the use shall be limited to occasions when authorised by the District Medical Officer who has seen the patient during the preceding 48 hours:

Provided that in cases of emergency, when the police are unable to obtain attendance or verbal authority of a District Medical Officer, the police may call for its use.

(9) Patients shall conduct themselves in a proper manner, and abusive language, loud talking and disobedience of orders are strictly forbidden.

(10) Patients are not permitted to receive any matches or any article of food or drink without the permission of the Medical Superintendent.

(11) Patients shall be entitled to a diet in accordance with the approved dietary scales of the Hospital but for medical reasons the diet of any patient may be varied by order of the Medical Superintendent or Surgeon Specialist.

(12) Patients whose admission shall have been necessarily deferred for want of room shall be received into the Hospital as vacancies may occur and where necessary according to the urgency of the case as the Medical Superintendent may decide.

(13) No male patient shall go into the women's wards, and no female patient shall go into the men's ward.

(14) No surgical operation shall be performed without the consent of the patient if he is of age and fully able to give his consent. In the case of a minor or of a patient who is *non compos mentis*, the consent in writing of the nearest relative available should, where possible be obtained before operation.

(15) No patient shall enter the medical officers' quarters, store rooms, kitchen or any part of the Hospital forbidden to patients, except he or she is permitted to do so by someone in authority.

VISITING PATIENTS ETC

26. VISITING HOURS. (1) Unless specially permitted patients who are not dangerously ill may receive visitors only as set hereunder:

General Wards:	Mondays, Wednesdays and Saturdays 3.00 p.m. – 4.00 p.m. Thursdays and Sundays 2.00 p.m. – 4.00 p.m.
Semi-private patients (double rooms)	Mondays, Wednesdays and Saturdays 3.00 p.m. – 4.00 p.m. Thursdays and Sundays 2.00 p.m. – 4.00 p.m.
Private Patients (single rooms)	Daily 10.00 a.m. – 12.00 noon 4.00 p.m. – 6.00 p.m.

At other times no visitors shall be allowed except with the special permission of the Medical Superintendent or in his absence the matron.

(2) Ministers of Religion shall be permitted to visit patients of their own denomination at such times as may not interfere with the discipline and rules of the Hospital, or at any time if the patient is dying.

(3) No more visitors shall be admitted than shall be deemed consistent with the health and comfort of the patients.

(4) Notwithstanding anything contained in this rule the Medical Superintendent may if he considers it necessary refuse to allow visitors in any ward at any time.

(5) Visitors who misconduct themselves may be turned out of the Hospital by the nurse in charge of the ward or by any officer of the Hospital.

(6) The visiting of patients who are dangerously ill is limited to the nearest relatives or intimate friends. Should a patient become dangerously ill, notice will be sent by the matron to the nearest known relative or intimate friend.

(7) Visitors are strictly forbidden to convey any article of food or drink to the hospital except they have the permission of the Medical Superintendent to do so.

GENERAL PROVISIONS

27. PROHIBITED ARTICLES. No member of the staff shall bring into the Hospital any intoxicating liquor or any article of food for any patient.

28. GIVING AND TAKING OF PRESENTS FORBIDDEN. No member of the staff shall give to or receive from any patient, contractor, tradesman

or other person having business contracting with the Hospital any money, food or drug or other present.

29. ALTERATION OF RULES. Members of the staff are to understand that these Rules may at any time without previous notice be altered or added to in the prescribed manner.

30. UNIFORMS. No article of uniform provided by Government for use by a member of the staff shall, under any circumstances, become the property of the staff. All such articles must be returned upon leaving the Hospital.

31. ROTATION OF MEDICAL OFFICERS ON SUNDAYS AND PUBLIC HOLIDAYS. At least one physician or one surgeon shall be in charge at the Hospital during the night and on Sundays and public holidays for the purpose of attending to cases, and the medical officers including the Medical Superintendent, but not the Ophthalmic Surgeon, shall take necessary turns in rotation for the purpose of this rule.

32. EMERGENCY DUTIES. Members of the staff are to understand that, notwithstanding anything contained in these Rules, they will be expected to obey any order given by their principal officers for the discharge on emergency of a duty not within their prescribed province.

33. PRIVATE CONSULTANT PRACTICE NOT TO BE CARRIED ON AT HOSPITAL. Medical officers who are allowed to enjoy a private consultant practice shall not carry on such a practice either in their offices at or in any part of the Hospital premises but such medical officers shall be at liberty to carry on such private consultant practice at any place outside the Hospital.

THE FINES FUND

34. HOSPITAL FINES FUND. All fines received from members of the hospital staff shall be paid into the Treasury to the credit of the fund called "The Hospital Fines Fund". This fund shall be administered and distributed for the general benefit of the hospital staff, namely, nurses, petty officers and domestic staff, in such manner as may from time to time be approved by the Minister.

THE HOLBERTON HOSPITAL (FEES) RULES

Arrangement of Rules

Rule

1. Citation.
2. Interpretation.
3. Maintenance fees and fees for medicines prescribed.
4. Fees for use of operating theatre for surgical operations, etc.
5. Fees for medical examinations, laboratory tests, etc.
6. Fees for use of ambulance.
7. Increase of fees.
8. Casualty or out-patients fees.
9. Admission of patient when fees payable by person other than patient.
10. Deposits.
11. Exemptions.
12. Waiver of fees.
13. Time for payment of fees.
14. Payment of fees.
15. Fees other than fees prescribed by these rules not to be charged.

FIRST SCHEDULE.

SECOND SCHEDULE.

THIRD SCHEDULE.

FOURTH SCHEDULE.

S.R.O. 18/1975.

S.R.O. 34/1983.

S.I. 24/1986.

S.I. 22/1991.

THE HOLBERTON HOSPITAL (FEES) RULES
DATED THE 27TH DAY OF MAY, 1975 AND
MADE UNDER SECTIONS 4 AND 8 OF THE
MEDICAL AND HOLBERTON INSTITUTION
ACT.



1. These Rules may be cited as the Holberton Hospital (Fees) Rules. Citation.

2. In these Rules, unless the context otherwise requires— Interpretation.

“out-patient” means a patient who is not admitted and accommodated as a patient in the hospital;

“patient” means any person who is provided with accommodation, maintenance, treatment or services at the hospital and includes out-patient;

“private patient” means a patient who is accommodated and maintained at the hospital in a room with only one bed;

“semi-private patient” means a patient who is accommodated and maintained at the hospital in a room with more than one bed and not more than three beds.

3. Subject to the provisions of these Rules—

(a) the fees payable by or on behalf of every patient in respect of his accommodation and maintenance at the hospital shall be those specified in Part I of the First Schedule hereto;

(b) the fees payable by or on behalf of every patient for medicines prescribed shall be those specified in Part II of the First Schedule hereto.

Maintenance fees
and fees for
medicines
prescribed.

4. (1) Subject to the provisions of these Rules, the fees payable as hospital charges by or on behalf of every patient for the use of an operating theatre at the hospital shall be those specified in Part I of the Second Schedule hereto.

Fees for use of
operating theatre
for surgical
operations, etc.

(2) (a) For the purpose of these Rules surgical operations are classified in the manner specified in the Fourth Schedule hereto.

(b) Subject to the provisions of these Rules the fees payable as hospital charges by or on behalf of every patient as surgical operation fees when an operation is performed on the patient at the hospital shall be those specified in Part II of the Second Schedule hereto.

(3) Subject to the provisions of these Rules the fees payable as hospital charges by or on behalf of every patient as fees for anaesthetics when an operation is performed on the patient at the hospital shall be those specified in Part III of the Second Schedule hereto.

(4) Subject to the provisions of these Rules the fees payable as hospital charges by or on behalf of every patient in respect of services rendered to the patient at the hospital and which are not mentioned otherwise shall be those specified in Part IV of the Second Schedule hereto.

Fees for medical
examinations,
laboratory tests,
etc.

5. Subject to the provisions of these Rules—

(a) the fees payable by or on behalf of every patient for the examinations mentioned in Part I of the Third Schedule hereto, shall be those set opposite the said examinations;

(b) the fees payable by or on behalf of every patient for the tests and examinations mentioned in Part II of the Third Schedule hereto shall be those set opposite the said tests and examinations;

(c) the fees payable by or on behalf of every patient for the use of hospital equipment shall be those specified in Part III of the Third Schedule hereto.

Fees for use of
ambulance.

6. Subject to the provisions of these Rules fees payable for the use of Hospital ambulance shall be—

(a) in the case of citizens of Antigua and Barbuda;	Free
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(b) in the case of citizens of Caribbean Community States;	Free
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(c) in the case of persons other than persons specified in paragraphs (a) and (b)	\$30.00 per trip
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7. Subject to rule 8, if a patient is a person who immediately preceding the date that services are rendered to him at the hospital—

Increase of fees.

(a) is not a citizen of Antigua and Barbuda; or

(b) is not ordinarily resident in Antigua and Barbuda for at least five years,

the fees payable under these Rules shall be increased by threefold.

8. The following fees are payable by or on behalf of every patient who is not a citizen of Antigua and Barbuda and who attends the hospital as a casualty, emergency or out-patient—

Casualty or outpatient fees.

(a) Where the patient is a believer to or a citizen of a country that is a member of the Caribbean Community or Anguilla.—

(i) For attendance by a Casualty Officer \$10.00

(ii) For attendance by a Consultant \$20.00

(b) where the patient is a citizen of any other country—

(i) For attendance by a Casualty Officer \$30.00

(ii) For attendance by a Consultant \$60.00

9. (1) When some persons other than the patient has agreed in writing with the Medical Superintendent to guarantee to pay the fees payable by the patient under these Rules such fees shall be payable either by that person or by the patient.

Admission of patient when fees payable by person other than patient.

(2) Where a patient is a person under the age of 16 years fees payable by that patient under these Rules shall be payable by the parent or guardian of the patient.

10. Where the Medical Superintendent considers it expedient so to do he may, in the case of a patient admitted into the hospital, require that a deposit in respect of services for one week be made on account of any fee which may be payable under these Rules.

Deposits.

Exemptions.

11. Notwithstanding the provisions of these Rules—

(a) members of the Royal Antigua Police Force and members of the Antigua Fire Brigade shall in addition to the exemptions mentioned in Part I of the First Schedule be exempt from payment of the fees payable under the provisions of rules 3 (b), 4, 5 and 6;

(b) paupers and other persons who in the opinion of the Medical Superintendent are unable to pay fees shall be exempt from the payment of the fees payable under these Rules.

Waiver of fees.

12. Notwithstanding anything in these Rules contained, the Medical Superintendent may in any case of exceptional hardships waive the whole or any part of the fees payable under these Rules.

Time for payment of fees.

13. (1) The fees payable under these Rules shall be paid at or within such time not later than 30 days from the date of discharge of the patient from the hospital as the Medical Superintendent may determine.

(2) Where any fee or part thereof remains unpaid after 30 days from the due date for payment, a surcharge of 10 per cent of the amount of the fee remaining unpaid shall be added thereto.

Payment of fees.

14. All fees payable under these Rules shall be paid to the Medical Superintendent who shall forthwith pay the same into the Consolidated Fund.

Fees other than fees prescribed by these Rules not to be charged.

15. No person shall charge any fees in respect of any patient examined at or admitted to the hospital except as provided by these Rules.

FIRST SCHEDULE

r.3 (a).

PART I

Maintenance Fees

- | | |
|--|--------------------------|
| 1. For Intensive Care Unit | \$200.00 per day |
| 2. For a private room with bathroom | \$100.00 per day |
| 3. For semi-private room with bathroom | \$60.00 per day |
| 4. For private room without bathroom | \$50.00 per day |
| 5. For semi-private room without bathroom | \$40.00 per day |
| 6. For maternity open ward | \$25.00 per day |
| 7. For a patient who is a medical officer, dispenser, district nurse, public health nurse, member of the Royal Police Force of Antigua and Barbuda, the Antigua Fire Brigade, the Antigua and Barbuda Defence Force or a Prison Warden occupying the rooms or cubicles specified in items 1,2,3,4,5 and 6. | One half the fee payable |
| 8. For a patient in a general ward other than Maternity ward | No charge |
| 9. For a patient who is a nurse on the staff of the Hospital | No charge |

The Hospital shall demand from persons on elective admission, except maternity patients, an advanced payment of seven days maintenance fees as deposit. Maternity patients shall pay three days maintenance fee as deposit.

PART II

r.3 (b).

Fees for Medicine Prescribed

1. For an out-patient for each visit at which medicine is prescribed \$5.00 per prescription
2. For a casualty or emergency patient—a 24 hour supply of drugs \$5.00 per prescription
3. For citizens below the age of 16 years and above 60 years Free

SECOND SCHEDULE

PART I

r.4 (1).

Fees for Use of Operating Theatre

1. For major operations \$100.00
2. For intermediate operations \$50.00
3. For minor operations \$25.00

PART II

r.4 (2) (b).

Surgeons Operating Fees

Class I	\$125.00
Class II	\$200.00
Class III	\$300.00
Class IV	\$375.00
Class V	\$450.00
Class VI	\$550.00

PART III

r.4 (3).

ANAESTHETIST

For each case involving surgery the fee shall be 25 per centum of those charged in respect of Surgeon's operating fees under Part II.

PART IV

r.4 (4).

A. Consultant obstetrician and gynaecologist.

- (i) For cases normal and abnormal, including attendances during labour \$25 – \$150 depending on the length of time involved and the complexity thereof.
- (ii) Cases involving surgery shall be the same as listed in Surgeon's operating fees under Part II.
- (iii) Ante-natal and post-natal attendances each day \$15.00.

B. Physician and other Specialist not specified elsewhere:

Attendances each day \$15.00.

C. Surgeon and Surgeon Specialist

In cases not involving operation the fees shall be the same as those specified in paragraph B of Part IV of this Schedule.

D. Radiologist

For each examination between \$10 – \$15.00 depending on the length of time involved and the complexity thereof.

THIRD SCHEDULE

r.5 (a).

PART I

Radiological Procedures

Group 1

Shoulder
Humerus
Elbow
Forearm
Hand
Femur
Knee
Leg
Ankle
Foot

\$30.00 per
limb
examined

Group 2

More extensive examination of skeletal system

Thoracic cage
Cervical Spine
Dorsal Spine
Skull
Mandible
Sinuses
Pelvis
Sacrum
Sacro-iliac joint
Lumbo-sacral joint

\$60.00 per
limb
examined

Group 3

Simple examination of the internal organs

Chest
Abdomen
Gall Bladder region
Renal tract
Footography
Thoracic Inlet

\$60.00 per
area
examined

Group 4 (including Ultra Sound)**More extensive internal examinations**

Retrograde Pyclogram	
Opaque meal	
Opaque enema	
Intravenous Pyelogram	
Hystem-Salpingogram	
Barium Swallow	
T-tube Cholangiogram	
Intravenous	
Cholangiogram	
Cystogram	
Cystourethrogram	
Urethrogram	
Sialogram	
Bronchogram	
Pyclogram	\$90.00 per examination

Group 5

Any examination where C.T. scan is used	\$500.00
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PART II

r.5 (b).

Pathology Fees**Hematology**

Leucocyte Count	\$15.00
Erythrocyte Count	15.00
Differential Count	15.00
Hematocrit-Micro	15.00
Sedimentation rate	15.00
Haemoglobin	15.00
Prothrobin time	30.00
Sickling/Electrophoresis	30.00
Bleeding time	30.00
Clotting time	30.00
Red Cell Fragility	30.00
Platelet Count	15.00
L.E. Cells	30.00
Malaria Smears	30.00
Filaria Smears	30.00
Reticulocyte Count	15.00
Pack Cell Volume	15.00

Hematology (cont.)

CBC	\$ 30.00
Monospot	30.00
CSF Cells)	30.00
Body Fluids	30.00

Blood Banking

Group and Rh Typing	15.00
Coombs Test (Direct)	15.00
Cross-match	30.00
RH Anti-bodies	15.00
Coombs indirect	30.00
One Unit Blood/Components	60.00
Antibody I.D.	60.00

Biochemistry

Serum Billrubin Total/Direct	30.00
Glucose Tolerance	60.00
Glucose (blood)	30.00
Blood Urea	15.00
Blood Chloride	15.00
Blood Cholestrol	30.00
Serum Calcium	15.00
Serum Proteins Total	15.00
Serum Acid Phosphatase	30.00
Serum Alkaline Phosphatase	15.00
Serum Phosporous	15.00
Plasma Potassium/Sodium/Chloride	60.00
Blood Uric Acid	15.00
Serum Amylase	30.00
Gastric Analysis	60.00
Cerebospinal Fluid Sugar	30.00
Cerebospinal Fluid Chloride	30.00
Cerebospinal Fluid Protein	30.00
S.G.O.T.	15.00
S.G.P.T.	15.00
Urine Sugar	15.00
Urine Albumin	15.00
Urine Sp. Gr.	15.00
Serum Albumin	15.00
Urine Bile	15.00
Urine Urolilinogen	15.00
Urine Blood	15.00
Urine Acetone	15.00
Urine Bence Jones Protein	15.00

Biochemistry (cont.)

Stool Occult Blood	\$15.00
CO ₂	15.00
Creatinine	15.00
GGT	15.00
LDH	15.00
Triglycerides	30.00
CPK	30.00
HDL	30.00
24° Urine	60.00
LFT's	60.00
Isuenzyme	60.00
Bence Jones Protein by Electropheresis	60.00
Blood Gases	60.00

Microbiology

Culture Stools	60.00
Culture Urines	60.00
Culture Pus	60.00
Culture Throat	30.00
Culture Sputum	30.00
Culture C.S.F.	60.00
Culture Exudates	60.00
Culture Scrapings	15.00
Sensitivity Studies	30.00
Culture Water	60.00
Blood Culture	60.00
Urine Micro	15.00
OVA/Parasite (Stool)	30.00
CRP	15.00
TB	15.00
Occult Blood	15.00
Aspirates	30.00
Fluids	30.00

Microscopic Examinations

Smears for Gonorrhea	15.00
Smears for Leprosy	15.00
Sputum for A.F.B.	15.00
Urine for A.F.B.	15.00
Semen total Count	15.00
Semen: Complete	60.00
Urine: Microscopic	15.00
Stool: Ovax & Parasite	30.00
Sputum for T.B.	30.00

Anatomic Pathology

Cytology	\$15.00
Histology	30.00

Serology

VDRL Test	15.00
Widal Test	60.00
A So Titre	30.00
Latex Fixation	30.00
ASTO	30.00
Pregnancy Test BHCG	60.00
Urine Pregnancy	30.00
HIV	60.00
HTLV-I	60.00
Hepatitis	60.00

PART III

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Fees for use of Hospital Equipment

1. For use of Electrocardiograph
or other equipment not specified \$25.00 per use
2. For use of more sophisticated
equipment To be determined by the
Minister of Health.

PART IV**Fees for Ancillary Services**

- Rehabilitation Unit-For attendance
per visit to a rehabilitation Unit \$10.00 per visit to each
specially.
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FOURTH SCHEDULE
Surgical Operations Fees

CLASS I \$125	CLASS II \$200	CLASS III \$300
Abscess Drainage—small Bartholin's Cyst Removal Burse—Ganglion Excision Circumcision—Child Cystoscopy Cystotomy—suprapubic Dislocation—simple—upper limb Lipoma Excision Lumbar Puncture Keloid Excision—small Nail Extraction Paracentesis P.O.P. application Rectal Dilatation Removal of Eyelashes—two lids Retrobulbar Injections Sebaceous Cyst Removal Signoidoscopy Subconjunctival Injections Urethral Dilatation Vasectomy	Abscess Drainage—large Amputation—digit Breast Biopsy Circumcision—Adult Cystoscopy & Retrograde Catheterisation Dilatation & curettage Dislocation—compound —upper limb —simple—lower limb Fistula—in-Ano Excision Gastrosctopy Keloid Excision—Large Orchidectomy—unilateral Skin Graft—small Tendon Repair—primary-three or less Tonsilectomy/Adenoidectomy —Child Tubal Ligation Uterine Suspension Varicocele	Amputation—below shoulder —lower limb Appendicectomy Caution of Cornea—Phenol Colostomy Conjunctiva Repair Conjunctiva Excision Drainage of Chalazion Electro-Convulsive Therapy (course of six) Excision of Pterygium Fractures-compound —uncomplicated-suture Haemorrhoidectomy Hernia Repair—femoral —inguinal unilateral Hydrocoelectomy Oophorectomy Orchidectomy—bilateral Orchidopexy Ramstedt Salpingectomy Shirodhar Suture Skin Graft—large Tendon Repair —primary—more than three —secondary Testicular Torison Fixation Tonsilectomy—Adult Tracheotomy Vein Stripping & Ligation—single Vulvectomy

FOURTH SCHEDULE—(Contd.)
Surgical Operations Fees

CLASS IV \$375	CLASS V \$450	CLASS VI \$550
Caesarian Section	Bowel Resection—small	Vagotomy & Phloroplasty
Cystectomy—partial	Cataract Surgery—without lens implant	Abdominal Perineal Resection
Cystolithotomy	Cholecystectomy	Bowel Resection—large
Ectopic Pregnancy	Correction Squint	Cataract Extraction with Intraocular
Fracture—open reduction	Dacryocystostomy	Lens Implant
Hernia Repair	Gastro-enterostomy	Cholecystectomy with Exploration of
—inguinal—bilateral—Adult	Glaucoma Operative Treatment	Common Duct
—femoral—bilateral—Adult	Hysterectomy	Graniotomy
Laparotomy	Intra-ocular Foreign body removal	Fracture—Open reduction—hip
Mastectomy—simple	Nephrectomy Prostatectomy	Parotidectomy
Nephrolithotomy	Rectovaginal/vesicle Fistula	Repair of Laceration Eye
Paracentesis of Anterior Chamber Eye	Repair	—involving outer coats,
Peripheal Iridectomy for Glaucoma	Removal of Eye	—lens and vitreous
Reconstruction of Eyelid	Removal of Lacrimal Sac	Retinal Detachment.
Repair of Corneal Laceration	Repair of Injured Eye involving	
Sympatnecomy	Lens Injury	
Tendon Graft	Trabeculectomy or Other	
Splenectomy	Drainage Eye	
Thyroid Adenoma Excision	Thyroidectomy Subtotal	
Vein Stripping & Litigation—bilateral	Ulcer Gastro-duodenal Perforation	