

How should Polish hospitals look – analysis of the ordinance of the Minister of Health of 2 February 2011

Since half a year health care units have had to face with new technical and sanitary requirements. The new requirements result from the Ordinance of the Minister of Health of 2 February 2011 concerning requirements that should be met in professional and sanitary aspects by premises and equipment of health care units (Journal of Laws No 31, item 158), which became effective on 26 February 2011 (“the Ordinance”), at the same time overwriting the previous ordinance of 10 November 2006 (Journal of Laws No 213 item 1568 as amended).

First of all it should be emphasised that the Ordinance sets a new deadline for meeting the requirements, of 31 December 2016 (the previous deadline was 31 December 2012), which means a prolongation of the period for health care units to conduct necessary adaptation works.

The Ordinance includes additional detailed regulations referring to specific types of health care units, at the same time precisely defining regulations of the act dated 7 July 1994 (Construction Law, Journal of Laws No 243, item 1623 as amended) and the Ordinance of the Minister of Infrastructure dated 12 April 2002 concerning conditions that should be met by buildings and their location (Journal of Laws No 75 item 690 as amended).

Undoubtedly, the Ordinance mitigates provisions covered by the preceding ordinance, however it still poses a significant challenge for health care units, which have less and less time to abide by them.

The Ordinance includes regulations referring in particular to general space requirements, some premises and equipment, general construction requirements, and also lighting and installation requirements. The Ordinance resigned from provisions regarding the requirement of the area of a room with beds depending on a ward, and only introduced the requirement of adequate width of a room with beds in order to make it possible to move the bed out, assure unrestricted access to pa-

tients, and the necessity that the beds in rooms with beds are accessible from three sides, including both longer sides. As a reminder the previous ordinance indicated the necessity to assure adequate space of rooms with beds depending on the number of beds and type of ward. Moreover, the Ordinance explicitly defined how the following premises should look like: isolation ward, changing room sluices, sink and apron sluices and rooms with beds in scope of sanitary equipment. The Ordinance also covers numerous provisions referring to various types of water and electric installations. It also indicates the requirement to assure 12-hour reserve stocks of water for hospitals, and also the necessity to assure an adequate aggregator providing at least 30% of the peak power needs.

The Ordinance includes seven appendices that precisely detail professional and sanitary requirements that should be met by individual medical facilities, in particular including hospitals, day nurseries, clinics, medical rehabilitation centres, day care and one day surgery centres. In reference to hospitals, appendix No. 1 to the Ordinance precisely defines the requirements for specific wards and premises in the hospital as well as for sterilisation room, operating rooms and dialysis stations. It should be emphasised that the level of detail in reference to hospitals is significant, which is reflected in particular in the specification of the appropriate equipment, its location and also the number of iso-

lation rooms dedicated to a given ward, the number of warehouses, changing room and sink sluices etc.

It should be also emphasised that the Ordinance obliges managers of the health care units that do not meet the requirements covered by the Ordinance to present by 30 June 2012 to the organ keeping the register of health care units an adaptation program of the health care centre to the requirements defined in the discussed Ordinance. The presented program must obtain an opinion of the relevant sanitary inspector – a regional sanitary inspector in reference to a hospital.

The Ordinance should be assessed positively as it institutes another step to increase the level of services provided in Polish health care units. Undoubtedly, the discussed Ordinance is a form of mobilisation for health care units, whose goal is to improve standards in the scope of construction and equipment of health care units.

*Weronika Karnowska
Kancelaria Adwokatów i Radców Prawnych
Miller Canfield, W.Babicki, A.Chelchowski
i Wspólnicy sp. k.*