

No. 430

Announcement of award of Consultancy and Assistance contracts

1. Entitat adjudicadora.

Organisation: Conselleria de Medi Ambient.

Body processing the file: Administrative Unit for Contracts File number: 564/2000

2. Objecte del contracte.

Type of contract: consultancy and assistance

Description of the objective: Detailed hydrogeological analysis of focus-types of contramination. Wastewater treatment plants 2000-2001

Butlletí o diari oficial i data de publicació de l'anunci de l'anunci de licitació: BOIB número 144 de data 25.11.00

3. Processing, procedure and form of award.

Procedure: ordinary

Procediment: obert

Forma: concurs

4. Pressupost base de licitació.

Total amount: 10.000.000 ptes, equivalent to 70.101,21 euros.

5. Adjudication.

Date: 22 December 2000.

Contractor: EPTISA, Servicios de Ingenieria, S.A. Nationality: Spanish.

Amount awarded: 9,400,000 pesetas, equivalent to 56,495.14 euros.

Palma, 5 de gener de 2001

The technical secretary general

Joana Coloma Busquets Huguet

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Section I - Autonomous Community of the Balearic Islands**3.- Other provisions****MINISTRY OF THE PRESIDENCY**

No. 448

Public information on the admission of the constitution of the Official College of Pedagogues and Pedagogues of the Balearic Islands.

By order of the Minister of the Presidency of the Government of the Balearic Islands, dated 5 January 2001, the request for the constitution of the Official Association of Pedagogues of the Balearic Islands requested by the Professional Association of Pedagogues of the Balearic Islands was admitted for processing and, consequently, following the procedures established by the procedure for the constitution and approval of professional associations, a period of public information was opened a period of one month starting on the same day the publication of this announcement in the Official Gazette of the Balearic Islands.

The file may be examined, and any allegations considered pertinent may be submitted to the Directorate General for Patrimony and Legal Entities of the Ministry of the Presidency (Plaza de la Drassana, 4, Palma), the competent body for professional associations in the Balearic Islands.

Palma de Mallorca, 8 January 2001

The Director-General for Assets and Legal Entities

Antonio Garcias Simón

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No. 446

Correction of errors in the order of the Conseller de Presidencia of 10 November 2000, BOIB no. 145 of 28 November 2000, approving the Statutes of the Association of Qualified Insurance of the Balearic Islands.

Errors having been discovered in the aforementioned Order published in Boib no. 145, of 28 November 2000, and in accordance with the provisions of Article 105 of Law 30/12992, of 26 November, on the legal regime of public administrations and common administrative procedure, the following amendments are made:

To the sole article:

: "The statutes of the Official Association of Qualified Insurance Mediators of the Balearic Islands, which are attached as an annex, are positively qualified".

It should read: " The statutes of the Association of Qualified Insurance Mediators of the Balearic Islands, which are attached as an annex, are positively qualified".

Palma de Mallorca, 8 January 2001

The Councillor for the Presidency

Antoni Garcies i Coll

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DEPARTMENT OF HEALTH AND CONSUMER AFFAIRS

No. 445

Order of the Conselleria de Sanidad y Consumo, of 19 December 2000, establishing the conditions, technical requirements and authorisation procedure for the creation, modification, transfer and closure of hospitals.

Article 6 of Decree 163/1996, of 26 July, which regulates authorisation for the creation, modification, transfer and closure of health centres, establishments and services, states that it is the responsibility of the Regional Ministry of Health and Consumer Affairs to establish, by Order, the technical conditions and requirements to be met by the different health centres, establishments and services for their operation, as well as to determine which centres are subject to prior administrative authorisation and authorisation to operate.

The aforementioned Decree classifies the different health centres, establishments and services into inpatient and outpatient health centres, the former including hospitals, which in turn are differentiated into general hospitals and monographic or specialised hospitals.

This regulation, issued in development of Decree 163/1996, aims to guarantee citizens basic and homogeneous levels of quality in the services offered by the hospitals of the Autonomous Community of the Balearic Islands, through the formal process of hospital authorisation, which ensures that they have the appropriate technical means and requirements to provide quality health care.

Therefore, by virtue of the provisions of Article 6 of Decree 163/1996, and making use of the powers conferred by Article 26 of Law 5/1984, of 24 October, on the Legal Regime of the Administration of the Autonomous Community of the Balearic Islands, and in agreement with the Consultative Council, I hereby issue the following decree

ORDEN

Article 1.- Purpose and definitions.

1.- The technical conditions and requirements to be met by the centres with interment referred to in article 3 a) of Decree 163/1996, of 26 July, which regulates the authorisation for the creation, modification, transfer and closure of health centres, establishments and services in the Autonomous Community of the Balearic Islands, are those that appear in the Annex to this Order.

For the purposes of this regulation, an in-patient centre is considered to be a health establishment in which, on an out-patient or basis, diagnostic and treatment services are provided by health professionals linked to it by a civil servant, statutory or contractual relationship, whether the latter be employment or the leasing of services, which must include at least medical and nursing staff, and the hospital must be located in a building for exclusively health use, without prejudice to any other complementary services that may be provided.

3.- The in-patient regime is understood to be that in which the user occupies a bed for at least 24 hours at a time.

In accordance with the contents of Decree 163/1996, centres referred to in the present regulation may be:

a) General Hospital, which is one that is equipped with sufficient means for the diagnosis and treatment of various medical and/or surgical pathologies.

b) Monographic or Specialised Hospital which must be equipped with diagnosis and treatment services specialised in certain pathologies, or the care of patients of a certain age group.

Article 2.- Authorisations.

Likewise, and in accordance with Article 6, b) and c) of the aforementioned Decree 163/1996, it is determined that the Centres referred to in this Order are subject to prior administrative authorisation and operating authorisation.

Article 3.-Prior administrative authorisation.

1.- Applications for obtaining prior administrative authorisation in the cases of creation, modification or transfer of the centres referred to in this regulation shall be addressed to the Department of Health and Consumer Affairs, and shall be accompanied by the following documentation:

a) Document accrediting the applicant's personality and, where applicable, the representation that he/she holds. In the case of a legal entity, the statutes of the entity must be attached, showing its registration in the corresponding Register, as well as a certified copy of the resolution adopted by competent corporate body regarding the creation, extension, modification or transfer of the hospital centre.

b) Documentary justification of the legal availability of the .

c) Report outlining the needs to be met by the project presented and a description of the type of centre, aims and activities to be developed in the centre, as well as the portfolio of services of the centre.

d) Technical project, signed by a competent technician and approved by the corresponding Professional Association, which will include:

1. Technical project report, including a certificate from the technician responsible for the project certifying that it complies with current regulations on town planning, construction, installations, fire protection conditions, safety and any other required by current regulations.

2. Overall and detailed plans that allow the perfect identification and location of the work.

3. Installation plans.

4. Specific technical specifications with a description of the work, phases and construction period.

5. Forecast of services, units and areas, as well as medical , technology, equipment and material.

2.- Once the application for prior authorisation for the creation, modification or transfer of the hospital centre has been submitted, the corresponding technical services of the Regional Ministry of Health and Consumer Affairs will issue a report on the matter, establishing in the same, where appropriate, the corrective measures to remedy the deficiencies found, all of this prior to the commencement of the works.

Article 4.- Deadline.

1.- Once the favourable health report has been issued, prior administrative authorisation will be granted, and a maximum period of six months will be allowed for the commencement of the actions required for the creation, modification or transfer of the corresponding centre.

Article 5.- Authorisation to operate.

1.- Once the works have been completed, and prior to the commencement of activities at the centre, authorisation to operate must be requested from the Department of Health and Consumer Affairs, which must be accompanied by the following documentation:

a) Certificate of completion issued by the corresponding technician, as well as a copy of all the certificates or licences issued by the competent technicians or bodies, certifying that all the comply with the legal regulations applicable in each case.

b) Internal operating regulations, which must include a functional organisation chart that guarantees at all times the health care to be received by users. The person with the highest legal for the centre shall be indicated.

2.- The Regional Ministry of Health and Consumer Affairs will proceed to carry out an inspection visit to the centre to check that, prior to opening or starting up, the conditions and requirements established in the prior authorisation are met, granting the corresponding operating authorisation in the event that the conditions established therein have been met, which will only be effective for health purposes, without prejudice to the fact that the hospital centre must also have any other or licences from other competent bodies.

Article 6.- Conditions of the authorisation to operate.

1.-The operating authorisation shall list all the areas, units or hospital services that have been authorised, of which the following shall be included in the operating authorisation

In any case, the owner and responsible party shall be the owner of the authorised hospital, without prejudice to any possible agreements that may be reached with other natural or legal persons for the provision of the different services, which, in turn, must have the corresponding health authorisation.

2.- The operating authorisation shall be valid for ten years. It must be renewed once this period has elapsed, by requesting its renewal by the owner of the centre. The technical services of the Regional Ministry of Health and Consumer Affairs shall verify that the centre meets all the requirements of the applicable legislation, and that it has all the authorisations and licences required by the applicable legal regulations, granting the renewal, where appropriate, with an indication of the areas, units and services whose renewal is authorised.

In the event that it is found that the centre fails to comply with the requirements, a period of time will be granted for rectification, after which, if the deficiencies have not been rectified, the Regional Ministry of Health and Consumer Affairs may initiate ex officio proceedings for the total or partial closure of the centre, adopting the appropriate measures to guarantee the care of users.

Article 7.- Modification.

1.- Changes to the structure of the building, services, units or areas that appear in the operating or renewal authorisation, as the case may be; the creation of new services or units and high medical technology facilities, shall be considered modifications.

2.-When any of the modifications foreseen in the previous section take place, the corresponding prior and operating authorisation must be requested, in the manner foreseen in articles 3, 4 and 5 of this Order.

Article 8.- Closure.

1. In the event that the total or partial closure of a duly authorised hospital centre in operation is intended, the owner or legal representative of the institution or entity that owns it must submit a letter to this effect to the Regional Ministry of Health and Consumer Affairs, which must be accompanied by copy:

a) Copy of the closure resolution of the competent corporate body.

b) Justificatory report on the closure project.

c) Memorandum of the planned phases and sequential form of the activity phase-out.

2.- The Regional Ministry of Health and Consumer Affairs, after hearing the owner of the centre to be closed, may agree, for justified reasons, on a temporary operating regime for the hospital centre or some of its facilities, in order to guarantee the health care of the population.

First transitional provision.

Hospitals that were in operation before the entry into force of this Order and that do not meet any of the requirements established herein may apply to the Regional Ministry of Health and Consumer Affairs, within a period of three months from the entry into force of this Order, for a postponement for their adaptation. The period may not exceed three years from the entry into force of this Order, and a report must be issued by the technical services of the Department of Health and Consumer Affairs prior to the Resolution of the Department of Health and Consumer Affairs.

Second transitional provision

In accordance with the provisions of paragraph 1 of the Transitional Provision of Decree 163/1996, the hospital centres referred to in this Order, which were in operation when the aforementioned Decree came into force, must apply for the renewal of their administrative authorisation before 18 August 2001.

Final Provision: - Final Provision: - Final Provision: - Final Provision: -
Final Provision: - Final Provision

This Order shall enter into force on the day following its publication in the Official Gazette of the Balearic Islands.

Palma, 19 December 2000

The Regional Minister for Health and Consumer Affairs.

Fd° Aina Salom Soler

ANNEX

A- General requirements.

The purpose of the hospital is to provide medical and/or surgical care, with an inpatient stay of more than 24 hours, as well as outpatient care.

The hospital must be permanently open to the public and able to deal with emergencies arising in the hospital itself.

A1-Legal requirements

1-It must comply with the legal regulations regarding physical plant, activity, fire protection conditions, safety, installations, health and any other applicable regulations.

2-All buildings must comply with the legal regulations in force, in to the removal of urban and architectural barriers.

3- They shall have at all times the documentation accrediting the licences and authorisations required to carry out the activity, so that they can be consulted by the health inspection services.

4- In accordance with current legislation, smoking is not permitted on hospital premises, except in designated areas.

5- The hospital, taking into account the regulations applicable to it, shall draw up its own regulations with regard to:

- a) Indicators and warning signs relating to safety within the hospital.
- b) Measures for storage, preparation, handling and disposal of polluting and hazardous substances.
- c) Use of safety measures for electrical and hazardous equipment and installations.
- d) Fire emergency and evacuation plan, specifically drawn up for each hospital establishment.

6- The hospital shall observe all patients' rights and duties as set forth in the regulations in force. Signed consent shall be obtained whenever necessary or appropriate for any proposed treatment or procedure, and patients or their families or representatives shall be informed.

A2- Structural and infrastructure requirements.

1- If the physical plant has more than one level, vertical transport of persons shall be ensured with a minimum of two vertical communication devices with sufficient capacity for a stretcher or bed and its attendant.

2- Water and electricity supply shall be guaranteed in the critical areas, which as a minimum shall be:

- Emergency area.
- Surgical area.
- U.V.I.
- Laboratories.
- Blood reservoir.
- Dialysis.
- The permanent operation of the electricity shall also be ensured for:
 - Power sockets.
 - Vertical transport
 - Emergency signalling.

3- They must have toilets for the public, with a minimum of one per floor. They must also have toilets for the disabled in accordance with current .

4- In newly established hospitals:

- The maximum number of beds per room shall be two.
- The rooms have a full bathroom with washbasin, WC and shower or bathtub.

5- The doors of the rooms shall permit the passage of a bed or stretcher with wheels and a drip system. Corridors or passageways shall be wide enough to permit the passage of two beds or stretchers moving in the opposite direction, and shall also comply with the applicable fire protection conditions.

6- It shall have an adequate air-conditioning system to ensure a temperature of between 18° and 24°C.

7- They shall have a capacity of at least 15 beds for the admission of patients.

8- They shall have a separate telephone service for users. At least one telephone on each floor and located in the waiting area.

9.- All installations for the distribution of drinking water and air conditioning systems must be made of smooth, easily cleanable and disinfectable materials. As well as easily accessible.

A3- Functional requirements.

1- Appointing a person assume the highest responsibility for the hospital.

2- There will be a portfolio of services defined in each hospital, and any variations and updates must be communicated to the Regional Ministry of Health and Consumer Affairs.

3- Sufficient and visible information on the location of the different units and services shall be available at the main entrance area of the hospital.

4 - Hospitals shall have an insurance policy in force to cover the replacement costs of their infrastructure, furnishings, equipment and civil liability in the of an accident.

5- There shall be an ambulance service for the transport of patients to or from the hospital.

6- Every patient treated in the hospital shall be provided with a medical record which shall be kept by the hospital. The patient shall have the right to the information contained therein and to obtain a copy of the objective data therein.

7- There will be a book of complaint forms, numbered and stamped by the Consellería de Sanidad y Consumo (Department of Health and Consumer Affairs).

8- There shall be a system for recording admissions and discharges, which shall include data relating to the identification of the patient and data relating to the diagnosis on admission and discharge.

9- The hospital shall have appropriate protocols for surveillance, prevention and control of nosocomial and epidemic infection in patients and healthcare workers. It will develop clinical pathways for specific procedures and report notifiable diseases according to current regulations.

10- Disinfection, disinsectisation and rat extermination plans shall be

in place. A4- Human Resources Requirements.

1- Without prejudice to the fact that the different areas of hospitalisation, diagnosis and treatment may depend at management level on a specific manager in the centre's management organisation chart, all of them must have a clinical manager with the qualifications required in each case. Likewise, there must be a person responsible for the nursing areas who is physically present in the centre 24 hours a day.

2- Doctors and Nurse Practitioners on out-of-hospital duty shall be located at a maximum distance that allows them to reach the hospital in less than 30 minutes.

B- Specific requirements for each of the hospital areas or units.

B1- Address:

1- A person shall be designated to assume the highest executive capacity and legal responsibility for the centre. There shall be a functional organisation chart detailing the medical, nursing, administrative, catering and maintenance services.

2- Updated personnel register including the following data: name, professional category, qualification, speciality, position, working hours, address and telephone number.

3- It shall have daily information on patient registrations and cancellations, available beds or places and incidents. It shall have a duty roster.

4- It shall have at its disposal all information required by law.

B2- Administration.

1- There shall be a responsible person in charge of the unit.

2- It will have a tariff book that the user can consult, as well an archive of invoices.

B3- Complementary services: Admission, filing, care and quality of care.

- 1- There shall be a responsible person in charge of the unit.
- 2- The admissions area shall be easily located and accessible from the main entrance of the hospital. This area shall be responsible for the management and registration of admissions, discharges, internal transfers, referral of patients to other centres and the removal of corpses.
- 3- There shall be a centralised archive of medical records or, where appropriate, a computerised device that centralises the information. Applicable legislation on the protection of personal data shall be complied.
- 4- The medical records shall contain at least the information:
 - a) Identity of the patient: name, sex, age, address, employment data.
 - b) Administrative: type of insurance, day of admission and day of .
 - c) Medical-clinical: admission diagnosis, evolution and discharge (including all actions taken).
- 5- Patient care: it will ensure the rights and duties of patients and will establish channels for the user to express suggestions and complaints in writing.
- 6- Quality of care: Activities will be carried out to assess the quality of the care provided and the proposed corrective measures will be followed up order to solve the problems detected. Hygiene and infection prevention protocols will be in place and clinical guidelines for specific procedures will be drawn up.

B4- Hospitalisation unit

4. 1- General hospitalisation unit
 - 1- It will consist of patient rooms, nursing control, adjoining service areas and circulations.
 - 2- The nursing control will :
 - a) Visual and/or acoustic control of the receiving systems to warn the sick.
 - b) Space for filling in and temporarily depositing the clinical of admitted patients.
 - c) An area for staff use, with toilet facilities.
 - d) Clean area with:
 - Space for medication . Refrigerator.
 - Medication storage with lockable cabinet. Sterile material cupboard.
 - An office.
 - e) A storage space for linen and other material.
 - f) A separate dirty room with a separate cleaning area with a chute.
 - 3- The nursing controls that are located on the same floor may share a lounge for patients and visitors, as well as the following areas referred to above: office, storage of linen and other material, cleaning, staff use area and toilet.
 - 4- The maximum number of beds per nursing checkpoint shall be 40, located on the same floor. The maximum distance from the door of the room at the furthest point from the nursing checkpoint shall be 45 metres. 5.
 - At all times there shall be a doctor in charge of the care area.
 - Likewise, the presence of an ATS/DUE must be guaranteed as a minimum at each nursing check
 - 6- A minimum of the following equipment shall be provided in each inpatient unit on the same floor:
 - a) A portable secretion aspirator.
 - b) Cardio-pulmonary resuscitation equipment with quick access to a defibrillator monitor.
 - c) An assisted toilet when there is no possibility in the toilets of the rooms.
 - 7- All rooms:
 - a) They shall have oxygen and vacuum intakes.
 - b) They shall have natural light and ventilation that ensures the renewal of air.
 - c) There shall be a minimum distance from the bed to the side wall of 50 cm. and 1 m. to the neighbouring bed, and shall allow turning of beds or stretchers within the room.
 - d) There shall be the possibility of visual isolation by bed.
 - e) Each room shall have a toilet, a bath or shower and a washbasin. Toilets shall have a warning system for emergencies. Handholds to enable the patient to get into the toilet and shower.
 - f) The doors of rooms and rooms through which bedridden patients must pass shall allow at least one bed or stretcher to pass.

with drip system.

- g) The following shall be provided in relation to each bed:
 - Beds shall be movable, adaptable to different anatomical positions and may be fitted with handrails.

- A wardrobe
- An armchair
- A side table A bedside table
- An illumination switch and a nurse call switch easily accessible from the bed.
- Electrical sockets and a lighting system to allow for treatment, reading, night and general lighting.

4. 2- Specific hospitalisation units.

In addition to the general requirements included in the general hospitalisation section, where any of the following units are available, they shall comply with the requirements listed below:

4.2.1- Paediatric Unit.

- 1- The direct clinical head of the paediatric inpatient unit shall be a paediatric physician.
- 2- Special safety conditions shall be ensured to prevent children's access to medicine stores, electrical installations, slopes, lift exits and other dangerous places.
- 3- A sufficient number of beds and cots of different sizes, with safety devices to prevent from falling out or putting their heads between the bars, should be available.
- 4- Nursery control and nest and bottle room for , permanently visible from one point.
- 5- Newborn bathing area
- 6- Existence of fixed or portable incubator.
- 7- In infant hospitalisation areas, there shall be a comfortable space that allows for breastfeeding in privacy.
- 8- The presence of an accompanying person shall be allowed on a continuous basis.

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4.2.2- Traumatology unit

- 1- The clinical head of the unit shall be a physician specialising in traumatology and orthopaedic surgery.
- 2- All beds shall be provided with a ceiling attachment point or suitable apparatus, such that a weight of 50 kg can be suspended.

4.2.3- Psychiatry unit.

- 1- The clinical head of the unit shall be a doctor specialising in psychiatry.
- 2- It shall have at least two isolated rooms, one of shall be capable of visual control.
- 3- The unit shall have passive security measures in place to prevent any attempt at escape, defenestration or self-harm.
- 4- Indoor and outdoor physical space for patient activities.
- 5- Dining room for patients.

4.2.4- Infectious diseases unit.

- 1- The access will serve as a lock.
- 2- All rooms will be single.
- 3- You will have one individual toilet per room.
- 4- Clean and dirty workspaces shall be provided.
- 5- Maximum aseptic precautions shall be taken in the flow of personnel, material and waste.
- 6- Non-manually operated hand washing facilities shall be provided for staff use.
- 7- The air-conditioning supply shall be independent, with full air renewal or HEPA filters, and room overpressure.

4.2.5- Oncology Unit.

- 1- The clinical head of the unit shall be a physician specialising in medical oncology.
- 2- In the use of cytostatics, there shall be clear and strict rules for personnel concerning the reception, handling, , waste collection and excreta collection.
- 3- The handling of cytostatics shall take place in a area and inside a biological safety cabinet.
- 4- Cytostatics shall be stored in complete isolation from other products and/or foodstuffs.

4.2.6- Intensive Care Unit.

- 1- The unit will form an independent and differentiated block, with a filter area and controlled access.

- 2- The minimum number of beds in the unit shall be 6. As a minimum there shall be one isolated room for every 6 beds.
- 3- The minimum space between two beds shall not be less than 2.5 m in the same room.
- 4- Newly constructed units shall be structured in individual cubicles with a minimum area of 12 m².
- 5- Toilets for patients.
- 6- The clinical officer shall be a physician specialising in intensive care medicine.
- 7- The unit will have natural lighting but artificial ventilation with non-recirculated air and absolute filters. Temperature between 18-25°C.
- 8- There shall be a waiting room for family members in the unit itself or in its vicinity, as well as a space at the entrance of the ICU to allow for appropriate clothing to enter the unit.
- 9- It shall have separate enclosed clean and unclean work areas with direct access to the outside.
- 10- There shall be a staff area with a doctor's on-call room and toilet, with a telephone and emergency alarm system.
- 11- Non-manually operated hand washing facilities with single-use paper towels shall be provided to allow for hand disinfection upon leaving the rooms.
- 12- Nursing management:
- It shall have control of the alarm centre, visualisation of the sick and quick access to them.
 - Cabinets for sterile and non-sterile material and medication.
 - There shall be a separate area for multi-purpose use.
- 13- All beds shall be equipped with:
- Space around the bed to facilitate attention from all four sides.
 - 3 oxygen and 2 vacuum and compressed air outlets and several electrical outlets (at least 15 divided into three isolated transformers).
 - A bedside monitor for ECG with alarms, pressure and pulse oximetry and respiratory rate.
 - At least two invasive pressures every six beds may be monitored. Non-invasive pressure in all beds (NIBP). Cardiac output module by thermodilution 1/6 beds.
 - All monitors shall be connected to the nursing control alarm centre.
 - Volume ventilators shall be provided at least once every three beds.
- 14- The following equipment will be available in the unit:
- A cardiac arrest trolley with synchronised and non-synchronised defibrillator with rechargeable battery.
 - A blood gas measuring device, a portable X-ray machine and an image amplifier, either as own equipment or immediately available. There will also be the possibility to carry out urgent elementary analyses.
 - Volumetric infusion pumps, syringe infusion pumps and enteral nutrition pumps.
 - If it is also a coronary unit, external pacemaker and endocavitary temporary pacemaker will be available.
 - Assisted stretcher for intra-hospital transport, with portable respirator and defibrillator monitor.

5- Areas of Diagnosis and Treatment

5.1- Outpatient clinics

- 1- They shall have space for patient care and for the reception, information and waiting of patients and their companions during visiting hours. Toilets on the floor for the public.
- 2- Each consultation office shall have as a minimum: of a table, seats, examination couch, additional equipment as required by the speciality in question and a non-manually operated washbasin.
- 3- If there are surgery and surgical specialties, there shall be a treatment room with a non-manually operated hand wash basin and equipped with the necessary equipment.

5.2- Emergencies.

- 1- The external emergency unit shall be staffed with the necessary personnel to attend to emergencies that arise, as well as to manage the correct transfer of patients if necessary. There shall be a doctor in charge of this unit, and the physical presence of at least one doctor and an ATS/DUE shall be guaranteed at all times.
- 2- The number of doctors physically present in the unit in the centre and on call shall be established by the centre, on the activity carried out.
- 3- An updated list or duty roster with the names and specialties of the doctors on duty, both those present at the centre and those who can be reached, shall be displayed in the emergency unit.
- 4- Access to the Emergency Department shall be differentiated from the rest

of the accesses to the Hospital.

- 5- The emergency unit will have the following physical spaces:
- Reception.
 - Waiting room with toilet and public telephone in the same room or adjoining areas.
 - Medical care area with sufficient boxes according to the centre's usual volume of care, with the space and equipment necessary for patient care.
 - Office.
 - Nursing control
 - Plaster room in the same department or in a nearby area where the passage of stretchers is possible.
 - Dirty area with landfill.
 - Toilets for the sick.
 - Toilets for staff working in the unit
 - Clean area for storage and preparation of medication.
 - Area for staff use.
 - Storage space.

6- Each of the boxes in this area shall be equipped with beds or stretchers with handrails and shall be provided with oxygen, vacuum and compressed air, as well as individual lighting and sufficient sockets.

7- The emergency unit shall be equipped with the necessary material, equipment and medication for cardiorespiratory emergencies and other situations requiring immediate action. At least one cardiac arrest trolley shall be permanently available for use with a synchronised defibrillator monitor. ECG, NIBP and O₂ Sat monitors. Volumetric ventilators, infusion pumps and assisted stretcher for intra-hospital transport. Electrocardiographs.

8- The emergency unit shall have the possibility of immediate use of operating theatre, X-ray and laboratory facilities.

9- Non-manually operated hand washbasins shall be provided for hand dis.

10- It will have a registration system with the following data:

- Name and surname of the person assisted.
- Age and sex.
- Diagnosis and reason for attendance.
- Date and time of arrival and departure from the emergency department.
- Identification of the doctor and ATS/DUE who attended you
- Origin of the patient.
- Fate of the sick person.

5.3- Laboratory

1- All hospital centres must have a laboratory unit capable of performing basic clinical analytical determinations.

2- It must meet the requirements demanded in the autonomous community regulations for this type of health centre.

3- They shall be fitted with a separate air, vapour and gas extraction duct.

5.4- Blood storage

1- A permanent supply of blood must be ensured through a blood bank or a blood depot located in the centre itself or through an approved blood bank.

2- The storage of blood and blood products shall be carried out with the equipment that guarantees, at all times, their conservation within the legally established temperature margins. To this end, there shall be a temperature to ensure compliance with this precept.

3- In relation to the rest of the requirements, it will be adapted to the applicable regulations in force.

5.5- Pathological Anatomy Laboratory.

1- The hospital shall have its own pathological anatomy unit, either its own or a contracted unit, capable of carrying out studies specific to the speciality, the head of which must be a doctor specialising in pathological anatomy.

2- The unit shall have as a minimum:

- Sample reception area.
 - Laboratory equipped with the necessary material for the performance of routine microscopic diagnostic techniques.
 - Material cleaning area.
 - Sample archiving and reporting area.
- 3- If autopsies are carried out, at least:
- Autopsy table
 - Appropriate instruments
 - Availability of cold storage
 - Register of autopsy authorisations.

e) Register of reports.

5.6- Diagnostic imaging.

1- The minimum facilities in the hospital will be a unit capable of performing basic radiological examinations: simple chest, abdominal and bone radiology as well as a portable X-ray machine.

2- The clinical officer shall be a physician specialising in diagnostic radiology.

3- Premises, facilities and personnel must comply with official radiation protection standards in accordance with the applicable legislation in force.

4- The following spaces should be available:

- a) Reception area.
- b) Waiting room
- c) Examination rooms
- d) Developing area
- e) Study and information room
- f) Dressing rooms and toilets for patients.
- g) The unit shall have sufficient physical means and medicines to deal with anaphylactic reactions due to contrast in the event that examinations that require it are carried out.

5- The unit shall be ready for use at any time either by permanent or on-call personnel.

6- Protocols for the preparation and application of examinations performed in the unit shall be available and shall include recommendations to patients.

5.7-Radiotherapy

1- The head of the unit will be a physician specialising in radiation oncology.

2- Premises and personnel must comply with current radiation protection regulations.

3- It will include:

- a) reception and waiting area
- b) medical office
- c) radiotherapy equipment
- d) treatment planning equipment with remote control simulator.
- e) calibration and dosimetry equipment.

4- There shall be a medical physics service within the unit responsible for the calibration and control of all units, dosimetric treatment planning and radiation protection of staff and patients.

5- It shall comply with all the requirements applicable to it in accordance with the regulations in force.

5.8- Nuclear Medicine

1- The clinical head of the unit shall be a physician specialised in nuclear medicine.

2- Premises and personnel shall comply with current radiation protection standards.

3- It will have :

- a) -Reception and waiting area.
- b) -Medical office.
- c) -Warehouse

4- It shall comply with all the requirements applicable to it in accordance with the regulations in force.

5.9- Dialysis unit

1- The clinical manager of the unit should be a nephrologist who is physically present at the health care facility during treatments.

2- It will consist of:

- a) Reception area and patient waiting area.
- b) Toilets and changing rooms for male and patients.
- c) The dialysis area shall be located in a ventilated and naturally lit room of 6 to 8 square metres per station.

d) There will be one or more specific areas for patients at increased risk of transmission of infectious diseases (hepatitis B, C, HIV, etc.) and a specific operating protocol will be in place to minimise the risk of infectious transmission.

e) Nursing control with monitoring of the installation of the reverse osmosis plant. Non-manually operated hand washbasins will be provided for hand disinfection.

3- As a minimum there will be one ATS for every four posts and one auxiliary for every eight posts.

4- Water shall be properly treated by reverse osmosis or similar system.

5- It shall have an emergency system with the capability to

to ensure the treated water expected to be needed within 24 hours, deionised and osmosed.

6- Regular bacteriological controls of the water shall be carried out.

7- An emergency electrical system shall be provided to ensure the functioning of the vital elements for dialysis and antipanic lighting. 8- Dialysis stations shall be equipped with electrical outlets with a panel.

insulation preferably for each monitor. Water intakes and drains shall be made in such a way as to minimise connection distances and shall be fitted with an anti-reflux system. Oxygen and vacuum intakes shall be suitably located so that they can be used in case of need at any dialysis station.

9- A cardiac arrest trolley shall be available.

5.10- Surgical block.

The surgical block is the set of operating theatres and adjoining premises in which the planned and necessary surgical procedures are carried out according to the specialities treated in the hospital. It shall be located in a well-defined area, away from the general circulation of the hospital, signposted and controlled at the entrances and exits.

1- Functionally, three zones will be differentiated:

a) Filter area: transit area from the outside for access by staff, patients and equipment.

b) Clean area: under conditions of maximum control and cleanliness.

c) Soiled area: where soiled, waste or infected material is discharged.

Access of personnel and material to the operating theatre shall be carried out under conditions of maximum aseptic conditions and without the evacuation of soiled material altering these conditions, guaranteeing the impossibility of crossing the circulation of clean and soiled material.

2- The surgical suite shall have as a minimum the following areas:

a) Access control and monitoring device. There shall be a disposable shoe cover dispenser and collection container.

b) Transfer area for the arrival and reception of patients. It will space for stretchers in the block.

c) Toilets and changing rooms with showers for staff, with separation of the sexes. Provision of operating theatre clothing, caps and masks. They will be directly accessible from the outside and will communicate directly with the clean area.

d) Control and supervision station with a clean office for the preparation of the material used in the interventions.

e) A storage room for sterile material.

f) Surgical scrub room. It shall be equipped with a minimum of two surgical washbasins per operating theatre, with a direct view of the operating area.

g) Pre-anaesthesia room. Precedes the entrance to the operating theatre and is where pre-anaesthesia is performed on the patient before entering the operating theatre. Oxygen and vacuum intakes must be available.

h) Operating theatre to be provided:

1- Minimum dimensions of 30 square metres with a smaller side of not less than 5 metres and a minimum clear height of 3 metres.

2- An operating theatre may also be provided for major outpatient surgery, which must be at least 24 square metres in size. In the case of ophthalmological outpatient surgery, 18 m² shall be sufficient.

The materials used for operating theatre linings shall meet the following requirements:

Walls: smooth, washable, resistant to chemicals, waterproof, sufficient mechanical strength and avoidance of joints.

Floors: smooth, easily washable, non-slip, antistatic, resistant to chemical agents.

Ceilings: shall be non-removable, washable and resistant to chemical agents.

Aisles shall be wide enough to allow two stretchers to cross. Doors shall be at least 1,20 metres wide and have a glass visor.

5- It shall comply with all applicable regulations regarding installations (electrical power, electro-medical equipment, air conditioning, medical gases, etc.). An anaesthetic gas evacuation system shall be provided.

6- The use of filtered air, without recirculation and with absolute filters with particle retention of up to 3 microns and the maintenance of a temperature between 20 and 24 °C and a relative humidity of 45-60% and with a minimum of 15-20 air renewals/hour shall be obligatory.

7- Operating theatres shall be overpressurised in relation to adjacent rooms.

8- It shall have at least two oxygen/vacuum intakes and one nitrogen protonoxide/compressed air intake

9- A minimum of 6 electrical outlets shall be provided. Generating set with sufficient power to continue to operate all the equipment of the

operating theatre, waking room and emergency lighting.

10- The minimum allocation shall be:

- surgical lamp.
- operating table.
- electric scalpel.
- surgical aspirator.
- anaesthesia table with ventilator.
- monitor (electrocardiogram/pulse/pressure).
- gas monitor.
- defibrillator monitor every 5 operating theatres, minimum one.
- rapid sterilisation system.
- negatoscope
- watch with activatable seconds and minute hands.
- bins or containers for waste, contaminated material and soiled linen.

i) Post-anaesthesia-awakening area:

1- There shall be at least 1.5 seats per operating theatre.

2- Oxygen and vacuum installation with individual outlets for each station.

3- The minimum allocation shall be:

- bedside monitor for electrocardiogram, pulse and blood pressure.
- pulse oximeter.
- volumetric ventilator for every three posts.
- cardiac arrest trolley in permanent readiness for use, with monitor, synchronised defibrillator, as well as material, medication and equipment necessary to resolve any emergency.

j) Dirty material zone. This is the area through which soiled material is discharged. It shall have a sink, a worktop and a waste receptacle.

k) If there are two or more operating theatres, a staff lounge should be provided.

l) Office for informing relatives. Located at the entrance of the block.

m) Storage of equipment for the exclusive use of the block.

There shall be aseptic protocols and rules of operation and circulation, as well as a system for recording the daily schedule of surgical activity and a register of the operations performed, which shall include: name, surname, age and sex of the patient, history number, type of operation and speciality; the name and surname of the surgeon/s, anaesthetist, nursing staff and instrumentalists; the operating theatre, operation times and incidents recorded.

5.11- Cardiac surgery unit.

1- The head of the unit shall be a physician specialising in cardiovascular surgery.

2- If this type of unit is available, in addition to meeting the requirements of the surgical unit, it must have the following basic equipment:

- Portable hoover. Conventional defibrillator.
- Defibrillator with special paddles (intracardiac) for cardiac surgery.
- External pacemaker with electrodes for cardiac surgery.
- Electroscalpel.
- Pump and complete equipment for extracorporeal circulation (two Coolers, one for cardioplegia and one for the patient).

Anaesthesiology and resuscitation equipment including: respirator with servo and anaesthetic gas monitoring.

Air-conditioning unit with individual temperature control for the operating theatre, with special filters (positive pressure).

- Counterpulsation balloon.
- Electric blanket.
- Operating light.
- Operating, auxiliary, instrument and may table. Monitor (electrocardiogram/pulse/pressures).
- Stools, benches and bucket.

5.12- Cardiac haemodynamics unit

1- The head of the unit will be a cardiology specialist.

2- The haemodynamics unit will consist of:

- a) Preparation/recovery room with capacity for two beds or stretchers.
- b) Sterile anteroom, with a module for surgical washing of personnel and another for storage of material.
- c) Area where the procedure is to be carried out (diagnostic and/or therapeutic)

d) Minimum surface area to allow movement of the X-ray arch in all directions, also allowing for the placement of life support equipment (defibrillator, anaesthesiology equipment, etc.).

- e) Height not less than three metres.
- f) Leaded armour.
- g) Central oxygen, vacuum and compressed air supply.

h) Storage area for equipment and medicines close to the examination and treatment.

i) Control room adjacent to the area where the procedure is performed, with an acoustic system allowing verbal communication with the area where the procedure is performed.

j) Image processing display area.

k) Toileting and changing of patients in the examination/treatment area.

to.

3- The area in which the radiodiagnostic equipment is located shall comply with all the standards relating to radiation protection established for this type of installation by the legislation in force.

Equipment:

Angiography equipment.

Sufficient electrical outlets shall be available to ensure the simultaneous operation of all necessary peripheral elements.

Resuscitation equipment with: crash cart, myocardial defibrillator, external temporary pacemaker generator and perfusion pumps.

5.13- Obstetric block

1- The clinical head of the unit will be a doctor specialising in obstetrics and gynaecology.

2- For the care of deliveries in the centre, at least one midwife, an obstetrician, a surgical assistant, an anaesthetist and a paediatrician must be available on site. 3- The block shall have the following differentiated spaces two:

- a) Staff changing rooms with separation of the sexes.
- b) Surgical scrubbing area.
- c) Delivery room.
- d) Dilatation room.
- e) Newborn care and resuscitation area with a minimum of instruments and equipment for suction and intubation, as well as a manual respirator.
- f) Storage of clean material and medication.
- g) Dirty storage area.
- 4- Oxygen, vacuum and nitrous oxide installations.
- 5- Quick connection to a surgical block or own operating theatre.
- 6- Portable and fixed incubator.
- 7- There should be a protocol for immediate identification of the newborn.

5.14- Rehabilitation

1- The basic unit will :

- a) Reception area and waiting room.
 - b) Medical office with examination area.
 - c) Dressing rooms and toilets.
 - d) Common room with the possibility of visual isolation for individual treatment.
- 2- There should be no architectural barriers.

5.15- Pharmacy Service or Drug Depot

All hospitals must have an authorised pharmacy service or depot, in accordance with current regulations.

6- General Services Areas. 6.1- Sterilisation.

1- The centre shall have a sterilisation unit, and a health professional responsible for this area shall be in charge of it.

2- The sterilisation area will have differentiated spaces to each level of contamination.

3- Delivery and transfer of sterile equipment shall be done in a manner that ensures suitable aseptic conditions.

4- The unclean material circuit shall not cross the clean and sterile material circuit.

5- Quality control of the sterilisation process shall be ensured.

6- Bacteriological controls shall be carried out periodically and recorded.

7- Sterile material shall be packed in consumer units.

8- The time limit for the use of sterile equipment shall be stated on each package.

9- There shall be written standards on type of material treatment, packaging systems, time limits for use and sterilisation control systems.

10- A separate rapid sterilisation system shall be available in all surgical areas.

Protective measures for personnel shall be observed at all times.

working in the unit in relation to the sterilisation system used.

A ducted gas extraction system shall be provided, which complies with current legislation in terms of emission and immission according to the sterilisation model used.

6.2- Kitchen.

1- The kitchen and annexes must comply with the Technical-Sanitary Regulations for Collective Dining Rooms in force.

2- In the case of serving meals to the public on a self-service basis, they must also adapt to the applicable regulations governing the control and health and hygiene conditions of collective canteens that on a 'self-service' basis.

3- In the event that meals are prepared in another establishment, the latter must be authorised for this activity and registered in corresponding register.

4- The transport and distribution of meals to the rooms shall be carried out by means of distribution trolleys, containers and trays that guarantee the maintenance of the required temperatures in each case and that protect the meals from any type of contamination.

6.3- Dietetics.

1- You will have a responsible person with accredited knowledge of dietetics.

2- In addition to the basal diet, special diets will be possible, depending on the patients' medical indications and religious beliefs.

3- The correct collection, identification and administration of the diet prescribed by the doctor for each patient must be ensured.

6.4- Laundry.

1- The hospital shall have its own laundry unit or a contracted laundry unit. In either case there shall be a person responsible for the unit in the hospital itself.

2- There shall be a separate storage area for clean linen and a separate storage area for soiled linen.

3- A sufficient number of items shall be available so that the patient's bed linen and personal linen can be changed as often as necessary on a daily basis.

4- There shall be a written protocol on packaging, transport and treatment of linen depending on the origin of the linen.

5- Contaminated linen shall be transported in sealed bags and closed containers. There shall be separate containers for soiled and clean linen.

6.5- Mortuary

There must be a mortuary or morgue area, which must be adapted to the current regulations governing mortuary health police.

6.6- Cleaning.

1- The hospital will have a cleaning service. There will be a person responsible for the service in the centre itself, who will supervise the cleaning and be responsible for compliance with the protocols established within the hospital itself.

2- The hospital shall have a written protocol in place regarding the cleaning, packaging, identification, transport and disposal of soiled and contaminated material, with special consideration given to high-risk areas.

3- There shall be sufficient storage space for cleaning materials and waste disposal facilities to cover all functional units of the centre.

4- Soiled material should be transported in closed containers and contaminated material should be transported in sealed and identified bags and also in closed containers separated from soiled material.

6.7- Maintenance. Installations.

1- The centre will have the maintenance assistance of all the services either in-house or by arrangement.

2- A responsible for the unit must be available at the centre throughout the day, either physically present or on site.

3- It must comply with the legal regulations applicable to the installations (drinking water, sewage, electricity, fire protection), electromedical equipment, lifts, etc.). It shall also meet the following requirements:

a) The drinking water cistern shall have smooth walls and floor, hermetically sealed manhole gates, ventilation protected by rodent and insect screen, overflow and the necessary features to ensure the potability, organoleptic characteristics and disinfection of the stored water. The suction of the water shall be distanced as far as possible from the filling point for better homogenisation and the presence of chlorine or disinfectant agent in use shall be guaranteed at all .

b) No spillage shall take place inside the cistern, even through the floor slab, nor shall the passage of pipes outside the installation be allowed. The installation may not have tanks in parallel or in reserve.

c) It shall have a minimum reserve of water to guarantee consumption for one day in the event of a breakdown.

d) The hot and cold water networks shall be fitted with outlets for total draining. The hot water storage tank shall have a draining and cleaning point at the lowest point. Stagnation areas in the circuits shall be avoided.

e) The fire-fighting network shall be independent of the drinking water network.

f) Disinfection of both the hot and cold water networks shall be guaranteed. Regular cleaning and disinfection maintenance shall be carried out.

g) For the disposal of wastewater, there must be a grease separator in the kitchen, a solids separator in the laundry and under no circumstances may any toxic or harmful product, or any product that simply inhibits the wastewater purification process, be discharged into the network.

h) In relation to air conditioning, outdoor air intakes for air renewal should be located in such a way that the quality of the air drawn in is not affected by exhaust discharges, hot air or chimneys and away from any source of contamination.

i) Interior finishes and linings of air ducts shall be smooth, easily cleanable and disinfectable. Regular cleaning and disinfection maintenance shall be carried out.

j) Cooling towers must be fitted with a screen to aerosol dispersion. Condensate trays must have good drainage and an isolating siphon.

6.8- Waste Disposal.

Waste will be managed in accordance with the provisions of Decree 136/1996 of 5 July 1996 or its successor.

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4.- Advertisements

DEPARTMENT OF FINANCE AND BUDGETS

No. 419

Announcement of the award of the extension for 2001 of the contract for the storage and distribution service for Bingo cards.

1. AWARDING AUTHORITY

Organisation: Consellería de Hacienda y Presupuestos

Unit handling the file: Legal and tax department File number: 624/00

2. OBJECT OF THE CONTRACT

Type of contract: services

Description of subject of the contract: Extension for 2001 of the contract for the storage and distribution of bingo cards.

3. PROCEDURE, PROCEDURE AND FORM OF AWARDING THE CONTRACT

Procedure: ordinary Procedure: --

Form of award: direct

4. BASIC TENDER BUDGET.

Total amount: 11.500.000.-PTA (69.116,39.-Euros, for information purposes).

you)

5. AWARD

Date: 4 December 2000

Contractor: COMPAÑÍA DE DISTRIBUCIÓN INTEGRAL LOGISTA, SA
Nationality: Spanish

Awarded amount: 11.500.000.-PTA (69.116,39.-Euros, for the purpose of informative)

Palma, 8 January 2001

LLUIS LLINÁS ALVAREZ
GENERAL TECHNICAL
SECRETARY

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