Summer Training at
Civil Hospital of Sangrur, Punjab
(April 8, 2013-June 8, 2013)

Implementation of ISO and NABH Standards in Civil Hospital of Sangrur, Punjab

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2013

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CERTIFICATE

This is to certify that Dr. Vikash Sharma, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research (IHMR), Jaipur has undergone summer training under Punjab Health System Corporation posted at Civil Hospital Sangrur, Punjab from April 8th to June 8th 2013.

The candidate has successfully carried out the study assigned to him during summer training and his approach to study has been sincere, scientific and analytical.

I wish him success in all her future endeavors.

Dr. Neetu Purohit
Faculty and Mentor
IIHMR, Jaipur

Dr. Ashok Kaushik
Dean, Academics and Student affairs
IIHMR, Jaipur

Ref. No. PHSC/NABH/13/327

Dated 06:06:2013

PUNJAB HEALTH SYSTEMS CORPORATION

(Department of Health & Family Welfare, Punjab)

TO WHOM IT MAY CONCERN

Certificate of Summer Training Completion

This is to certify that ~~Mr./~~ ~~Ms/~~ Dr. VIKASH SHARMA, student of Postgraduate Diploma in Hospital and Health Management, Jaipur / ~~Delhi~~ has successfully completed two months summer training under Punjab Health Systems Corporation, Punjab, from 08.04.2013 to 07.06.2013

During the summer training the student's performance was satisfactory.

We wish him/her success in all his/her future endeavors.

Hussan Lal I.A.S.
Managing Director
Punjab Health Systems Corporation
-Cum-Secretary Health & Family Welfare, Pb.

ACKNOWLEDGEMENT

I express our sincere gratitude to Mr. Hussan Lal (MD, PHSC- Punjab) for providing me an opportunity to undergo summer training at civil hospital Sangrur.

I am very thankful to Assistant Director Dr. Parvinder Pal Kaur for her support, cooperation and motivation provided to me during summer training for constant inspiration, presence and sharing her knowledge. The task of summer training would have been never completed without her valuable suggestions, which had helped me a lot in completing my project. I am blessed to work under guidance of such a wonderful and knowledgeable person.

I extend my sincere appreciation to SMOs and the other hospital staff members who helped me in successful completion of summer training program in such a well encouraging Government organization, which had helped me in accomplishing our assigned tasks and to reach myself a step head.

Lastly I would also like to thank my mentor at IHMR Jaipur Dr. Neetu Purohit for giving her guidance in completion of my project and director Dr. S.D. Gupta for giving us this opportunity to use this internship as a stepping stone in my career in health management.

Vikash Sharma

DECLARATION

I, Vikash Sharma, student of post graduate diploma in Hospital and Health management studying at IIHMR Institute Jaipur, hereby declare that the summer training report on “To Implement ISO and NABH standards in civil hospitals of Sangrur district of Punjab” submitted to IHMR Jaipur and Punjab Health System Corporation in partial fulfilment of degree of PG diploma in Hospital and Health management is the original work conducted by me.

The information and the data given in the report is authentic to the best of our knowledge.

This summer training report has not been submitted to any other university for award of any other Degree, Diploma and Fellowship.

Vikash Sharma

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ACRONYMS / ABBREVIATIONS

MSDS - Material Safety Data Sheet

PPE - Personal Protective Equipment

PHSC - Punjab Health System Corporation

BMWM - Biomedical Waste Management

PPCB - Punjab Pollution Control Board

SMO - Senior Medical Officer

MD - Managing Director

DMC - Deputy Medical Commissioner

MRD - Medical Record Department

ISO - International Organisation of Standards

NABH - National Accreditation Board for Hospitals & Healthcare

TLD - Thermo luminescent dosimeter

NOC - No objection Certificate

Table No. 1 showing picture name with page number

Table 2.showing charts with page numbers

SECTION-1 INTRODUCTION

➢ 1.1 Punjab Health System Corporation – PHSC

(*PUNJAB GOVERNMENT*)

The Punjab Health Systems Corporation was incorporated by the State Govt. in the year 1996 through enactment of Legislative Act, "The Punjab Health Systems Corporation Act, 1996" (Punjab Act No.6 of 1996), with the main objective of implementation of a World Bank assisted Health Systems Development Project for revamping of existing secondary level health care services. Under this project modernization and updating of 157 hospitals was envisaged through systems supports such as Computerization, HMIS, Disease Surveillance, Training of Personnel, Quality Assurance, Bio-waste Management, Strengthening of Physical Infrastructure (Buildings & Equipments) etc.

Now the Corporation has taken over 166 Institutions which includes District Hospitals, Sub-Divisional Hospitals and Community Health Centers. The 86 Medical Institutions are situated in rural areas and 80 are in Urban areas. In addition, two Training Institutes viz. State Institute of Health and Family Welfare, Mohali, Distt. Ropar and State Institute of Nursing and Paramedical Sciences, Badal, Distt. Mukatsar as well as the Institute of Mental Health Amritsar have also come under the control of the Corporation.

Brief History of the Punjab Health Systems Corporation -

Hospital Services at the Secondary level play a vital and complementary role. After prevention, the cure is only remedy. The Government sector is mainly taking care of preventive measures and insignificant sum of the total is being spent on curative part. It was noticed that district Hospitals, Sub-Divisional Hospitals and Community Health Centers lack the basic medical equipment, and having critical gaps in buildings and unable to provide the required diagnostic services. To revamp the whole system, a proposal was drafted seeking aid from the World Bank. The TEAM visited Punjab in March 1995, held discussions with His Excellency the Governor, the then Chief Minister, the then Health Minister, the then Chief Secretary and the then Secretaries of the Finance & Planning Department and visited a number of medical institutions. As per recommendations, a workshop was held to ascertain kinds of improvement required for providing better health care facilities to the people of the State.

➢ 1.2 Objectives of PHSC

- To formulate and implement the schemes for the comprehensive development of the dispensaries and hospitals.

- To construct and maintain dispensaries and hospitals and maintenance of cleanliness therein.

- To implement National Health Programmes as per the directions of the State. The State Government and Central Government shall make available funds for this purpose.

- To purchase, maintain and allocate quality equipment to various dispensaries and hospitals.

- To procure, stock and distribute drugs, diet, linen and other consumables among the dispensaries and hospitals.

- To provide services of specialists and super specialists in various hospitals.

- To enter into collaboration for super specialties with health institutions both within the country or abroad to provide better medical care.

- To receive donations, funds and the like from the general public and institutions from both within and outside India and receive grants or contributions, this may be made by Government on such conditions as it may impose.

- To provide for construction of houses to the employees of the dispensaries and hospitals, and the maintenance thereof by mobilizing resources for financing institutions.

- To plan, construct and maintain commercial complexes, paying wards and providing diagnostic services and treatment on payment basis and to utilize the receipts for the improvement of the hospitals and dispensaries.

➢ 1.3 Work instructions given by PHSC

I. Hospital Statistics related to Medical Care -

1. Check that the following indicators documentation is done in addition to already being done in the hospital.

- Gross Death Rate
- Net Death Rate (department wise)
- Infection Rate
- Maternal Death Rate
- Caesarean Section Rate
- Neo-natal Death Rate
- Autopsy Rate
- Consultation Rate (Department wise too)
- Adverse Drug Reaction Rate
- Average length of stay (ALOS)
- Bed occupancy ratio (BOR)
- Daily total OPD
- Daily number of discharges.

II. Reception and MRD –

2. Computerized and Manual registers must be maintained for registration of all the admissions and discharges done in the Hospital.
3. Birth and death registers to be maintained and a MO please made the in charge of it.
4. **MRD -** All record need to be kept in separate store room with clearly demarcation of year and month wise placement. Only the current year record should be in the sitting section.
5. All stores in wards and central stores should be cleaned and articles properly placed - a good recording system needs to be initiated.

III. Blood Bank -

6. License of Blood Bank to be displayed as only license number is being displayed at some places.
7. Employees handling blood, blood products and body fluids should have unrestricted access to and have availability of sterile gloves and masks and a habit of wearing and perform their duties.
8. For needle stick injury a separate record needs to be maintained and should be recorded at ART centre's/ blood banks/ laboratory wherever available and at other hospitals a SMO/MO needs to keep up this record and the action taken for each needle stick injury. Everyone in the hospital should know the nodal person for reporting purpose.
9. The transfusion reaction of blood and adverse anaesthesia events must be recorded and monitored without fail.
10. For monitoring of blood and blood products the records should show -

    - % of transfusion reaction,
    - % of wastage of blood and blood products,
    - % of blood components usage,
    - Turnaround time for issue of blood and blood components must be assessed and a register maintained for this.

IV. Radio-diagnosis unit-

11. Radioactive and hazardous materials should be disposed off as per bio-medical waste management and handling rules, 1998.
12. For laboratories and imaging services, a list of tests done and not don needs to be displayed at the entrance of lab and imaging centre.
13. Safety devices are to be provided to all the workers.
14. Procurement of all TLD batches from AERB for technicians/ workers in X-ray department is ensured.
15. Application for RSO Level-1 (Radiation Safety Officer) is completed, if not apply for it and follow up report.
16. Correction of Layout plan as per AERB guidelines.
17. Procuring "type approval" certificate for X-ray machine from the manufacturer/company to be arranged.
18. Apply for AERB and get the approval certificate for imaging from AERB.

V. Bio-Medical waste Management –

19. Bio-hazard sign on BMW collection Bins (stickers or permanent).
20. Procurement of proper color coded bins with stand and lid in all the BMW generation points (foot-operated or hand-operated).
21. Ask for color coded bags from the firm authorized for the hospital.
22. Keep a strict check on BMW segregation. Make some employees accountable for it.
23. BMW temporary storage area needs to be improved. To demarcate the area in the collection centre as blue, yellow and white. That may be done by putting barriers in-between and color them or color the wall behind as per the color coding and put barrier in between.
24. Cleaning of area around and inside the BMW collection centre.
25. Practice PPE (personal protective equipments) in the areas recommended for the hospital.
26. Sanitation employees handling bio-medical waste must be provided with washable rubber gloves, masks, rubber shoes, and plastic aprons. They should not be seen without it.
27. Map a way to carry the BMW to the collection centre from the least populated and walking areas. Kindly use wheel borrows to collect the BMW from points and store in the collection centre.

VI. Wards –

28. All registers to be updated.
29. Temperature Monitoring charts to be properly filled in all the indoor files.
30. Completeness of all indoor files is very important before putting the file in record room.
31. Clean linen on hospital beds and check for proper washing of linen and availability of an extra linen at any hour of the day.
32. All beds should be neat and provided with clean bed sheets, pillow covers, and pillow for each bed, even if the bed is without patient. No excuse for lapses on this front.
33. Keep a check, that if the linen is changed at regular interval.
34. Practice hand washing techniques with all steps recommended by WHO. Each person in nursing care and doctors need to practice it.
35. Make available ambubags in resuscitation kits in all wards. An anesthesiologist will be in charge of it. Designate him/her with this task.

VII. Engineering works –

36. Fire Exit plan to be displayed throughout the hospital - to get from area fire officer.
37. Fire exits to made/ renovate as per the directions of fire department.
38. Layout plan as per AERB guidelines for X-ray room.
39. Loose open wires are seen throughout the hospital; need to be repaired under engineering works.
40. Operation theatre renovation as per norms (NABH and ISO 9001:2008).
41. Laundry renovation as per norms, if engineering work started.
42. All OPD rooms/ consultation rooms/ nursing stations should have foot or elbow operated wash-basins with running water and liquid soap facility with towel.
43. To complete the hospital bilingual- signages with hospital directory/floor directory as -

    - ✓ Directional signage – green with white writings
    - ✓ Warning signage – yellow with white writing
    - ✓ Exit plan and exits – red with white writing.

VIII. Others -

44. Standard universal precautions to be followed at all times.
45. Infection Control program to be taken up in the Hospital. To implement the HIC programme as written in the policy manual.
46. Status of statutory requirements (licences and Acts as per the hospital requirement) needs to be fulfilled.
47. Compliance of statutory and regulatory requirements - and please make one MO close to that department (of related statutory requirement) responsible to go to the respective offices to get the formalities done as early as possible and get the statutory requirement fulfilled. This is especially required for BMWM, Fire NOC, Lift NOC, AERB approvals (for X ray, C-arm, CT scan), building permit, retail and drug license, NOC from PPCB, water and electricity connection certificate, if spirit is being used then permit from excise dept., blood bank license, etc.
48. Implementation of all SOPs (Standard Operating Procedures) per department thoroughly. Each member of the hospital should know the SOPs related to his/her department.
49. Patient and Employee satisfaction survey to be done as per the Performa provided.
50. Form all necessary committees for the hospitals immediately, if not done till now.
51. Conduct committee meetings and Minutes of committee meeting, to be submitted with attendance sheets.
52. Display the rights and responsibilities of patients on a board in area visible to all patients entering the hospital. The required formats in English and Punjabi are already sent to you all.
53. Display the MSDS for chemicals used in OTs, ICU, in wards respectively.
54. Identity Cards for all the employees of the hospitals from user charges, details with colour coding as given before.

55. The conditions for improvement of all toilets are to be fulfilled without any complaints. Hang a check list outside all toilets to record daily cleaning compliance and make one matron/NS/ supervisor responsible for it and record on the check list. Assure to clean the toilets (most used) at least 4 times during the OPD hours.
56. Demarcate a proper place for ambulance parking.
57. Emergency medicines must be available all the time and re-order levels with definite quantities should be ensured.
58. Training of all the class IVs of their duties and sanitary workers of their duties and proper style of mopping and dusting.
59. To stop usage of brooms at least inside the wards, labs, blood bank. Provide them standing dry and wet mopping for inside and train them to use properly. This is very important.

XI. 79.**Laundry:** Can be in-house or out sourced. The hospital shall ensure that it establishes adequate controls to ensure infection control. The linen change policy should be made at local level. Washing protocols for different categories of linen including blankets should be included. This is done by 1:4 or 1:5 of 4% hypochlorite solution in water and dipping the soiled linen in it for 3-4 hours before wash.

➢ 1.4 OBJECTIVES OF THE INTERNSHIP STUDY -

- To implement the ISO and NABH standards effectively in civil hospital of Sangrur district of Punjab
- To learn the working of a government hospital and the management issues related to it.
- To manage the work assigned with limited resources.
- To collect primary data from patients, hospital staff for operations and managing task.

SECTION - 2 WORK DONE AT CIVIL HOSPITALS

2.1 Observations at the hospital –

During 1st week hospital we took round of our hospitals and we came to know about various management issues over there.

Civil hospital at Sangrur is 100 bedded hospital working under PHSC with average daily OPD of around 650.

Due to various managerial issues in hospital, the employees were not satisfied with the working environment of the hospital.

➢ 2.2 Issues observed at hospital

1. Lack of Manpower in most of the departments due to which staff is overburdened.
2. Compromised sanitary conditions due to lack of monitoring
3. Improper BMW segregation.
4. Faulty supply chain management of medicines
5. Pending work of condemnation of equipments and expired drugs.
6. Improper stock management.
7. Pending work of equipment maintenance
8. No security present in Hospitals.
9. Theft of hospital belongings.
10. Improper space utilization
11. Wastage of resources by employees.
12. Incomplete IPD files.
13. Absenteeism

STEPS TAKEN ACCORDING TO WORK INSTRUCTIONS FROM PHSC

HOSPITAL STATISTICS RELATED TO MEDICAL CARE-

HOSPITAL STATISTICS OF CIVIL HOSPITAL SANGRUR (PUNJAB)	WORK DONE / NOT DONE	STEPS INVOLVED IN IMPLEMENTATIO BY US
○ Gross Death Rate	Already present but registers were not maintained	SMO was informed and Matron was made accountable for registers completion and daily evaluation was being done by us.
○ Net Death Rate (department wise)	No separate registers present. it was included in census register only.	
○ Anesthetic Death Rate	Never happened in civil hospital Sangrur.	
○ Maternal Death Rate	Registers were maintained	Nursing sister of Maternity ward was given responsibility and report was given to in charge medical officer of maternity who further report to SMO.
○ Caesarian Section Rate	Present	
○ Neo-natal Death Rate	No separate register present. All record is in daily census register. Reason given was that there is shortage of staff nurse and nursing sisters.	
○ Autopsy Rate	Present	Register was kept in mortuary and one Medical Officer was given responsibility
○ Consultation Rate (Department wise too)	Pending	
○ Re-admission Rate	Not present. Reason given was lack of manpower to make the records.	
○ Adverse Drug Reaction Rate		In progress. all ward sisters were given orders to record the adverse drug reaction rate and forms(see annexure 1) were given to record the event
○ Average length of stay (ALOS)	Present but not maintained.	
○ Bed occupancy ratio (BOR)	Present but not maintained.	
○ Daily total OPD	Present	
○ Daily number of discharges.	Present	

II Reception and MRD – Instructions

1. Computerized and Manual registers must be maintained for registration of all the admissions and discharges done in the Hospital.
2. Birth and death registers to be maintained and a MO please made the in charge of it.
3. **MRD -** All record need to be kept in separate store room with clearly demarcation of year and month wise placement. Only the current year record should be in the sitting section.
4. All stores in wards and central stores should be cleaned and articles properly placed - a good recording system needs to be initiated.
5. Monitoring of proper documentation in the Hospital. Especially IPD record, IPD file completion, Admission process and record, discharge process and record, indicators being followed in the respective departments, proper storage and retrieval of the record from MRD section.

Reception -	WORK DONE/ NOT DONE	STEPS TAKEN FOR IMPLEMENTATION
1. Computerized and Manual registers must be maintained for registration of all the admissions and discharges done in the Hospital.	Manual registration is present No Computerised registration (No Computers)	Demand of computers with software and trained staff for it operation has been given to MD, PHSC & to DMC & SMO of respective hospitals.
2. Birth and death registers to be maintained and a MO please made the in charge of it.	Already present.	

RECEPTION:

ISSUE 1:

Patients have to wait for long during registration at the reception especially the geriatrics

STEP TAKEN:

A separate window was made for them.

ISSUE 2:

Near reception area there was ‘MAY I HELP YOU DESK?’ .But there was no person sitting there.

STEP TAKEN:

So, one person was given duty to sit at that desk and help in people’s query and especially those who are illiterate.

ISSUE 3:

There was separate window for women but that was being used by men as well. As there is a lot of shortage of security men (only 2 present in Civil Hospital Gurdaspur) there is nobody to control the patient crowd.

STEP TAKEN :

A sweeper who cleans OPD has given duty to manage patients at reception area during peak hours 10 am to 12:30 pm.

Pic 1 : *Registration counter separate for men, women, geriatrics*

ISSUE 4:

After registration when patient enters OPD, It has been observed that if doctor is unavailable due to any reason he has to ask class four or other staff about the doctor and many time there is nobody to help him.

STEP TAKEN:

To avoid this White board and markers were hanged outside all medical officers room with the help of SDO where they can write the place like OT, emergency or mortuary (for post mortem) etc. before they are leaving and expected time of return so that patients need not to ask anybody and also reduces patient waiting time.

Pic.2 :*White board outside OPD dept.*

SHOWING CURRENT YEAR AND PREVIOUS YEARS RECORDS

Pic 3 : *MRD showing current year and previous years records*

ISSUE 5 :

The person responsible for keeping the Medical Record was a Lab Technician/Pharmacist and not a Record Keeper , because of which he was not willing to work as a Medical Record Keeper. Due to lack of manpower he has shifted there.

STEP TAKEN :

With the help of SMO the person concerned was shifted to laboratory of Civil Hospital Gurdaspur and the one who is interested to work in concerned department was posted as Medical Record Keeper.

Blood Bank -

1) License of Blood Bank to be displayed as only license number is being displayed at some places.
2) Employees handling blood, blood products and body fluids should have unrestricted access to and have availability of sterile gloves and masks and a habit of wearing and perform their duties.
3) For needle stick injury a separate record needs to be maintained and should be recorded at ART centre's/ blood banks/ laboratory wherever available and at other hospitals a SMO/MO needs to keep up this record and the action taken for each needle stick injury. Everyone in the hospital should know the nodal person for reporting purpose.
4) The transfusion reaction of blood and adverse anaesthesia events must be recorded and monitored without fail.
5) For monitoring of blood and blood products the records should show -
    - % of transfusion reaction,
    - % of wastage of blood and blood products,
    - % of blood components usage,
    - Turnaround time for issue of blood and blood components must be assessed and a register maintained for this.

	Blood Bank	WORK DONE / NOT DONE	STEPS TAKEN FOR IMPLEMENTATION
2.	License of Blood Bank to be displayed as only license number is being displayed at some places.	License number was displayed , not the licence. License need to be renewed	Engineering department has been told about display of license. The work is in progress.
3.	Employees handling blood, blood products and body fluids should have unrestricted access to and have availability of sterile gloves and masks and a habit of wearing and perform their duties.	Sterile gloves not available	Demand was given to chief pharmacist and he made it available
4.	For needle stick injury a separate record needs to be maintained and should be recorded at ART centre's/ blood banks/ laboratory wherever available and at other hospitals a SMO/MO needs to keep up this record and the action taken for each needle stick injury. Everyone in the hospital should know the nodal person for reporting purpose.	done	With the help of SMO,pathologist was made nodal person for recording needle stick injury and circular was issued for the same.
5.	The transfusion reaction of blood and adverse anesthesia events must be recorded and monitored without fail.	Not being recorded.	
6.	For monitoring of blood and blood products the records should show -	Absence of blood component separator	
	○ % of transfusion reaction,		
	○ % of wastage of blood and blood products,		

BLOOD BANK LICENSE NUMBER.

Pic 5: *Blood bank*

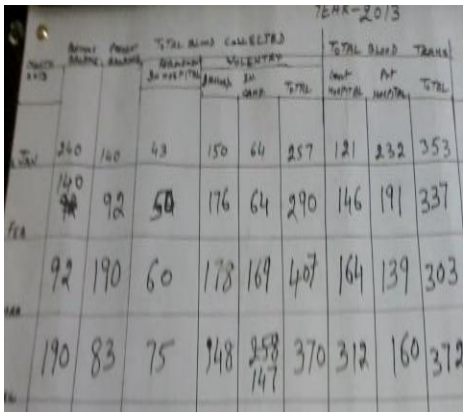
ISSUE 6 :

There was no segregation of blood present.

Improper record keeping was present earlier with incomplete records and registers

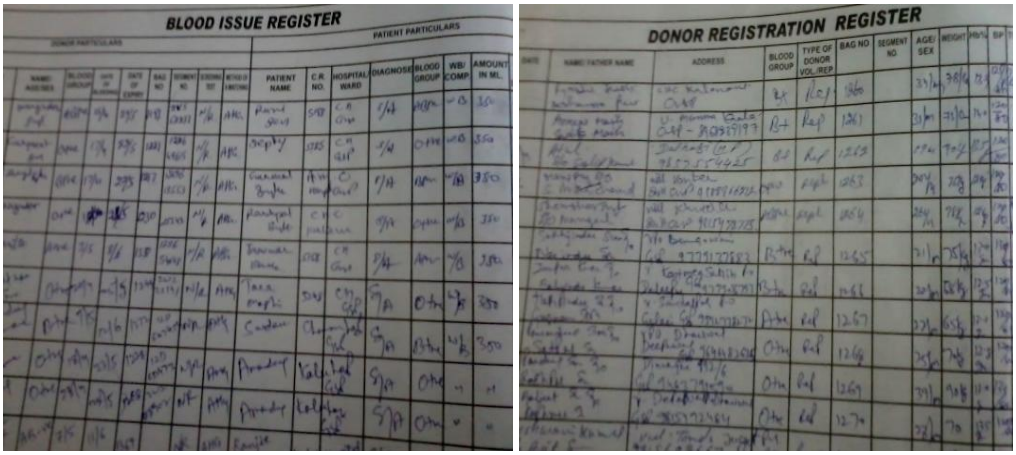
STEP TAKEN

- It has been improved now with the cooperation of staff and head of Blood Bank.
- The chart showing total blood collected and total blood transfused month wise of current year 2013 was incomplete earlier which has been completed now.



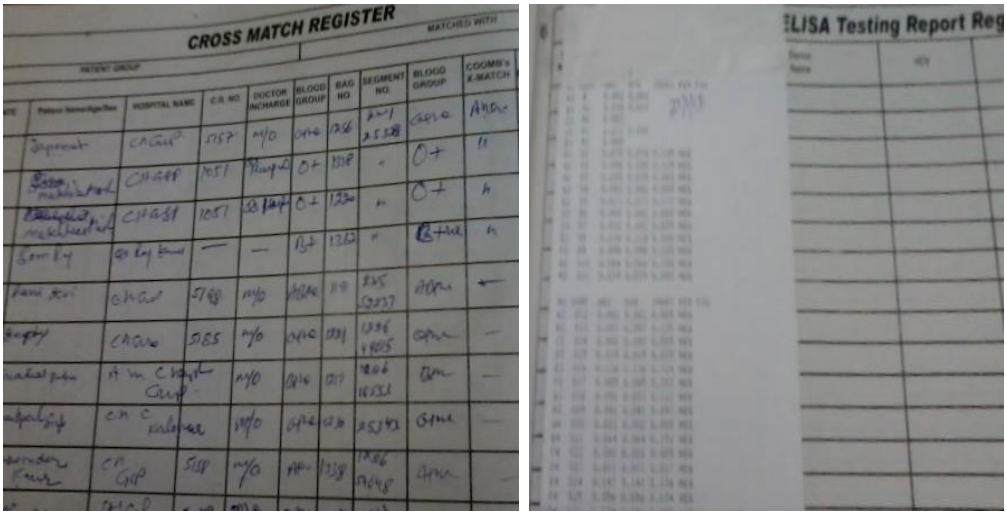
Pic 5 : *Month wise chart*

BLOOD ISSUE & BLOOD DONOR REGISTERS



Pic 6 :*Blood issue and blood donor registers*

CROSS MATCH & ELISA TESTING REPORT REGISTER



Pic 7 : *Cross match & Elisa testing register*

Radio-diagnosis unit-

1) Radioactive and hazardous materials should be disposed off as per bio-medical waste management and handling rules, 1998.

2) For laboratories and imaging services, a list of tests done and not done needs to be displayed at the entrance of lab and imaging centre.

3) Safety devices are to be provided to all the workers.

4) Procurement of all TLD batches from AERB for technicians/ workers in X-ray department is ensured.

5) Application for RSO Level-1 (Radiation Safety Officer) is completed, if not apply for it and follow up report.

6) Correction of Layout plan as per AERB guidelines.

7) Procuring "type approval" certificate for X-ray machine from the manufacturer/company to be arranged.

8) Apply for AERB and get the approval certificate for imaging from AERB.

Radio-diagnosis unit-	DONE/ NOT DONE	STEPS IN IMPLEMENTATION
Radioactive and hazardous materials should be disposed off as per bio-medical waste management and handling rules, 1998.	Already being done	
For laboratories and imaging services, a list of tests done and not done needs to be displayed at the entrance of lab and imaging centre.	Test done are displayed	With help of SMO & SDO in engineering department
Safety devices are to be provided to all the workers.		Empty fire extinguishers were present but refilling was being done
Procurement of all TLD batches from AERB for technicians/ workers in X-ray department is ensured.		Already being done by senior radiographer
Application for RSO Level-1 (Radiation Safety Officer) is completed, if not apply for it and follow up report.		Already being done by senior radiographer

RADIOLOGY DEPARTMENT:

ISSUE 7 :

There was no radiologist. No air conditioning in dark room because of which films get spoiled because the temperature needs to be maintained below 35 degree for Auto processor to work properly.

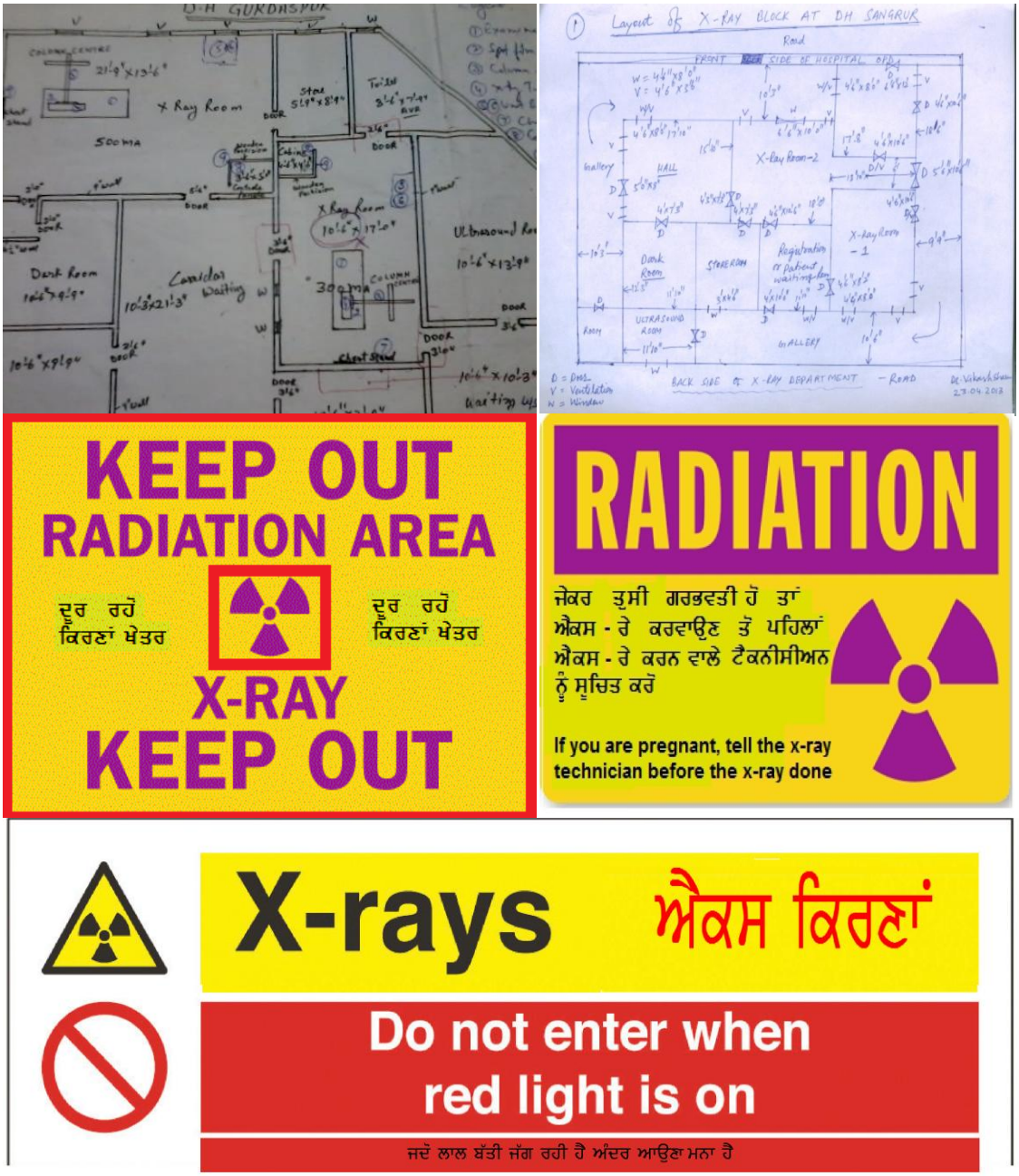
STEPS TAKEN:

Demand of AC was given to DMC and MD,PHSC.TLD badges have already been procured. Application has been sent for RSO approval and objection has been raised regarding reducing the area of corridor.

TLD BADGES & RSO APPROVAL APPLICATION

Pic 8 : *TLD Badge and RSO Approval Certificate*

X-RAY SITE & LAYOUT PLAN



Pic 9 :*X-ray layout plan and warning signs fixed outside X-ray room.*

Bio-Medical waste Management –

1) Bio-hazard sign on BMW collection Bins (stickers or permanent).
2) Procurement of proper colour coded bins with stand and lid in all the BMW generation points (foot-operated or hand-operated).
3) Ask for colour coded bags from the firm authorized for the hospital.
4) Keep a strict check on BMW segregation. Make some employees accountable for it.
5) BMW temporary storage area needs to be improved. To demarcate the area in the collection centre as blue, yellow and white. That may be done by putting barriers in-between and colour them or colour the wall behind as per the colour coding and put barrier in between.
6) Cleaning of area around and inside the BMW collection centre.
7) Practice PPE (personal protective equipments) in the areas recommended for the hospital.
8) Sanitation employees handling bio-medical waste must be provided with washable rubber gloves, masks, rubber shoes, and plastic aprons. They should not be seen without it.
9) Map a way to carry the BMW to the collection centre from the least populated and walking areas. Kindly use wheel borrows to collect the BMW from points and store in the collection centre.

ISSUE – 8

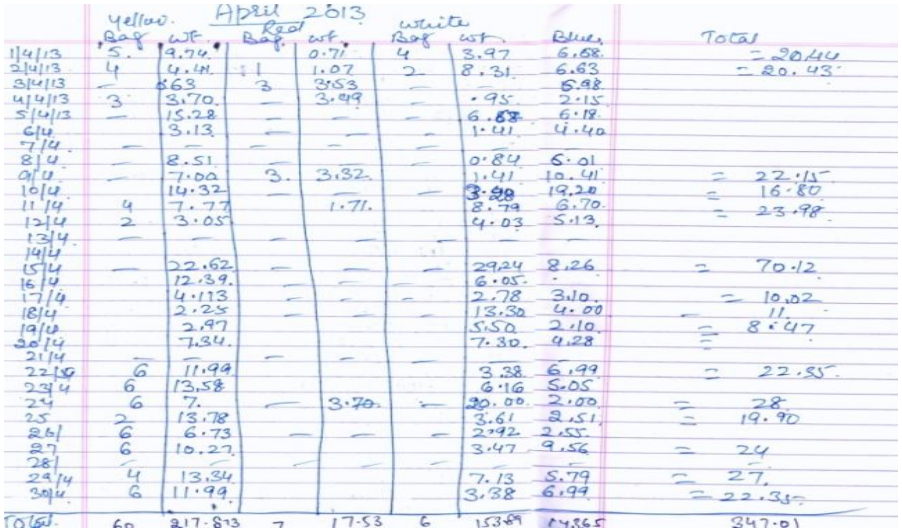
1. Hospital staff was segregating the BMW according to old guidelines as written on the old posters.
2. There was no proper manually/computerised recording/weighing of the BMW.
3. Plastic waste was being sold by class 4 employees while transporting
4. Employees were not properly/partially segregating waste at different hospital BMW generating sites.
5. Shortage of waste bins, weighing machines, BMW guidelines charts.

STEPS TAKEN –

1. Then new guidelines were given and displayed in all the departments. Red coloured bins were discarded.

2. Register entry of BMW after properly weighing was done.

3. Inspection of the different departments of hospital to check any infringements regarding BMW- segregation.
4. Online registration of the hospital at the PPCB site for renewal of BMW-handling renewal licence.
5. Training and new BMW-segregation guidelines were given to hospital staff members.
6. Purchasing of waste bins, weighing machines and instructions given to employees about using machine for weighing BMW.
7. Implementing new guidelines for BMW- disposal with new posters showing correct information.



Pic 10 :Picture showing register entry with weight separately for all waste bins

And slips in record from semby company which dispose off BMW

New guidelines replaced old ones which were being followed by hospital staff

FOR PROPER BMW MANAGEMENT	
1	2
YELLOW Infected Waste Material **Human Placenta, Blood & Blood Stained Items (i.e. Blood Stained Clothes, , Cotton swab, Dressings, Cast, Plaster), Body fluids (Sputum, Urine etc) , Soiled Waste**	BLUE Plastic Waste Material **Mutilated Plastic bottles, Needle covers, Surgical gloves, plastic part of syringe, Blood Bag, Mutilated Tubings IV sets, Catheter, plastic part of canula**
2	4
WHITE Sharp waste Material **Mutilated Needles of syringes, Scalpels, Blades, Needle of canula, Broken glasses (slides, test tubes, vials, ampoules, vaccines)**	GREEN General Items **Food Waste, Discarded medicines, Packaging Materials, Syringe Wrappers**

New BMW- segregation guidelines distributed & implemented in all departments of the hospital

BMW- Checking List at biomedical waste generation sites

DATE		OPDs				PAGE-1	
Sr.No.	SERIOUS INFRINGEMENT (To be marked in red colour)	EMER.	DIALYS	INJ.ROOM	DENTAL	EYE	B.BANK
1	Sharps in to yellow						
2	Infected waste into white (Human placenta blood stained product,swab,dressing,cast)						
3	Infected waste into green/black (Human placenta blood stained product,swab,dressing,cast)						
4	Human anatomical waste into white or green						
Sr. No.	MINOR INFRINGEMENT (To be marked in orange colour)						
1	Non infectious waste into white or yellow receptacle i.e. Syringes wrappers , needle caps, medicine wrappers and papers						
2	Non mutilated syringes in to yellow receptacle						
3	Non mutilated IV sets, uro bags, catheters etc. in yellow receptacles						
4	Non mutilated needles in to white receptacle						
5	Needle syringe destroyers not being used						
		WARDS					
		GYNAE	SURG.	MEDICAL	PSYCH.	T.B.	ICTC
1	Sharps in to yellow						
2	Infected waste in to white (Human placenta blood stained product,swab,dressing,cast)						
3	Infected waste in to green/black (Human placenta blood stained product,swab,dressing,cast)						
4	Human anatomical waste in to white or green						
Sr. No.	MINOR INFRINGEMENT (To be marked in orange colour)						
1	Non infectious waste into white or yellow receptacle i.e. Syringes wrappers , needle caps, medicine wrappers and papers						
2	Non mutilated syringes in to yellow receptacle						
3	Non mutilated IV sets, uro bags, catheters etc. in yellow receptacles						
4	Non mutilated needles in to white receptacle						

5	Needle syringe destroyers not being used						
-		-	-	-	-	-	-
Sr.No.	SERIOUS INFRINGEMENT (To be marked in red colour)	O.T.				LAB	
		GYNAE	EYE	SURGICAL	ORTHO	GEN.	T.B
1	Sharps in to yellow						
2	Infected waste in to white (Human placenta blood stained product,swab,dressing,cast)						
3	Infected waste in to green/black (Human placenta blood stained product,swab,dressing,cast)						
4	Human anatomical waste in to white or green						
Sr. No.	MINOR INFRINGEMENT (To be marked in orange colour)						
1	Non infectious waste into white or yellow receptacle i.e. Syringes wrappers , needle caps, medicine wrappers and papers						
2	Non mutilated syringes in to yellow receptacle						
3	Non mutilated IV sets, uro bags, catheters etc. in yellow receptacles						
4	Non mutilated needles in to white receptacle						
5	Needle syringe destroyers not being used						

Picture-11 Picture-12

Picture-11. *BMW collection pathway to collecting room*

Picture-12. *Availability of dustbins, needle cutters at hospital for proper segregations*

Wards –	WORK DONE /NOT DONE	STEPS IN IMPLEMENTATION
1-All registers to be updated.	done	
2-Temperature Monitoring charts to be properly filled in all the indoor files.	done	Guidelines being given and daily check is being made by us
3-Completeness of all indoor files is very important before putting the file in record room.	Pending	Files are incomplete when medical officers were given instructions regarding completion they agree to complete those but later on condition was same.the reason given was that they are over burdened with emergency ,mortuary and other administrative work.
4-Assure that there is Nurses “handing- taking over notes” and transfer summary if required in all the shift changes. A separate register must be kept for this purpose in all nursing stations.	NOT MAINTAINED	Reason given was same lack of manpower
5-Clean linen on hospital beds and check for proper washing of linen and availability of an extra linen at any hour of the day.	done	
6-All beds should be neat and provided with clean bed sheets, pillow covers, and pillow for each bed, even if the bed is without patient. No excuse for lapses on this front.	done SOMETIMES NOT PROPERLY DONE	

7-Keep a check, that if the linen is changed at regular interval.	done	
8-Practice hand washing techniques with all steps recommended by WHO. Each person in nursing care and doctors need to practice it.	done	Sensitization programs were conducted and video for hand washing was shown.
9-Need to practice barrier nursing in the wards and units recommended (burn, trauma, isolation).		
10-Make available ambubags in resuscitation kits in all wards. An anesthesiologist will be in charge of it. Designate him/her with this task.		Demand was given to chief pharmacist

ISSUE 9 :

1. There's problem of security in wards. There are number of attendants with each patient.

2. Absence of security staff to control attendants and to control theft of various items like linen, medicine, belongings of patients and employees.

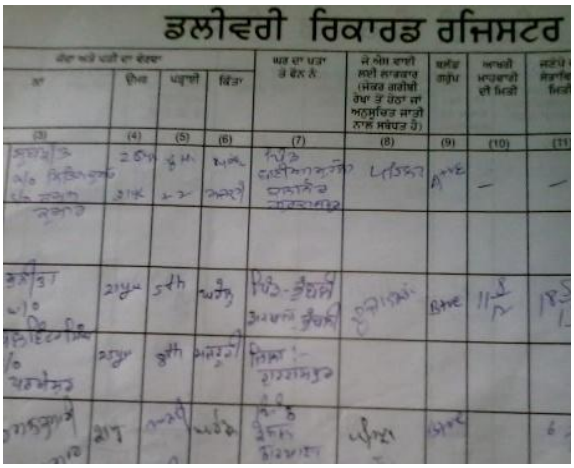
Pic 13 : *Showing attendants in ward*

STEP TAKEN :

- Manpower requirement (Security staff) is made according to the work load and is given to MD,PHSC (shown in next section).

RECORD MAINTAINENCE IN WARD

- Delivery record and diet registers have been maintained and incomplete records have also been completed.



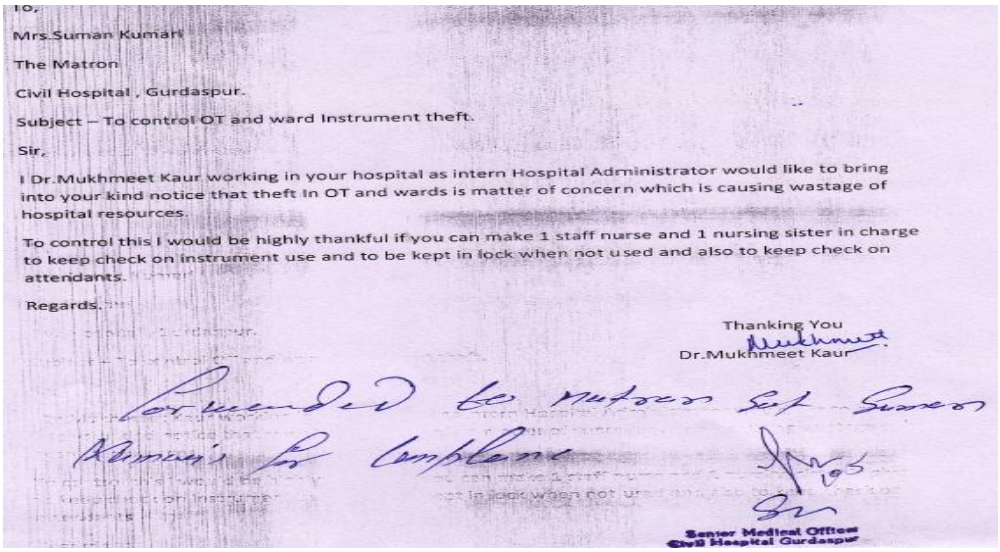
Pic 14 :*Delivery record in maternity ward* Pic 15: *Diet register*

ISSUE 10:

- Theft in OT & Wards

STEPS TAKEN TO CONTROL THEFT IN OT & WARD:

- 1 Staff Nurse and 1 Nursing sister have allotted duties to keep check on theft .
- The written orders have been issued with help of SMO to control theft in OT & Wards



To,

Mrs.Suman Kumari

The Matron

Civil Hospital , Gurdaspur.

Subject – To control OT and ward Instrument theft.

Sir,

I Dr.Mukhmeet Kaur working in your hospital as intern Hospital Administrator would like to bring into your kind notice that theft In OT and wards is matter of concern which is causing wastage of hospital resources.

To control this I would be highly thankful if you can make 1 staff nurse and 1 nursing sister in charge to keep check on instrument use and to be kept in lock when not used and also to keep check on attendants.

Regards.

Thanking You

Dr.Mukhmeet Kaur

Forwarded to matron Sept Sisters

Nurses for compliance

Senior Medical Officer
Civil Hospital Gurdaspur

Pic 16 :*Written orders issued to control theft by leaving and taking charge reg.*

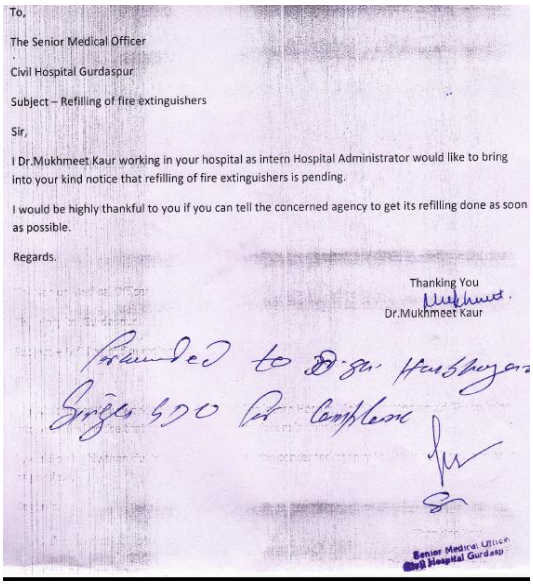
2.3.8 **Engineering works –**

1. Fire Exit plan to be displayed throughout the hospital - to get from area fire officer.
2. Fire exits to made/ renovate as per the directions of fire department.

STEPS TAKEN REGARDING FIRE SAFETY

FIRE SAFETY

Refilling of fire extinguishers has been done with the help of SDO Mr.Harbhajan Singh and SMO Dr. Sudhir Kumar.



To,

The Senior Medical Officer

Civil Hospital Gurdaspur

Subject – Refilling of fire extinguishers

Sir,

I Dr.Mukhmeet Kaur working in your hospital as intern Hospital Administrator would like to bring into your kind notice that refilling of fire extinguishers is pending.

I would be highly thankful to you if you can tell the concerned agency to get its refilling done as soon as possible.

Regards.

Thanking You

Dr.Mukhmeet Kaur

Pic-16 *:Fire extinguisher* Pic 17 : *Written orders for refilling of fire extinguishers*

FIRE SAFETY NO OBJECTION CERTIFICATE –Renewal under progress

"WE SERVE TO SAVE"

FIRE STATION GURDASPUR

FIRE SAFETY CERTIFICATE

No. 599 Dated: 21-5-2012

Certified that Civil Hospital Gurdaspur

R/o Senior Medical officer, Civil Hospital, Gurdaspur

District Gurdaspur has made all necessary arrangements of first aid fire fighting equipments and is in direct approach of fire brigade Gurdaspur. Certificate is valid only for one year only- w.e.f 21-5-2012 upto 20-5-2013 only

So fire safety No Objection Certificate has been issued.

Fire Statio Officer,
Fire Brigade,
Gurdaspur.

Pic 18: *Fire safety No objection Certificate*

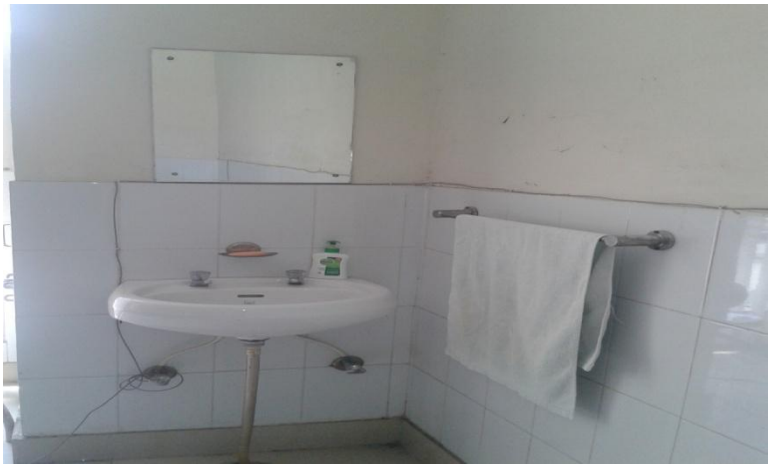
1. Operation theatre renovation as per norms (NABH and ISO 9001:2008).

STEPS TAKEN :-

- NEW OT UNDER CONSTRUCTION

All OPD rooms/ consultation rooms/ nursing stations should have foot or elbow operated wash-basins with running water and liquid soap facility with towel.

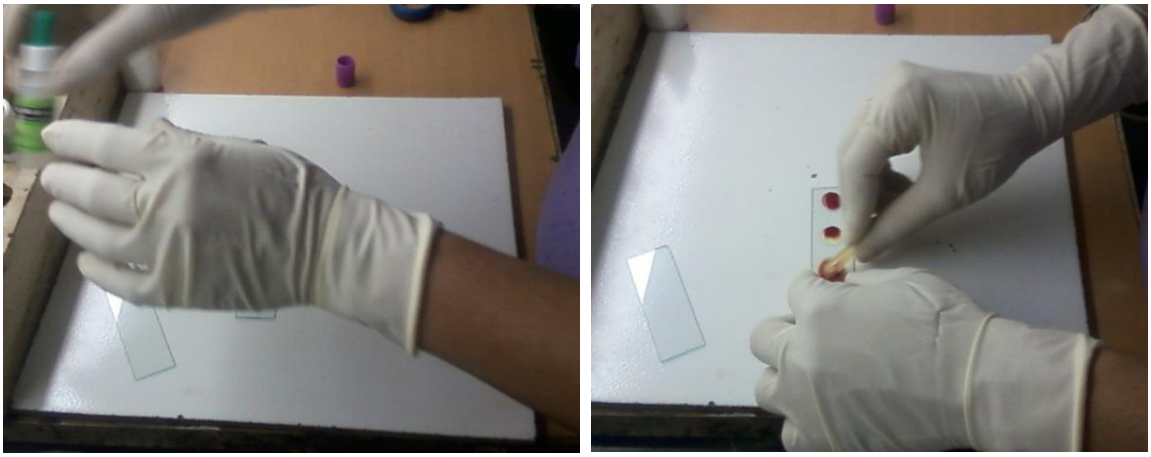
Wash basin with liquid handwash & a towel :-



Pic 20 : *Showing wash basin with liquid hand wash and towel*

Others - Standard universal precautions to be followed at all times.

PICTURE SHOWING STANDARD UNIVERSAL PRECAUTION IN LAB.



Pic-21: *Showing gloves used in lab.*

Instruction continued

- Implementation of all SOPs (Standard Operating Procedures) per department thoroughly. Each member of the hospital should know the SOPs related to his/her department.
- Patient and Employee satisfaction survey to be done as per the Performa provided.
- Monitoring department activities as given in policies and procedures. Make sure of each department that the policies and procedures are being followed as given in the manual. And each person in the department is aware of the policy and procedures of their department.
- Form all necessary committees for the hospitals immediately, if not done till now.
- Conduct committee meetings and Minutes of committee meeting, to be submitted with attendance sheets.
- Display the rights and responsibilities of patients on a board in area visible to all patients entering the hospital. The required formats in English and Punjabi are already sent to you all.
- Identity Cards for all the employees of the hospitals from user charges, details with colour coding as given before.

STEP TAKEN:

1. Flex were made and displayed at OPD entrance
2. Display the MSDS for chemicals used in OTs, ICU, in wards respectively.
3. Print outs are taken are being displayed in respective areas (see annexure)
4. Committees were also made & meetings conducted once in month
5. For staff Identity cards formation

Following the NABH guidelines for identity cards of hospital employees

- Green color for Doctors & A-Class Officers
- Orange colour for Staff nurses
- Blue colour for technical/non-technical staff
- Red colour for class 4 employees

1. Getting the employees details collected from admin department
2. Selecting ID card format
3. Getting the Colour coded ID cards formed and distributed to hospital employees

Pic 22 : *Hospital Staff I-cards*

Hospital Staff identity cards formed

Work Instructions Contd.

- The conditions for improvement of all toilets are to be fulfilled without any complaints. Hang a check list outside all toilets to record daily cleaning compliance and make one matron/NS/ supervisor responsible for it and record on the check list. Assure to clean the toilets (most used) at least 4 times during the OPD hours.

TOILETS (work in progress) **TOILETS (After)**


Picture 23 showing condition of toilets require repair work
Picture 24 showing repair work in progress

CHECK LIST HANGED OUTSIDE TOILET

Picture 24-A

Work Instructions Contd.

- Demarcate a proper place for ambulance parking.

DEMARCATION OF AMBULANCE PARKING AREA

Pic 25 :Ambulance parking area

- Training of all the class IVs of their duties and sanitary workers of their duties and proper style of mopping and dusting.

  STEP TAKEN: Sensitisation programs were done .

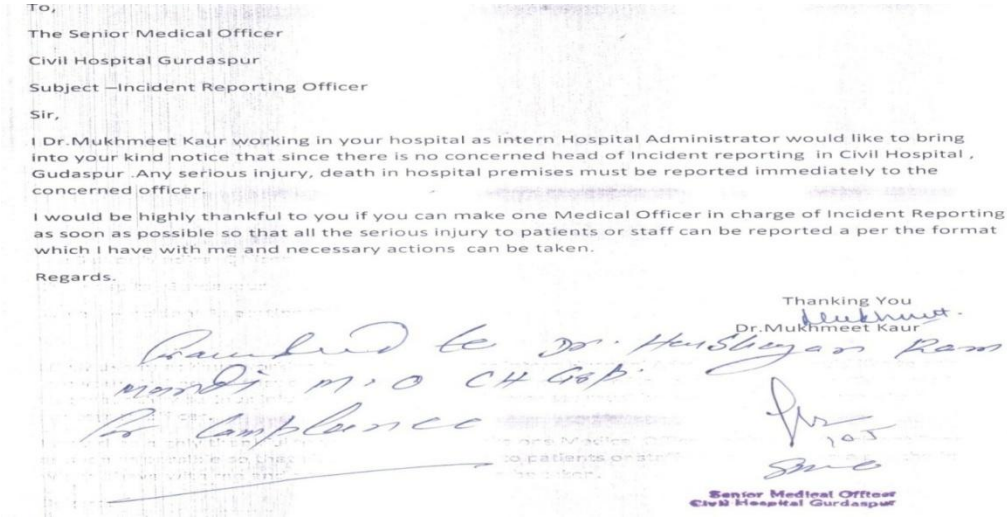
- To stop usage of brooms at least inside the wards, labs, blood bank. Provide them standing dry and wet mopping for inside and train them to use properly. This is very important.

  STEP TAKEN: Guidelines are given to stop usage of brooms in wards, labs, blood bank.

INCIDENT REPORTING

Incident reporting head- Dr.Harbhajan Singh Mandi

The letter has been issued for this. The incident reporting format has been distributed to all wards. All the serious injury will be reported to concerned officer.



To,

The Senior Medical Officer

Civil Hospital Gurdaspur

Subject –Incident Reporting Officer

Sir,

I Dr.Mukhmeet Kaur working in your hospital as intern Hospital Administrator would like to bring into your kind notice that since there is no concerned head of Incident reporting in Civil Hospital , Gudaspur .Any serious injury, death in hospital premises must be reported immediately to the concerned officer.

I would be highly thankful to you if you can make one Medical Officer in charge of Incident Reporting as soon as possible so that all the serious injury to patients or staff can be reported a per the format which I have with me and necessary actions can be taken.

Regards.

Thanking You

Dr.Mukhmeet Kaur

Senior Medical Officer
Civil Hospital Gurdaspur

Pic 26 : *Letter issued for making Incident reporting officer*

STORE FOR STATIONARY & MEDICINE

Guidelines and Standard Operating Procedures have been distributed and in charge and staff are being told to follow those.This is the present condition of store.

Picture 27 : *Showing store for medicine and stationary*

MORTUARY

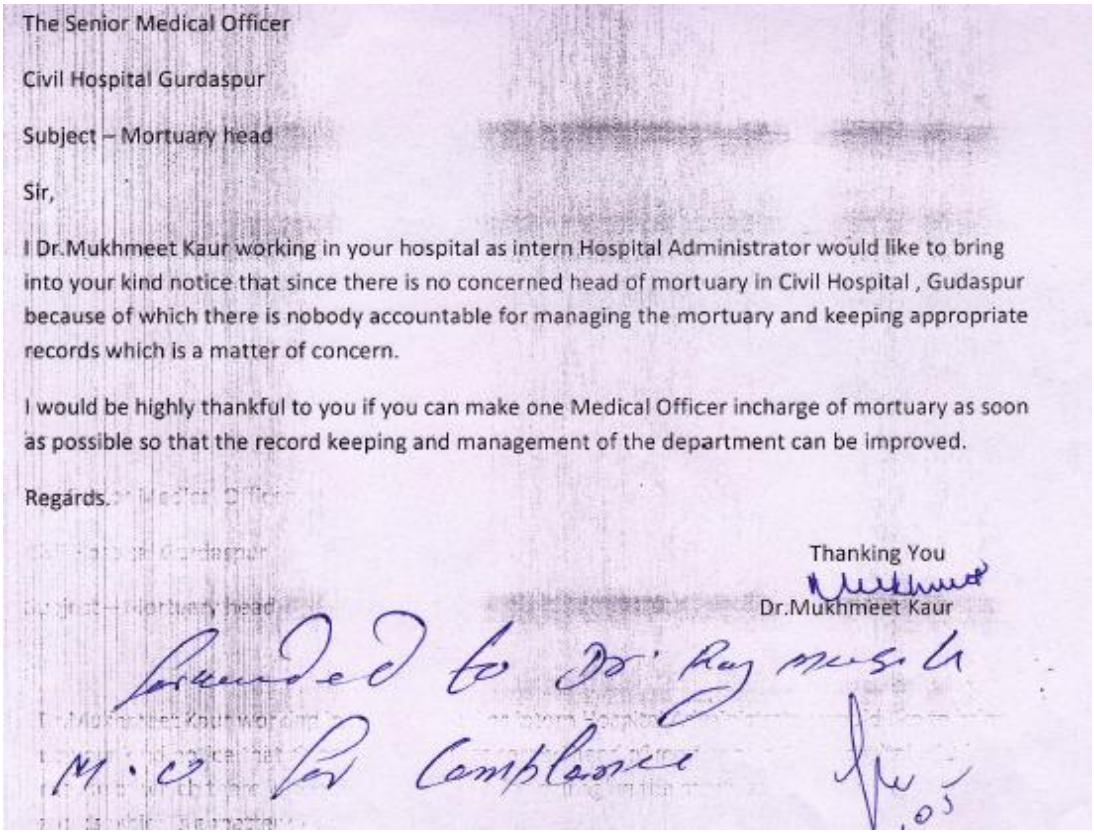
ISSUE 10:

There was no head of mortuary to take care of record keeping and other proceedings related to that. No AC and exhaust system was not working and mortuary requires repair work.

STEP TAKEN:

A medical officer Dr. Rajbeer Massi has been appointed as head of mortuary with the help of SMO Dr.Sudhir Kumar and the letter has been issued for the same.

Demand of AC and repair work has been given to SMO and repair work has been started by SMO.



The Senior Medical Officer

Civil Hospital Gurdaspur

Subject – Mortuary head

Sir,

I Dr.Mukhmeet Kaur working in your hospital as intern Hospital Administrator would like to bring into your kind notice that since there is no concerned head of mortuary in Civil Hospital , Gudaspur because of which there is nobody accountable for managing the mortuary and keeping appropriate records which is a matter of concern.

I would be highly thankful to you if you can make one Medical Officer incharge of mortuary as soon as possible so that the record keeping and management of the department can be improved.

Regards.

Thanking You

Dr.Mukhmeet Kaur

Forwarded to Dr. Raj Massi M.O. for Compliance

Picture 28 : *Letter issued for making mortuary head*

SECTION 3

UNINSTALLED/NON-FUNCTIONAL EQUIPMENTS

i. LABORATORY

1. AUTOMATIC CELL COUNTER 2. FULLY ANALYSER-MIURA 200

1-Motor aspiration not working .Engineers have said cannot be repaired

2-Non functional from past 5 yrs. Cannot be repaired

2. BLOOD BANK

Engineers have repaired but again stopped working and no action has been taken after that.

1-MANUAL ELISA READER 2-BLOOD COLLECTION MONITOR

-

3. RADIOLOGY- 3 X-Ray Plant-

Non functional because spare parts are not available . These X-Ray plants are very old.

Picture 29 MOBILE UNIT-MEDITRONICS 500-mA WIPRO GE

1. OPERATION THEATRE

CEILING LIGHTS- These were repaired earlier and no action has been taken after that

Picture 30

There are number of equipments lying in Civil Hospital Sangrur for condemnation .The cost of these articles is Rs.412446/-. DMC is waiting for team to come from PHSC, under Mr. Modi which is pending from past 2 yrs. Letters have been written for the same but no action has been taken. I have photocopy of the letter and list of equipment which has been sent to PHSC but is still pending.

IPHS NORMS TAKEN AS PER BED STRENGTH 100 AT DISTRICT HOSPITAL SANGRUR AND GURDASPUR

Sr. No.	Doctors	IPHS Norm	Sanctioned Posts at District Hospital	Current Availability at Hospital	Identified Gaps from IPHS-Norms	Identified Gaps from Sanctioned posts	Urgently Required
1	SMO	0	2	2	0	0	0
2	Medicine Specialist	2	1	2	0	0	0
3	Surgeon	2	1	2	0	0	0
4	Gynae Specialist	2	2	2	0	0	0
5	Paediatrician	2	1	1	1	0	0
6	Orthopaedic Surgeon	1	1	1	0	0	0
7	Anaesthesia	2	4	0	2	4	2
8	Pathologist	1	1	1	0	0	0
9	Ophthalamologist	1	1	2	0	0	0
10	Radiologist	1	1	0	1	1	1
11	Psychiatrist	Desirable 1	2	0	1	2	1
12	BTO		1	1	0	0	0
13	MO (MBBS)	9	6	1	8	5	4
14	Dental Surgeon	1	1	1	0	0	0
15	Skin and VD Specialist	1	1	1	0	0	0
16	ENT Specialist	1	1	1	0	0	0
17	Forensic Expert	1	0	0	1	0	0
18	Hospital Administrator	0	0	0	0	0	0
19	Dietician	Desirable 1	0	0	1	0	0
20	Physiotherapist	1	1	0	1	1	1
	Total	30	28	18	16	13	9
	Paramedical Staff						
1	Matron	1	1	1	0	0	0
2	Nursing Sister	5	3	0	5	3	3
3	Staff Nurse	45	48	18	27	30	10

4	Chif Pharmacist and Pharmacist	5	2+3	2+5	0	0	0
5	SMLT/MLT	5	1+6	1+4	0	2	0
6	Radiographer	3	4	2	1	2	0
7	Dark room Assistant	0	1	0	0	1	1
8	OTA	6 (gen.+ Emer. OT)	2	On depu. 1	5	1	2
9	ECG Tech.	1	0	0	1	0	1
10	Ophthalamic Officer	1	1	1	0	0	0
11	Blood Bank Technecian	5	0	0	5	0	2
12	Driver	2	3	2	0	1	0
	Total	74	75	37	44	40	19
	Administrative Staff						
1	Suprintendent		1	1	0	0	0
2	Senior Assistant		0	0	0	0	0
3	Junior Assistant			5	0	0	0
4	Clerk		9	2	0	7	0
5	Accountant	2	1	0	2	1	1
6	Statistical Assistant	1	1	0	1	1	1
7	Medical Record Officer	1	0	0	1	0	1
8	Computer Operator	6	6	3	3	3	2
9	Security Staff	2	0	0	2	0	3
10	Class IV		70	62	0	8	0
11	Electrician	1	0	0	1	0	1
12	Plumber	1	0	0	1	0	1
13	Sewage Cleaner	0	0	0	0	0	1
	Total	14	18	73	11	20	11

Manpower Gaps Observed -

1. Casualty doctors are required who can manage emergency so that rest of medical officers can look after OPD and IPD well. Doctors are overburdened thats why OPD is ignored.

2. There is a shortage of class four and sweepers. there are just 30 class four in OPD,ipd, accident emergency, blood bank.it includes dhobi,mali also.class four is required in stores ,in OPD for doctors, in wards there are no ward boys.all staff is finding lot of difficulty in doing work without class four.atleast 20 more class four are required.

3. Shortage of sweepers/safai karamchari ,there are just 7 for morning and evening for OPD, IPD,emergency,OT. Opd is 300-400 and cleanliness and maintainence is very difficult.

4. Security is a big requirement theres is nobody to control thefts in opd and IPD. And moreover security is required to control attendants.Earlier security men were present but rather than doing work they were more involved in making money from patients.

5. There is no medical record officer.1 lab technician has been given responsibility but he is not keeping the records well.

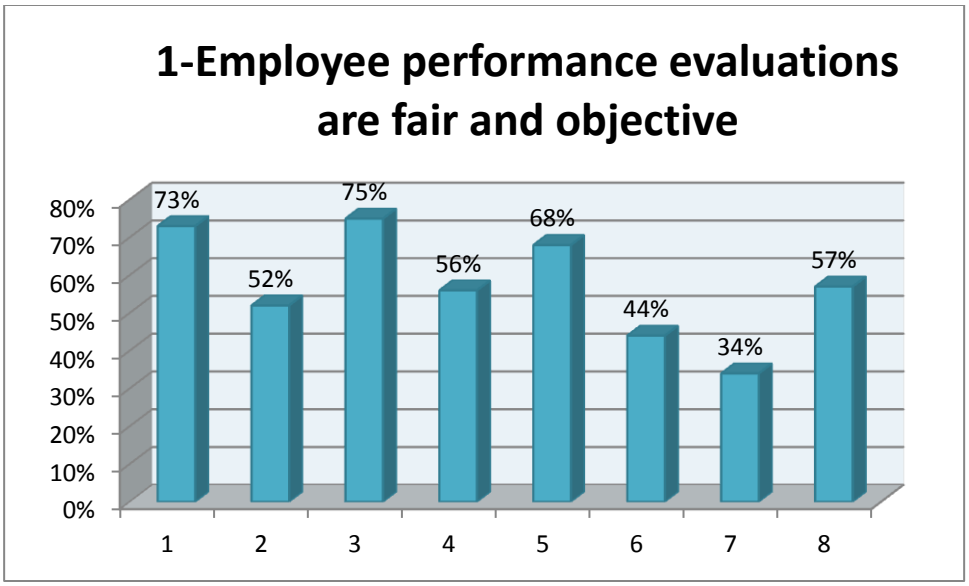
6. The workload is very high due to lack of staff nurse, OT assistant and sweeper cleanliness and efficiency of doctors is compromised

JOB SATISFACTION SURVEY AT CIVIL HOSPITAL SANGRUR (PUNJAB)

Punjab Health Systems Corporation

Department of Health & Family Welfare

Government of Punjab



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

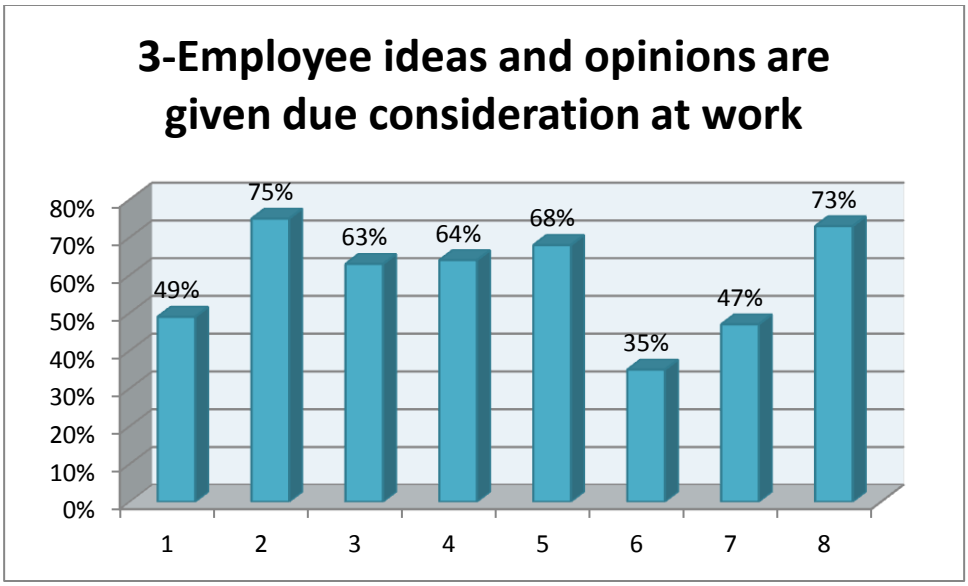
Graph 1

It shows employee performance evaluation is found fair and objective in three districts (Amritsar,Patiala and Bathinda) while in other 5 districts the satisfaction level is less with least satisfaction in Ropar following Jalandhar ,Mohali,Gurdaspur and Sangrur.

1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph- 2

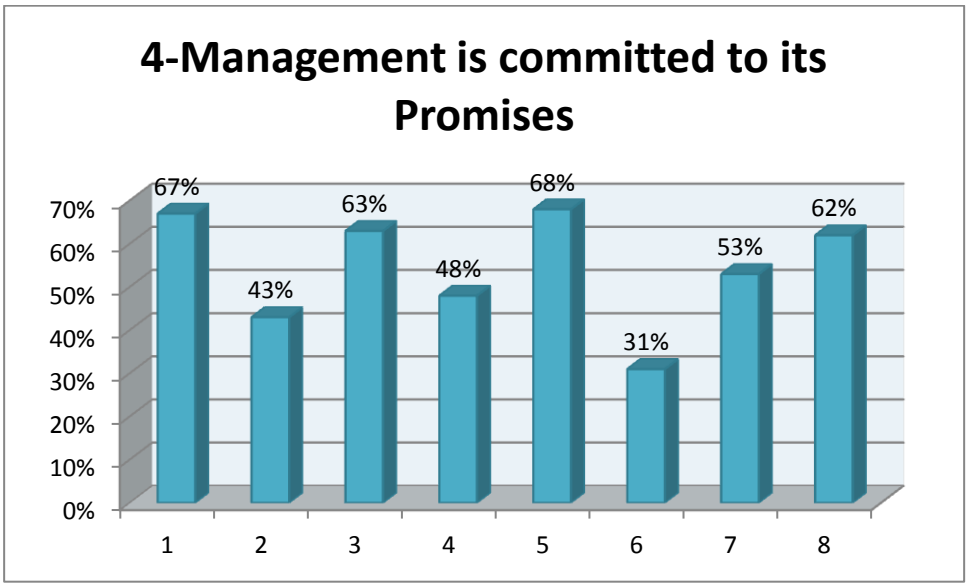
It shows the overall satisfaction level of employees from its management is in 5 out of 8 districts, less with least in Ropar then Jalandhar, Sangrur,Gurdaspur & Patiala which employee satisfaction is highest in Mohali.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph -3

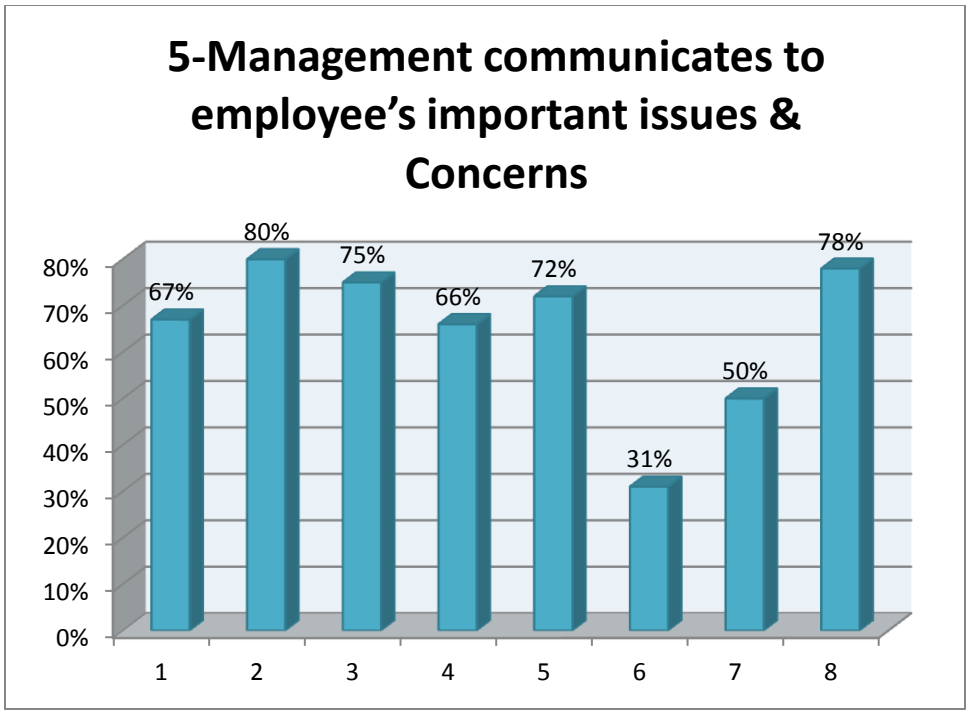
It shows that employee ideas and opinions are given due consideration at work in majority of districts.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph -4

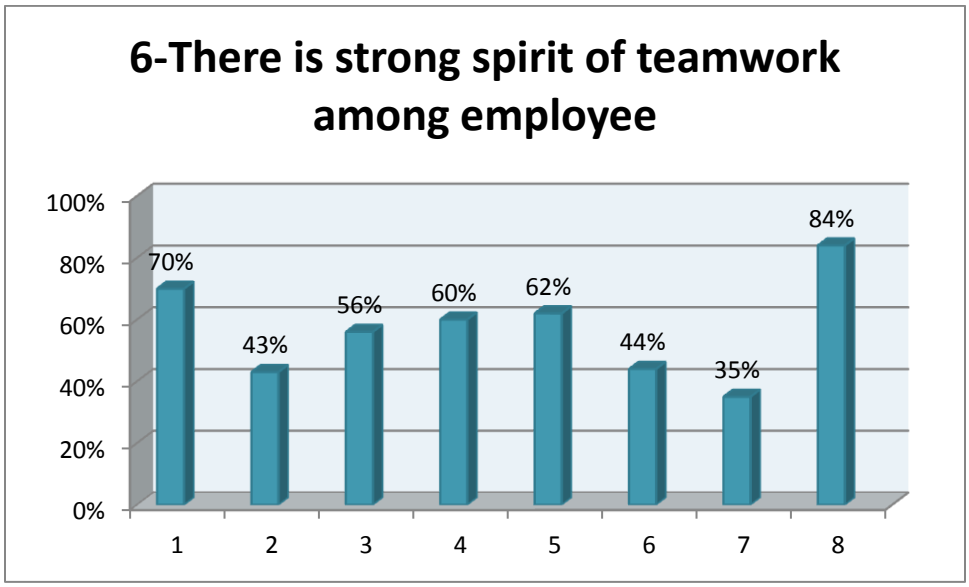
It shows that Management's commitment to its promises is less in Jalandhar,Gurdaspur & Mohali.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-5

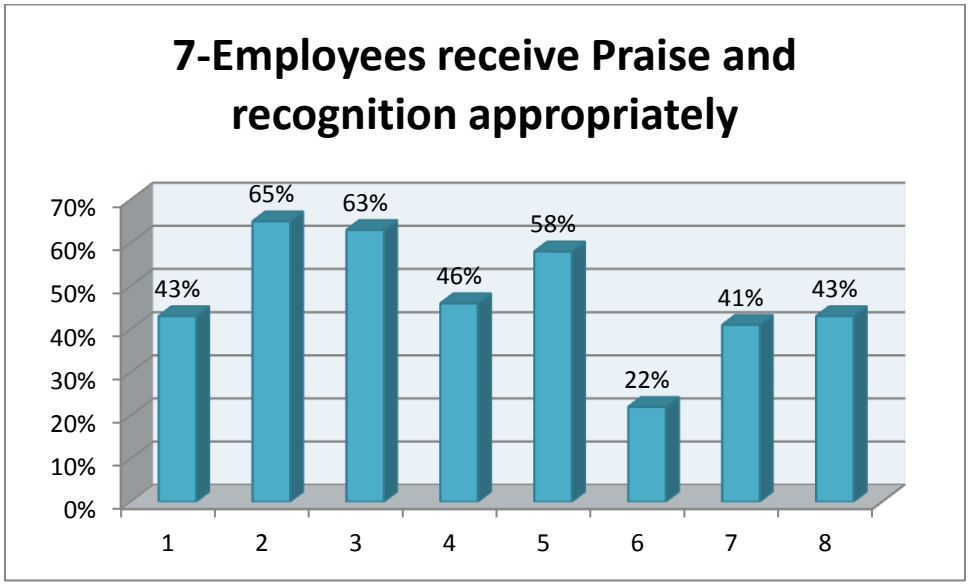
It shows that management communication to employees important issues & concerns is satisfactory in majority of districts except in Jalandhar & Sangrur.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-6

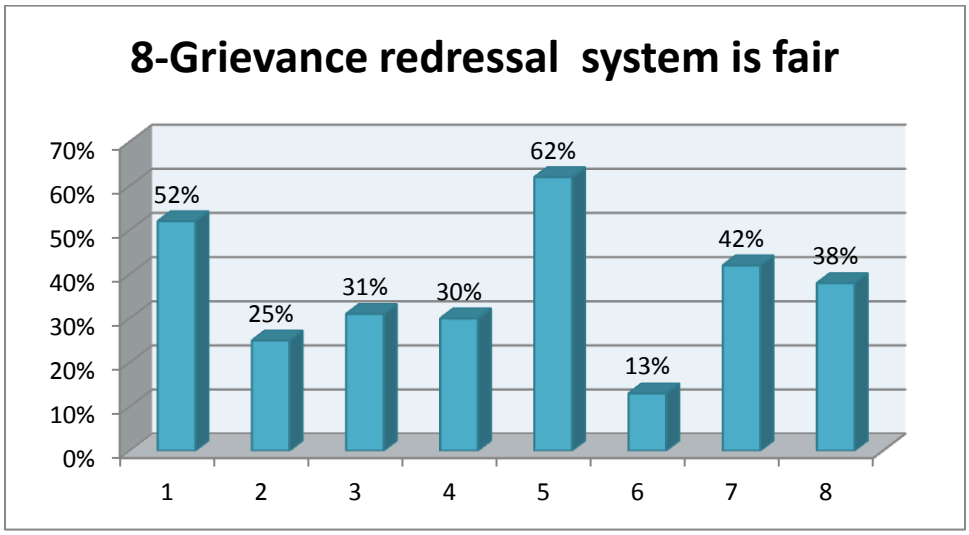
It shows that The spirit of teamwork is lacking in majority of districts except Amritsar & Sangrur.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-7

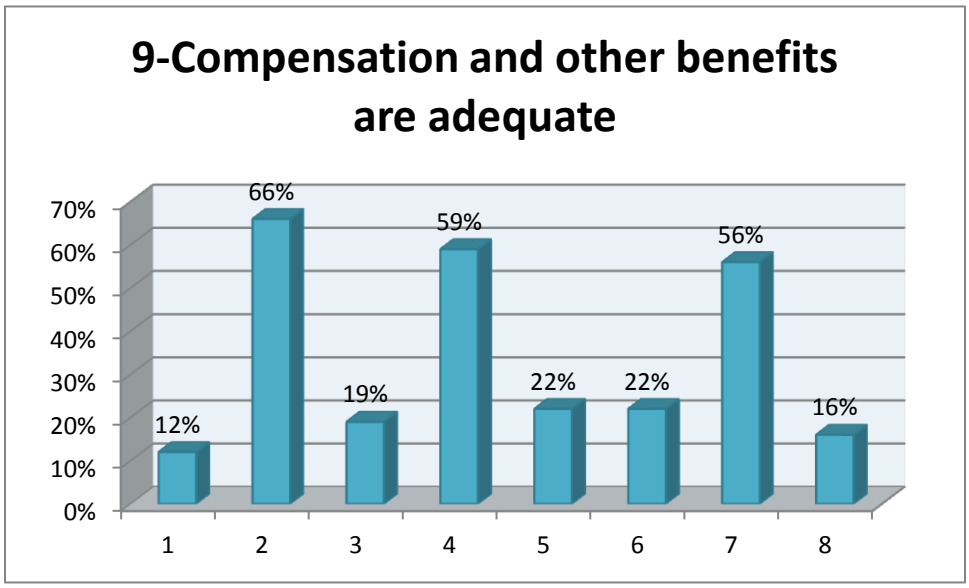
It shows that only 3 districts i.e. Mohali, Patiala and Bathinda showing employees receive praise & recognition appropriately but employees at rest of districts are not very satisfied.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-8

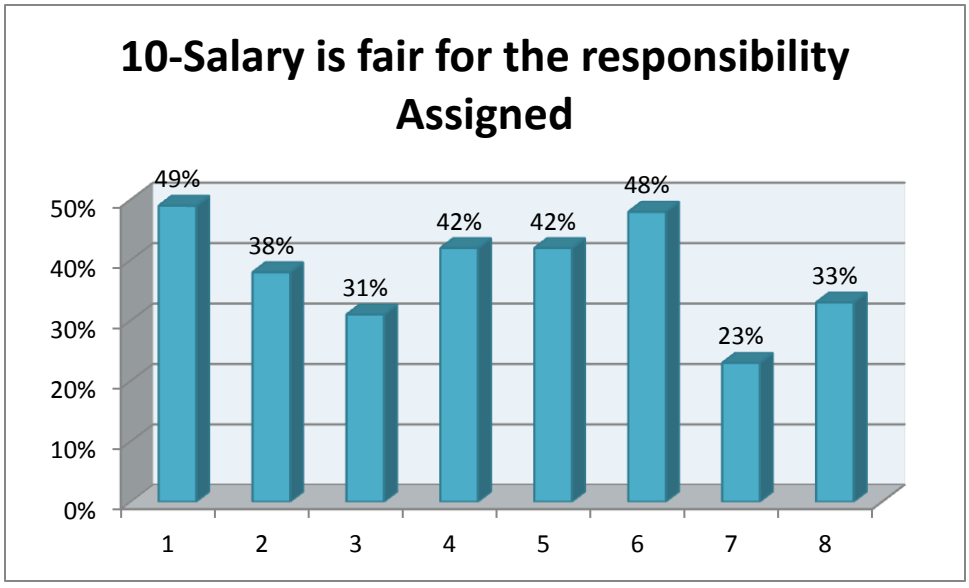
It shows that Grievance redressal system is fair in Bathinda and least in Jalandhar then Mohali.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-9

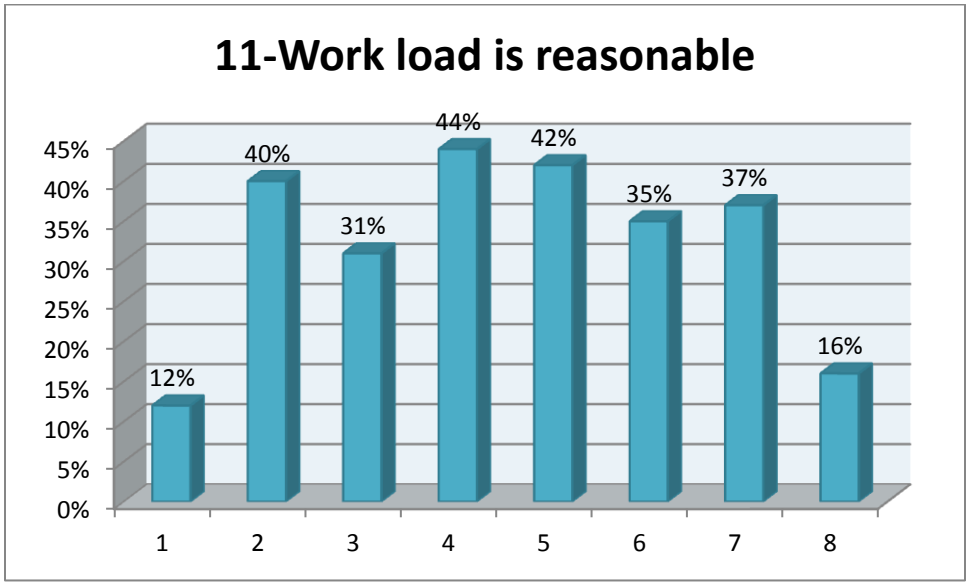
It shows that compensation and other benefits are adequate in Mohali, Gurdaspur, Bathinda, Jalandhar Ropar.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-10

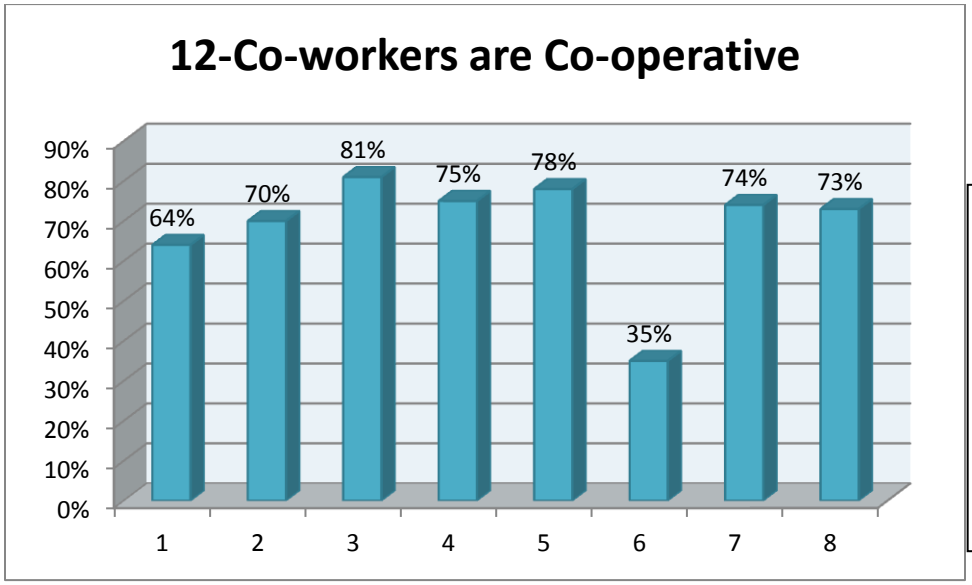
It shows that salary is fair for responsibility assigned-most of the districts agree with this, least agreement is found in Ropar and Patiala.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph -11

It shows that work load is high in Amritsar,Sangrur while in others its reasonable.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

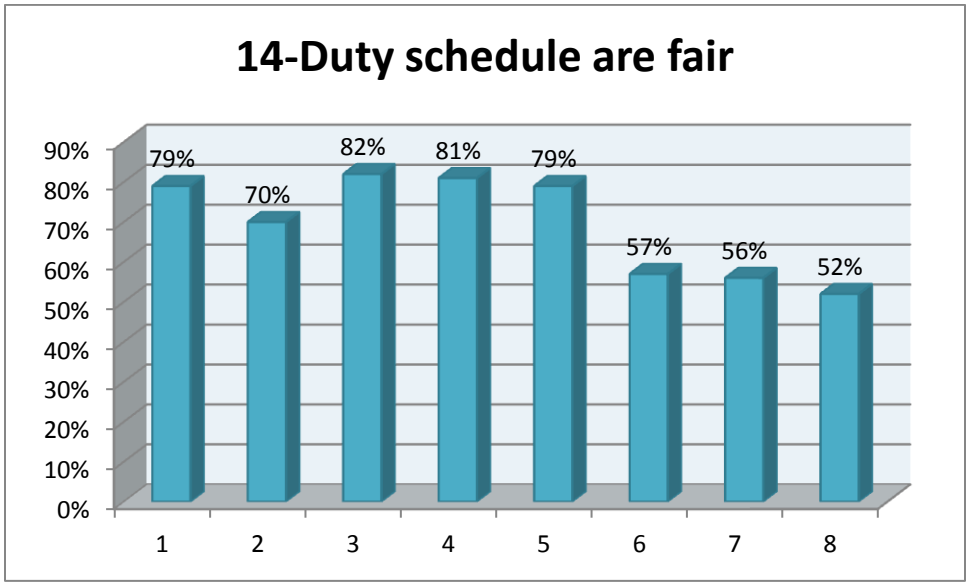
Graph -12

It shows that co-workers are cooperative in majority of districts, least cooperation present in Jalandhar.

1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-13

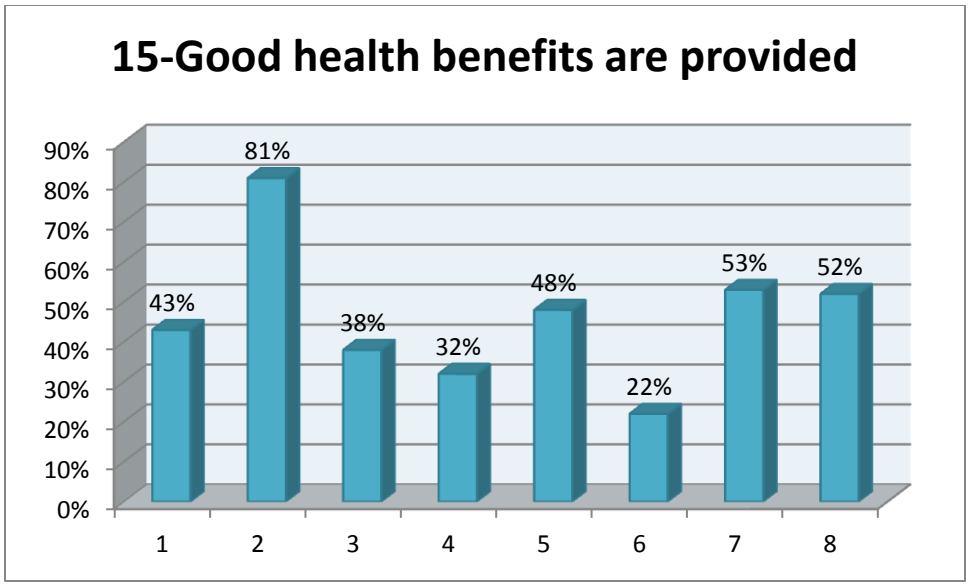
It shows that majority of district hospital employees consider their supervisor a good leader.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-14

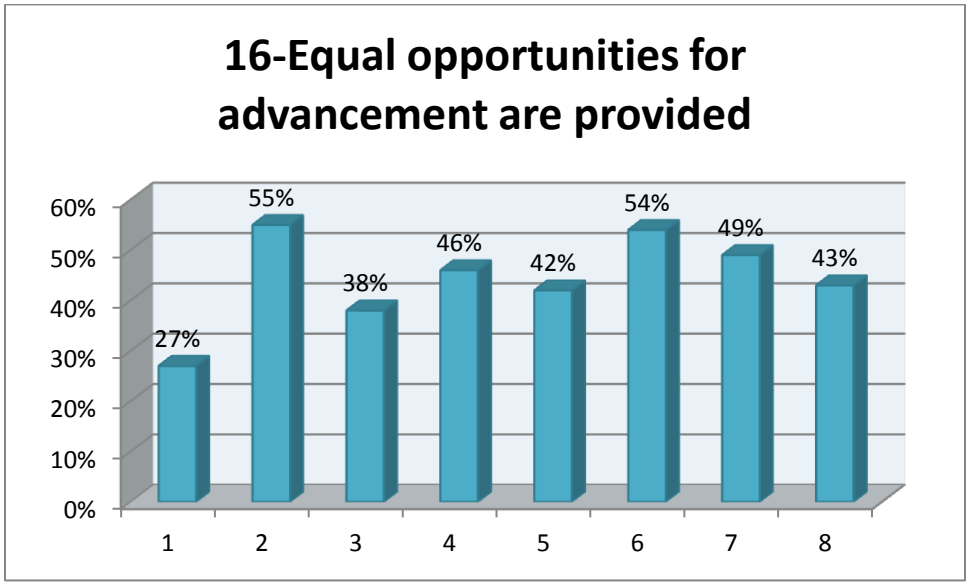
It shows that duty schedules are fair except in Jalandhar, Ropar, Sangrur.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-15

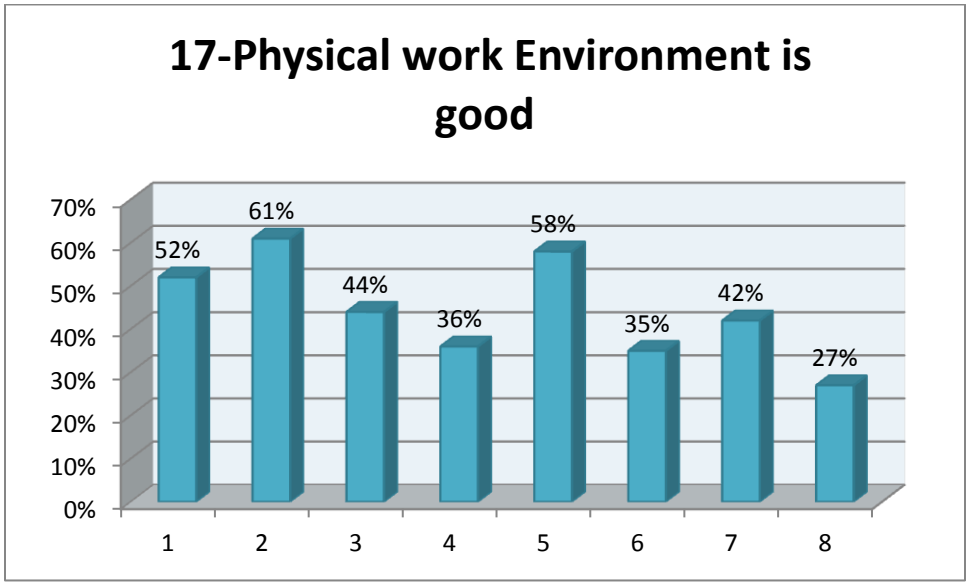
It shows that only employees of Mohali agreed about good health benefits are provided to them.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph -16

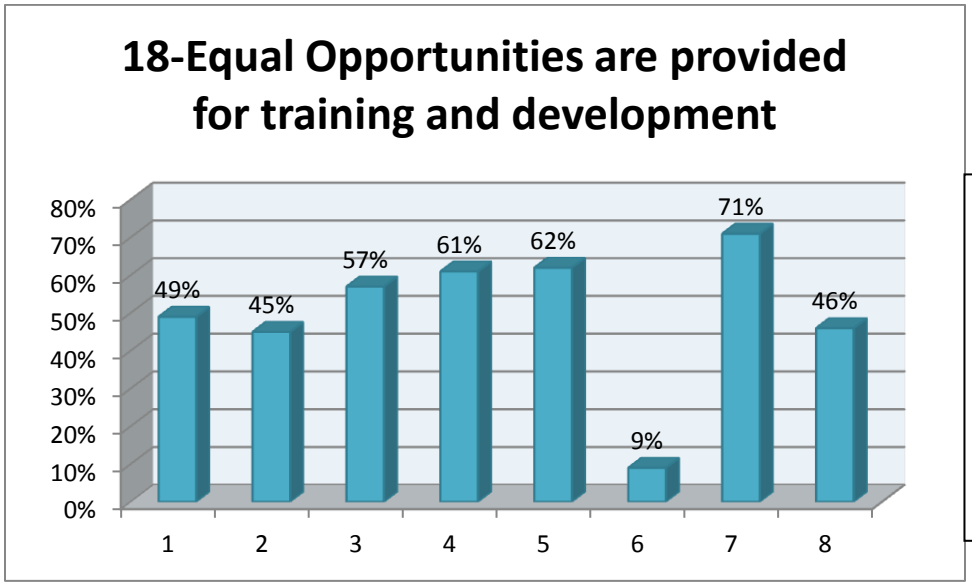
It shows that majority of district employees do not agree that equal opportunity is present for advancement.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-17

It shows that physical work environment is good in few districts Mohali, Bathinda, Amritsar rest are not very satisfied.



1. Amritsar
2. Mohali
3. Patiala
4. Gurdaspur
5. Bathinda
6. Jalandhar
7. Ropar
8. Sangrur

Graph-18

It shows that equal opportunity for training & development is highest in Ropar and least in Jalandhar.

SUGGESTIONS :

1. There is need to work on management aspect of civil hospitals.
2. Those employees who are doing good work should be given some kind of incentives and recognition through performance appraisal systems. The recognition or incentives should be same for contract and permanent employees.
3. There is need to make physical environment comfortable so that efficiency can be increased by maintaining cleanliness.
4. Majority of departments in civil hospitals are working well individually but there is lack of team work and coordination present among them .For this Management should conduct inter department meetings and consider their problems and try to sort them out.
5. Regular training programs should be made mandatory to all the employees.
6.Health benefits need to be given to all the employees.

LIMITATIONS :

1. Many employees were not willing to express their views just because they think that government set up can never change, no matter how much efforts we put.
2. Many employees behave in a diplomatic manner because they were afraid that we will report their individual names to MD,PHSC.
3.Some contractual employees are very demotivated especially staff nurses and sweepers because they are doing equal sometimes more work than permanent employees but their salaries and other benefits are very less. So they were not very much willing to be a part of our study.

MEDICINE SATISFACTION SURVEY:

Patient Review -A sample of 20 OPD Patients was taken and they were interviewed with a questionnaire 11 Questions. The following results were seen :

Question	Yes (%)
1.Patients who know about flex displayed outside hospital of list of free medicines	30
2.Patient's knowledge of free medicines provided at hospital	100
3.Patients if informed of free medicines (from doctor or pharmacist)	100
4.Is the prescription well read and understandable to the patient	30
5.Did the patient face any problems while getting medicines	50

Conclusion-

- If the prescription was not well read or understandable to the patient then the reason was that the patients could not read English or were illiterate.
- Mostly the prescriptions had partial medicines from the hospital , while others being available from Jan Aushadi or Market.
- 30% patients with No need to buy from Jan Aushadi or market had got full medicines from the hospital.
- In 55% of cases prescription was explained by the doctor as well as the pharmacist.
- 25% of the patients when asked about the quality of medicines said that they had no idea about it because they were new patients.
- The problems faced by the patients in getting the medicines were:
  1-More time: patients had to stand in long ques.
  2-Not getting complete medicines mentioned on the prescription.

- Those 50% who had no had no problems with getting all the medicines from hospital had reason that they already knew that those medicines will not available in the hospital (27.2%) or the medicines were available.

INPATIENT SATISFACTION SURVEY

Punjab Health Systems Corporation

Department of Health & Family Welfare

Government of Punjab

PUNJAB HEALTH SYSTEMS CORPORATION

PATIENT SATIFACTION SURVEY (INPATIENT) SAMPLE SIZE-50

Sr	Particulars	Name of the hospitals							
		Amritsar	Mohali	Patiala	Gurdaspur	Bathinda	Ropar	Sangrur	
1	Were you/your relatives informed about the reasons for your admissions in the hospital by the consultant doctor	100%	89%	94%	81%	100%	85%	95%	
2	Was the bed ready before you arrive in the inpatient wards?	84%	83%	72%	72%	90%	91%	95%	
3	Are you satisfied with the nursing staff and care the care given by them?	91%	84%	72%	88%	90%	96%	95%	
4	Did the nurse provide you the medicines regularly at the right time prescribed by you Doctor?	91%	84%	94%	86%	94%	84%	95%	
5	Did the treating doctor examines you everyday ?	100%	82%	84%	69%	100%	96%	95%	
6	Was the doctor courteous in his behaviour towards you?	100%	90%	88%	96%	100%	91%	95%	
7	Did you undergo any operation in the hospital ?/ if yes -Did doctor inform about need for operation	44/100%	35/88%	76/100%	69/88%	60/100%	100/91%	75/71%	
8	Are you satisfied with food provided by the hospital ?	44%	48%	84%	24%	NA	61%	85%	
9	Are you satisfied with the condition of the ward/rooms where you are admitted?	87%	62%	76%	66%	86%	84%	85%	
10	Are you satisfied with the hygiene and sanitation of the wards and other areas of the Hospitals?	81%	48%	44%	44%	86%	84%	62%	
11	Are you Satisfied with the cleanliness of the toilet?	81%	30%	44%	69%	86%	55%	62%	
12	Does the hospital staff respect your privacy and religious sentiments ?	91%	90%	96%	90%	95%	100%	95%	
13	Over all how satisfied are you with the hospital and the care provided ?	84%	75%	84%	45%	89%	89%	91%	

CONCLUSION :

1 .In all the hospitals patient's relatives are well informed about the reason for admission in hospital by the consultant doctor.

2 .Majority of patients in all districts say yes the bed were ready before they arrive in inpatient wards. Lesser patients satisfied in Gurdaspur and Patiala.

3.In all district patients are satisfied with nursing care given them.

4.In almost all districts nurse provides medicines at right time prescribed by doctor.

5.Lesser patients in Gurdaspur say yes that treating doctor examine them everyday .

6.Majority of patients in all districts say doctors behaviour is courteous.

7.Satisfaction level low with food provided in majority of districts.

8.Lesser patient satisfaction with condition of ward/room in Mohali and Gurdaspur.

9.Patients satisfied with hygiene & sanitation of wards & other areas of hospitals very less in Mohali, Patiala, Gurdaspur.

10.Satisfaction level with cleanliness of the toilet is lesser in most of the districts.

11.Hospital staff respect your privacy and religious statement. Majority of patients in all the districts are satisfied.

SUGGESTION :

1-There is need to work on sanitation condition in civil hospital of Mohali,Patiala and Gurdaspur.

2-This is mainly due to less number of sweepers present and those present are on contract and getting very less salary which they got after many deductions from the company which has hired them.

3-The food provided to patients especially maternity needs to be improved.

LIMITATION :

1-Many patients who come in civil hospital are illiterate and they don't even know there rights and benefits which are being given by government and they are satisfied with everything whatever service given to them.

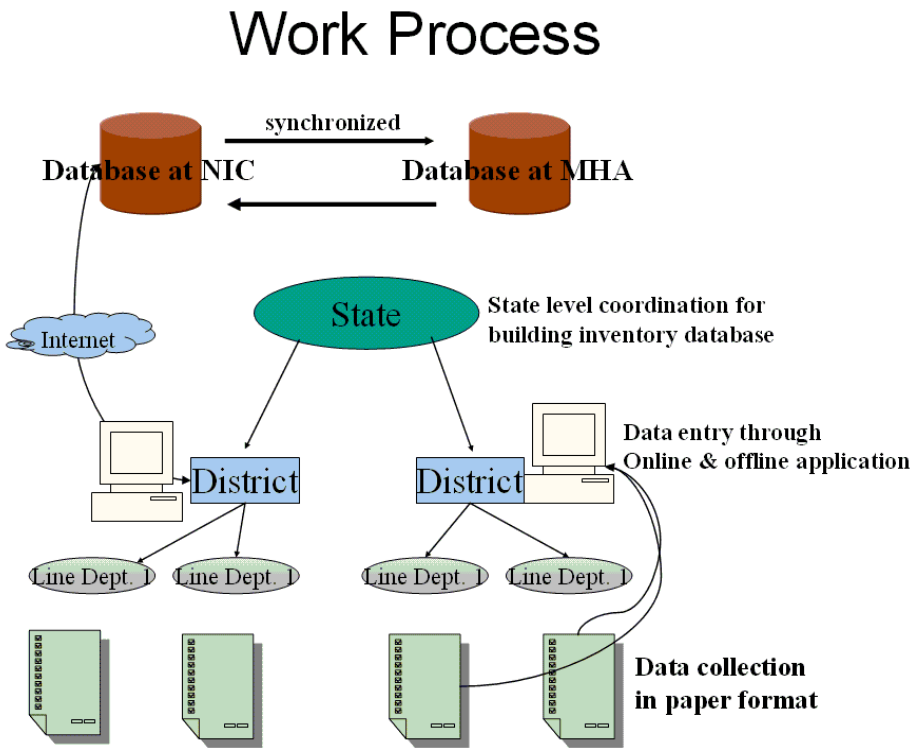
2-Due to limited amount of time we were not able to take large amount.

7-Annexure

7.1 Online inventory of resources for disaster response preparedness

Instruction to fill up the IDRN data collection formats

1. The data flow for IDRN database is as depicted below:



2. The data collection formats are intended to be filled up by the line dept/ agencies/ organizations and the whole exercise will be coordinated by the District Collector.
3. The format need to be sent to all line dept/ agencies from the district administration and need to be collected within a week. Then the data entry should be done at the district level under the district collector's authority.
4. The format is divided in to two parts **'*Form1*' & '*Form2A, 2B & 2C*'.**
5. ***Form1*** contains details of the line dept/ agency having the equipment and need to be filled up by the concerned line dept/ agency. It also contains a standardized set of equipments under it's corresponding Activity & Category with codes.
6. The equipments available with the department/ agency from the list first need to be identified.

7. ***Form2A*** contains the details of the **Equipments**(Equipments used in emergency response e.g. Cutters, excavators, fire tenders etc.).
8. ***Form 2B*** contains the details of **Skilled human resources***(People with various skill sets & expertise in emergency operation)*
9. ***Form 2C*** contains the details of **Critical Supplies (**Consumable items which requires very frequent update e.g. Medicines)
10. The item code and name need to be carefully entered referring from *Form1*
11. Utmost care should be taken when entering the description of the item. The description should contain the capacity/ size or type of equipment. viz. for generator capacity in KV, weight or size, petrol/ diesel/ kerosene etc need to be mentioned.
12. If the item is physically located other than the department, then location need to be specified.
13. In 'Availability time' column mention whether the item is available during particular months or available through out the year.
14. If the item need to be mobilized to some other place what kind of transportation modality will be available need to be mentioned in the 'transportation mode' column.
15. Whether skilled operators will be provided with the equipment or not need to mentioned in the 'Operator provided' column.
16. Care should be taken to enter only inventory of functional equipments.
17. For skilled human resources(Form 2B) 'Item code' & 'Item Name' should be interpreted as 'Skill code' & 'Skill Name'.
18. If it is a team/ group , the composition of the team/group need to be mentioned.

This instruction sheet should accompany the data collection formats

Form 2-A

Please enter in the table below the details of items you have checked as available in FORM-1

(All the fields are mandatory)

*Item Code	*Item Name	*Item Description	*Item Quantity and Unit	*Specify location if not present at the department	*Availability month (Specify)	*Transportation Mode (Road, Train, Air, Water or NA)	*Operator Provided (Yes/No/NA)
141	Electric Generator	1) 20 kw (Diesel) 2) 28 kw (Diesel) 3)100 kw(Diesel)	1 1 1	Present at Gynae ward, Dialysis unit, generator room	Whole year	Road	Yes
179	DCP type Fire extinguishers	Mono ammonia phosphate based Dry chemical powder (5kg capacity)	48	Present at all departments	Whole year	Road	N.A
201	Stretcher normal	Standard size	12	Not present at x-rays, OPD	Whole year	Road	Yes

205	First Aid kits	Required medicines	3	Present at required department	Whole year	Road	Yes
208	Portable Oxygen Cylinder	10 Litre	10	Available in various departments of hospital	Whole year	Road	Yes
210	Portable X-rays	Multi mobile type MM 2.5	1	Available in x-rays depatments	Whole year	Road	Yes
212	Portable ECG	Computerised type	2	Present at medical ward,medical OPD	Whole year	Road	Yes
213	Portable suction unit	Foot operated	2	Present at required sites	Whole year	Road	Yes
215	Defibrillator	Electric type	2	Not present in surgical & Gynae ward,Labour room	Whole year	Road	Yes
220	Mobile medical van	Big Size with x-ray & Lab facilities	1	-----	Whole year	Road	Yes
221	Water filter	Electric type 10 Ltr. capacity	8	Not present at x-rays, T.B. department	Whole year	Road	Yes
222	Water tank	50,000 Ltr capacity cemented	2	-----	Whole year	N.A	Yes
262	Medium ambulance	With emergency medicines	sufficient	-----	Whole year	Road	Yes

	van						
280	Video digital camera	Canon PowerShot A650 IS- model	1	-----	Whole year	Road	Yes
282	Camera digital	Canon PowerShot A650 IS- model	1	-----	Whole year	Road	Yes
321	TLD	Dose Measuring device for X-rays	3	-----	Whole year	Road	Yes

(For all types of equipment only

Form 2- B

Please enter in the table below the details of items you have checked as available in FORM-1

(All the fields mark with * are mandatory)

*Item(Skill) Code	*Item(Skill) Name	*No. of person Available	*Availability month (Specify)	*Prior experience in emergency response(y/n)	*Prior training in emergency response(y/n)	Description (If team enter composition)
229	General physician	3	Whole year	No	No	
231	Surgeon	2	Whole year	No	No	
233	Gynaelogist	2	Whole year	No	No	
235	Paramedics	30	Whole year	No	No	
236	Lab Technicians	8	Whole year	No	No	
237	O.T assistants	1	Whole year	No	No	
238	Medical first responders	1	Whole year	Yes	Yes	

(For all types of skilled human resource only

Form 2-C

Please enter in the table below the details of items you have checked as available in FORM-1

(All the fields are mandatory)

*Item Code	*Item Name	*Quantity available and Unit	*Specify Item Location	*Availability month (Specify)	*Transportation Mode (Road, Train, Air, Water or NA)	*Item Description
224	Bronchodilators	Nebulizer-3 Ambubags-3 Medicines-sufficient	Emergency ,medical ward, O.T	Whole year	Road	Medical devices and medicines for respiratory problems
225	Vaccines	I.V.,I.M,S.C type-sufficient	Emergency ,medical ward, surgical ward,maternity ward,O.T,injection room.	Whole year	Road	Injectables used for emergency treatment
226	Anti snake venom	30 vials	Emergency department	Whole year	Road	Injectables used for emergency treatment

Annexure –7.2

KAP of BMW at Civil Hospital Sangrur

Please tick the following answers

1. What is your designation at the hospital?
   1) Doctor 2) Staff Nurse 3) Lab Tech. 4) Pharmacist 5) Housekeeping

   6) X- Ray tech. 7) Nurses under training

3. Do you know a disease may spread by improper biomedical waste segregation and treatment?
   1) Yes 2) No
2. Do you know about the biomedical waste and its generation at the hospital?
   1) Yes 2) No
4. If yes, then which kind of color coded waste bins are being used currently at the hospital?
   1) Yellow, blue, black, green
   2) Yellow, black, green
   3) Yellow, blue, white, green
   4) Yellow and white only
5. Do you know about waste bin used for segregation of infectious waste eg. Human placenta, dressings, blood etc. ?
   1) Yellow 2) Blue 3) White 4) Green
6. Please tick the waste bin in which plastic material waste will be segregated.
   1) Yellow 2) Blue 3) White 4) Green
7. Sharp objects (eg. Needles mainly) will be treated with_____first then disposed off properly.
   1) 1% hydrochloride solution
   2) 2% sodium hypochloride solution
   3) 1% sodium hypochloride solution
   4) Needle cutters
8. General waste items (eg. Food waste, wrappers etc.) will be segregated into_____.
   1) Black dustbin 2) Yellow dustbin 3) White dustbin

9. Do you face any problem regarding destroying the needles?
   1) Yes 2) No
10. If yes , what is the reason not to destroy and dispose off the needles properly ?
    1) Due to time shortage
    2) Absence of needle cutters
    3) Non – working needle cutters
    4) Other Please specify_____
11. What kind of problem do you face while segregating biomedical waste at your department?
    1) No colored waste bins 2) No Color bags 3) No needle cutter 4) Time Shortage
12. Any Suggestion you want to give to improve BMW proper segregation and disposal.

Annexure –7.3

CIVIL HOSPITAL, SANGRUR

Patient Satisfaction Survey (Inpatient)

(Please tick the applicable Box)

1. Were you/your relatives informed about the reason for your admission in the hospital by the consultant doctor?

   ☐ Yes ☐ NO

2. How long did you wait before being shifted to the inpatient ward.

   ____0-10 mins ____10-20mins ____20-30 mins ___> than 30 mins

3. Was the bed ready before you arrived in the inpatient wards?

   ☐ Yes ☐ NO

4. Are you satisfied with the nursing staff and the care given by them?

   ☐ Yes ☐ No

5. Do the nurse provide you the medicines regularly at the right time

prescribed by your Doctor?

☐ Yes ☐ No

6. Do the treating doctor examine you everyday?

☐ Yes ☐ No

7. Was the doctor courteous in his behaviour towards you?

☐ Yes ☐ No

8. Did you undergo any operation in the hospital?

☐ Yes ☐ No

If yes – Did the doctor inform you/your relatives about the need for such Operation?

☐ Yes ☐ No

9. Are you satisfied with the food provided by the hospital?

☐ Yes ☐ No

10. Are you satisfied with the condition of the ward/rooms where you are admitted?

☐ Yes ☐ No

11. Are you satisfied with the cleanliness of the wards and the toilets?

☐ Yes ☐ No

12. Does the hospital staff respect your privacy and religious sentiments?

☐ Yes ☐ No

13. Over all how satisfied are you with the hospital and the care provided?

Satisfied _____ Dissatisfied _____ Not Satisfied at all _____

Annexure –7.4

CIVIL HOSPITAL, SANGRUR/GURDASPUR

Staff job satisfaction survey – questionnaire (Please tick the Option)

Doctor		Para-Medical		Technicians		Registrations	
Nurse		Administration		Ancillary Service		Others	

1. Overall, how satisfied are you with Civil Hospital, Sangrur and its Management as an

employer? Very satisfied Neutral Dissatisfied

2. Employee performance evaluations are fair and objective?

Agree Neutral Disagree

3. Employee Ideas and opinions are given due consideration at work?

Agree Neutral Disagree

4. Management is committed to its promises?

Agree Neutral Disagree

5. Management communicates to employees important issues & Changes?

Agree Neutral Disagree

6. There is a strong spirit of teamwork among employees?

Agree Neutral Disagree

7. Employees receive Praise and Recognition appropriately?

Agree Neutral Disagree

8. Grievance Redressal System is fair?

Agree Neutral Disagree

9. Satisfaction Level Estimation---

A. Compensation and other benefits are adequate

Agree Neutral Disagree

B. Salary is fair for the Responsibilities assigned.

Agree Neutral Disagree

C. Work load is Reasonable

Agree Neutral Disagree

D. Co-workers are co-operative

Agree Neutral Disagree

E. Your Supervisor/Manager is a good Leader.

Agree Neutral Disagree

F. Duty Schedules are fair.

Agree Neutral Disagree

G. Good Health Benefits are provided.

Agree Neutral Disagree

H. Equal Opportunities for Advancement are provided.

Agree Neutral Disagree

I. Physical Work Environment is good

Agree Neutral Disagree

J. Equal Opportunities are provided for Training & Development.

Agree Neutral Disagree

10. Your Comments and Suggestions, if any

_____

_____

Annexure –7.5

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PATIENT'S RIGHTS AND RESPONSIBILITIES

As a Patient

YOUR RIGHTS s	**YOUR RESPONSIBILITIES**
1 To be informed and educated in a language that you can understand	1 To give as much information as you can about your present health, pas illness, allergies and any other relevant details to the healthcare providers.
2. To receive medical advice and treatment which fully meets the currently accepted standards of care & quality.	2. To follow the prescribed and agreed treatment plan and comply with the instructions given.
3. To be given a clear description of your medical condition estimated cost of treatment and to involve you in decision about your care .	3. To keep appointments that you make. If you are unable to do so then notify as early as possible..
4. To have your privacy & dignity and your religious and cultural beliefs respected.	4. To pay all hospital bills in timely manner.
5. To have information relating to your medical condition kept confidential.	5. Not to ask us to provide incorrect certificates from the Healthcare Providers.
6. To have information of your care providers	6. To support the hospital in keeping the environment clean.
7. To have a safe and protected environment for you and your relatives.	7. To show consideration for the rights of other patients and the hospital by following the hospital rules and regulations.
8. To refuse treatment	8. To have Patience and maintain Silence
9. To make complaints & Suggestions	

Annexure –7.6

CIVIL HOSPITAL, GURDASPUR/SANGRUR

INCIDENT REPORTING FORMAT

Serious injury/ death must be reported immediately to concerned authority at …….

1	Date of accident/ incident Time Location
2	Affected person patient ☐ staff ☐ student ☐ volunteer ☐ (please tick) Contractor ☐ other ☐ male ☐ female ☐ years age ☐ Name & Address Tel (R) Tel (M) E-mail:
3	Type of accident/ incident severity Clinical ☐ Non Clinical ☐ major ☐ moderate ☐ minor ☐ near miss ☐

4	Details of accident/ incident Equipment model Removed form service ☐ Y ☐ N
5	Immediate action taken at time of incident (including any equipment involved)
6	Section completed by- please PRINT NAME Designation: Date & time: Signature
7	Subsequent action: To be completed by Line Manager on duty at time of incident

Annexure –7.7

BIOMEDICAL WASTE MANAGEMENT POLICY :

Purpose: The purpose of this waste management policy is to outline safe and efficient practices for the segregation, store and disposal of biomedical and general waste generated by the hospital.

B. Scope : Hospital Wide

C. Responsibility : Head – Infection Control , Infection Control and Ward Nursing Staff

D. Policy:

1. Classification of the waste generated:

Hospital Waste: All waste coming out of Hospital consist of the following:

1. 80% is non-hazardous waste.
2. 15% is infectious waste.
3. 5% is non-infectious but hazardous waste.

Infectious waste includes all kinds of waste that may transmit viral, bacterial or parasitic diseases to human beings.

Pathological waste include human tissues, organs and body parts and body fluids that are removed during surgery or autopsy or other medical procedures and specimens of body fluids and their containers

2. Definition of Biomedical Waste:

Biomedical Waste: Bio-medical waste means any waste which is generated during the diagnosis, treatment or immunization of human beings or from research activities pertaining there to or in production or testing or biological (preparations from organism or microorganism or product of metabolism and bio chemical reaction intended for use in diagnosis, immunization or treatment.

Identifying waste: Classified into two categories:

- **Infectious**
- **Non-infectious**

Both infectious and non-infectious waste may either be biodegradable, or non-biodegradable.

Biodegradable Waste: That which is capable of being decomposed and broken down by biological agents, like bacteria.

Non-biodegradable Waste: That which cannot be broken down by biological agents. Example: Plastics.

I. Infectious waste:

Pathological waste including tissues, organs, blood and body fluids. Syringes, IV tubing, blood bags and other items contaminated with blood and body fluids like plaster, casts, Human anatomical and surgical waste, body excretions needles, IV canulas, cotton, swabs, bandages, mops etc.

II. Non-infectious waste:

85% of the entire hospital waste.

Classified into

a. Kitchen waste:

- Food, peels, teacups, foil, plastic, fruit vegetable leftovers.
- Kitchen waste 2 categories;
- Bio-degradable waste and Non-biodegradable waste.

b. General office waste:

Wrapping paper, office papers, cartons, packing materials, plastic sheets, and newspapers.

4. **Segregation of Hospital Waste:**

Segregation of wastes is the most important prerequisite in the process of wastes management.

Segregation of waste allows special attention to be given to the different categories of wastes and thereby reducing the health risks as well as cost of handling and disposal.

While separating waste it is especially important to separate infectious waste from non-infectious waste. If mixed; non-infectious also becomes infectious.

Color	Container	Category
Blue Sharp	Blue plastic bag in plastic bin	Broken Glasses , Needles , Syringes etc
Red Infectious Non sharp	Red plastic bag in plastic bin	Soiled Cotton , Gauzes , Catheters , IV tubing etc
Yellow (Organ and tissue waste)	Yellow plastic bag in plastic bin	Human tissues, organs, body parts, placenta, pathological and surgical waste, microbiology and biotechnology waste
Black (General Waste)	Black bag in plastic bin	General paper waste; and also kitchen waste, that is disposed separately.

Segregation should happen at source with proper containment, by using different color coded bins for different categories of waste.

4. Sources of Waste in the Hospital:

- ER – Red, Blue, Yellow, Black, and sharps.
- Pharmacy – Black.
- Lab – Red, Blue, Yellow, Black and sharps.
- Day Care – Red, Blue, Black and sharps.
- OT – Red, Blue, Yellow, Black and sharps.
- Dialysis – Red, Blue, Black and sharps.
- Radiology – Red, Blue, Black and sharps.

- Kitchen – High volume biodegradable wet garbage.
- OP waiting areas - Black.

5. Guidelines for Collection of Waste:

- Waste will be collected by housekeeping at the respective department in two shifts; morning and evening (or as required) using wheel-able garbage bins except in OT where the waste would be collected after every operation.
- Wheel-able trolleys will be used for transportation of waste from various areas of the hospital to the temporary waste storage area of the hospital.
- Housekeeping staff will: wear **heavy duty gloves**, wear a **mask**, while collecting waste.
- Waste will be collected in two shifts or when waste bin or sharps bin is ¾ full.
- Before plastic bags are collected, they must be properly tied in a manner that does not allow for any leaks or spillage.
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6. Guidelines for Transport of Waste :

- When waste is collected, from a particular area, it will be wheeled downstairs to the basement where it will be weighed and transferred to the appropriate colored bin in the waste holding room. This will be done each shift.
- A large plastic bag will be used to line the wheel-able bin to prevent any liquid leaks from the waste bags from soiling the bin.
- This plastic bag is to be replaced each shift.
- The wheel-able bin will be cleaned and disinfected with Sodium hypochlorite solution once in 24 hrs. This will keep the bin sterile and odorless.
- While transferring waste to storage bins in the basement, housekeeping staff will wear a protective **mask**, **heavy duty gloves, and rubber boots.**

7. Guidelines for Storage of Waste:

- Blue, Red Yellow and Black waste will be held in the bins kept permanently in waste holding room. Sufficient no. of bins will be kept to store waste for a period of 48 hrs.

- Kitchen waste will be placed in designated bins and will be stored for a maximum of 48 hrs.
- All plastic bags are to be tied securely and the lid of the bin is to be firmly shut.

8. Guidelines for the Safe Disposal of Waste:

Waste will be handed over to the outsourced agency in the following manner:

- All waste held in the storage bins will be wheeled up to the garbage truck itself. This will be done by the hospitals housekeeping staff.
- Waste plastic bags, whether Red, Blue, Yellow or Black will not be opened in the collecting truck, but will be stored and transported out of the hospital premises directly.
- The contractors' garbage handlers will wear heavy duty gloves, mask, and rubber boots while transferring waste from the hospitals bins to the truck.
- Transfer of waste to the truck will be overseen by security.
- Security staff will maintain a log book which will document, the date, and weight of the waste collected by the contractor.
- Waste will be disposed of every 48 hrs.

9. Other Re-usable waste

- Fixer from the Radiology department is removed once in 3 to 4 weeks. This fixer liquid is transported in a closed container by housekeeping staff to a designated area of the hospital under the supervision and guidance of Radiology Staff.

Glass and cardboard from the kitchen are to be stored for a month and sold for recycling

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