Summer Training at
Punjab Health Systems Corporation, Punjab
(April - June, 2013)

IMPLEMENTATION OF ISO AND NABH STANDARDS IN CIVIL HOSPITALS OF GURDASPUR AND SANGRUR, PUNJAB

By
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Under the guidance of
Mr. Rahul Sharma

Post Graduate Diploma in Hospital and Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2013

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Certificate

This to certify that Dr.Mukhmeet Kaur , student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur, batch 17th has undergone summer training at Punjab Health Systems Corporation (Civil Hospital Gurdaspur and Sangrur ,Punjab) from April 8th to June 8th 2013 and has done study on

"Implementation of ISO and NABH standards in civil hospitals of Gurdaspur and Sangrur, Punjab"

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

I wish her success in all her future endeavors.

Mr. Rahul Sharma
Faculty and Mentor,
IIHMR, Jaipur

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

Ref. No. PHSC/NABH/13/325 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. MUKHMEET KAUR, 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 us an opportunity to undergo summer training at civil hospital Sangrur and Gurdaspur.

I am thankful to Assistant Director Dr. Parvinder Pal Kaur for her support, cooperation and motivation provided to us 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 us a lot in completing our project. We are 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 us in successful completion of summer training program in such a well encouraging Government organization, which had helped us in accomplishing assigned tasks and to reach myself a step head.

Lastly I would also like to thank our mentors at IHMR Jaipur Dr. Neetu Purohit & Mr. Rahul Sharma for giving their 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 our career in health management.

Mukhmeet Kaur

12th July, 2013

DECLARATION

I Mukhmeet Kaur, students of post graduate diploma in Hospital and Health management studying at IHMR Institute Jaipur, hereby declare that the summer training report on “To Implement ISO and NABH standards in civil hospitals of Sangrur and Gurdaspur districts 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 us.

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.

Mukhmeet Kaur

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ACRONYMS / ABBREVIATIONS

1. MSDS - Material Safety Data Sheet
2. PPE - Personal Protective Equipment
3. PHSC - Punjab Health System Corporation
4. BMWM - Biomedical Waste Management
5. PPCB - Punjab Pollution Control Board
6. SMO - Senior Medical Officer
7. MD - Managing Director
8. DMC - Deputy Medical Commissioner
9. MRD - Medical Record Department
10. ISO - International Organisation of Standards
11. NABH - National Accreditation Board for Hospitals & Healthcare
12. TLD - Thermo luminescent dosimeter
13. NOC - No objection Certificate

SECTION 1. INTRODUCTION

➢ 1.1 Introduction of Organization – PHSC

PUNJAB HEALTH SYSTEMS CORPORATION (*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 updation 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

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

- Construct and maintain dispensaries and hospitals and maintenance of cleanliness therein.

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

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

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

- Provide services of specialists and super specialists in various hospitals.

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

- 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.

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

- 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 RELATION TO MEDICAL CARE

1. Check that the following indicators documentation is done in addition to already being done in the hospital. If not done then please implement the following -
   - Gross Death Rate
   - Net Death Rate (department wise)
   - Infection Rate
   - Maternal Death Rate
   - Caesarian 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 colour coded bins with stand and lid in all the BMW generation points (foot-operated or hand-operated).
21. Ask for colour 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 colour them or colour the wall behind as per the colour 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 anaesthesiologist 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- signage 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 -

- Implement the ISO and NABH standards effectively in civil hospitals of Sangrur and Gurdaspur districts of Punjab
- Learn the working of a government hospital and the management issues related to it.
- Manage the work assigned with limited resources.
- Collect primary data from patients, hospital staff for operations and managing task.

SECTION 2 - WORK DONE AT CIVIL HOSPITALS

➢ 2.1 Hospital Inspection

During 1st week hospital was inspected by us and we came to know about various management issues there.

Both civil hospital Gurdaspur and Sangrur are 100 bedded hospitals 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 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

1.) HOSPITAL STATISTICS RELATION TO MEDICAL CARE

Checking that the following indicators documentation is done in addition to already being done in the hospital. If not done then please implement the following -

HOSPITAL STATISTICS OF CIVIL HOSPITAL SANGRUR AND GURDASPUR (PUNJAB)	DONE	NOT DONE	STEPS INVOLVED IN IMPLEMENTATION.
○ 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 Gurdaspur & 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 -

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 -	DONE	NOT DONE	STEPS IN 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	Not Computerised (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.*

1. **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.		The Person concerned not willing to work in MRD	
2. All stores in wards and central stores should be cleaned and articles properly placed - a good recording system needs to be initiated.			

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	DONE	NOT DONE	STEPS IN 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*

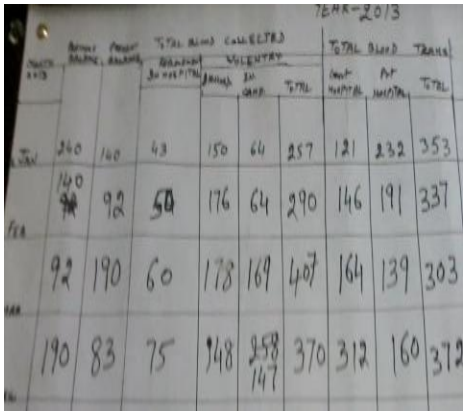
ISSUE 6 :

There was no segregation of blood present.

Improper record keeping was present earlier with incomplete records and registers

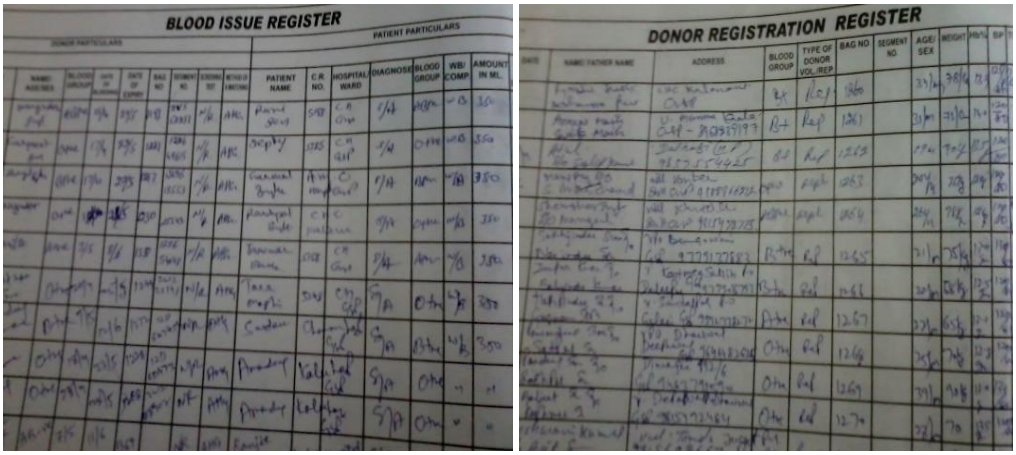
STEP TAKEN

- 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.



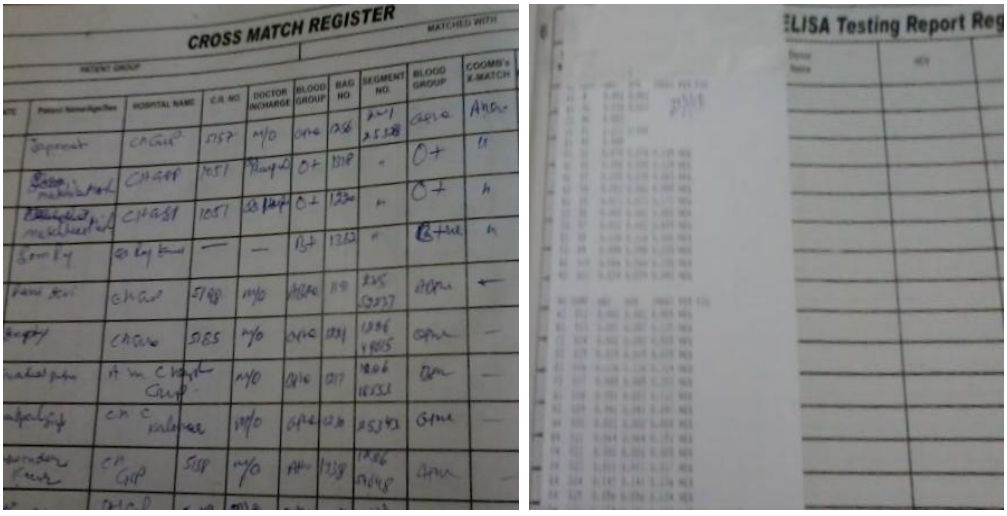
Pic 5 : *Month wise chart*

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.

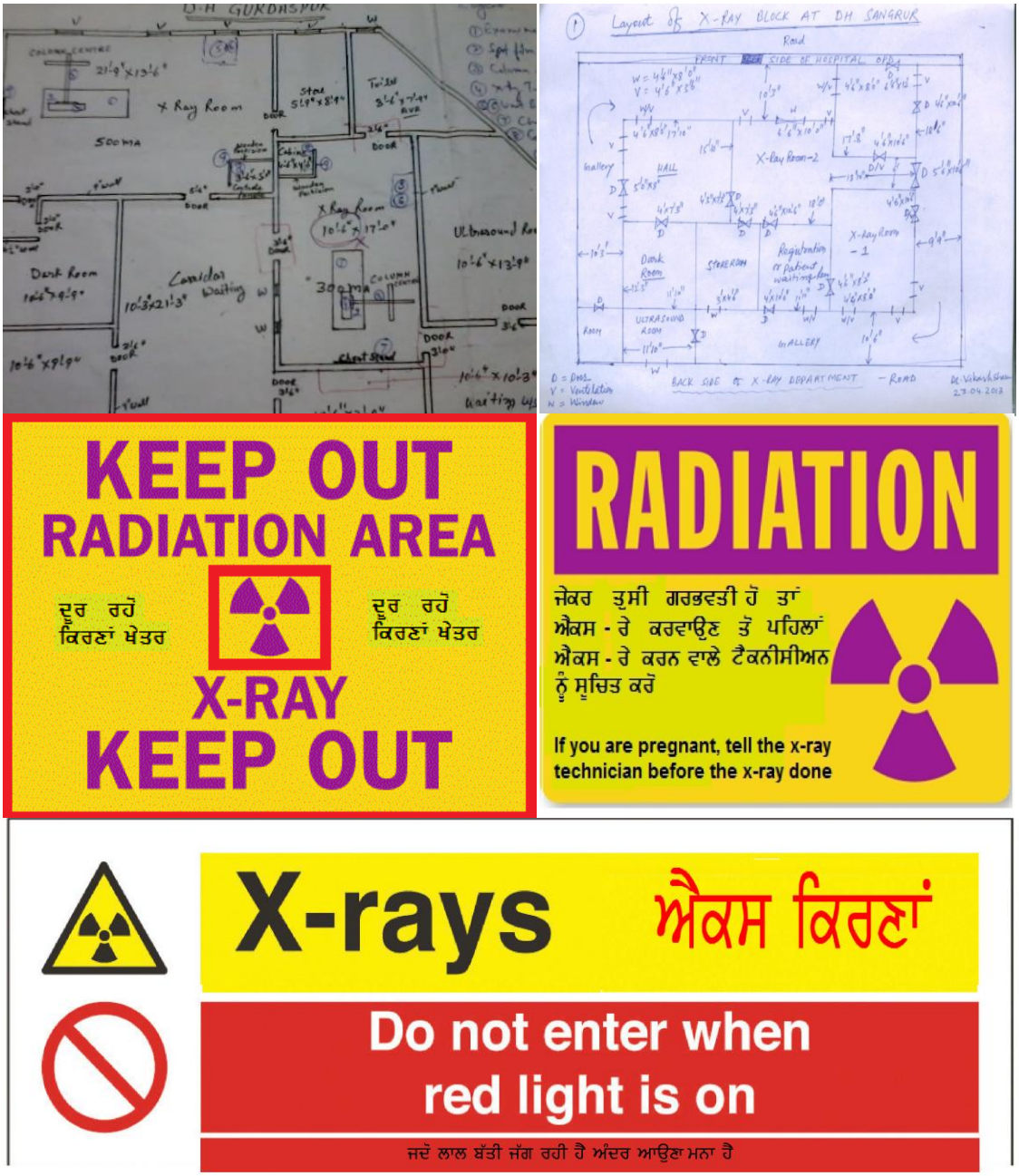
STEPS TAKEN:

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

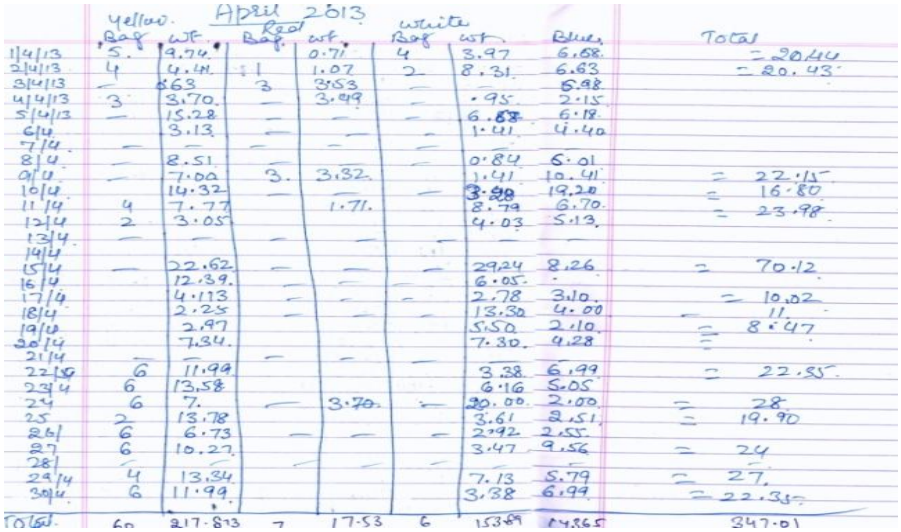
1. Hospital staff was segregating the BMW according to old guidelines as written on the old posters.
2. There was no proper manually/computerised recording/weighing of the BMW.
3. Plastic waste was being sold by class 4 employees while transporting
4. Employees were not properly/partially segregating 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 –	DONE	NOT DONE	STEPS IN IMPLEMENTATION
All registers to be updated.	done		
Temperature Monitoring charts to be properly filled in all the indoor files.	done		Guidelines being given and daily check is being made by us
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.
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
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		
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	

Keep a check, that if the linen is changed at regular interval.	done		
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.
Need to practice barrier nursing in the wards and units recommended (burn, trauma, isolation).			
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.

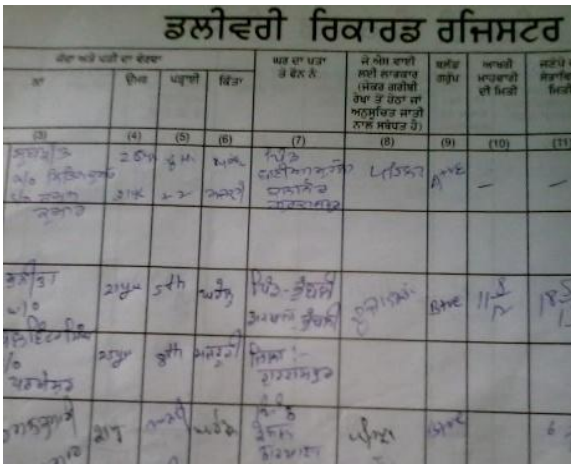
Pic 13 : *Showing attendants in ward*

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.



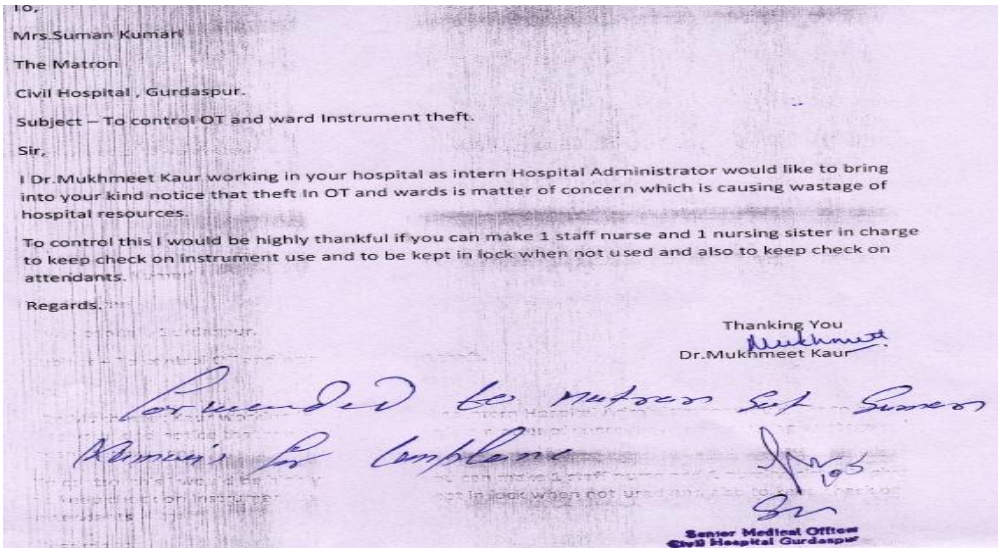
Pic 14 :*Delivery record in maternity ward* Pic 15: *Diet register*

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

Senior Medical Officer
Civil Hospital Gurdaspur

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

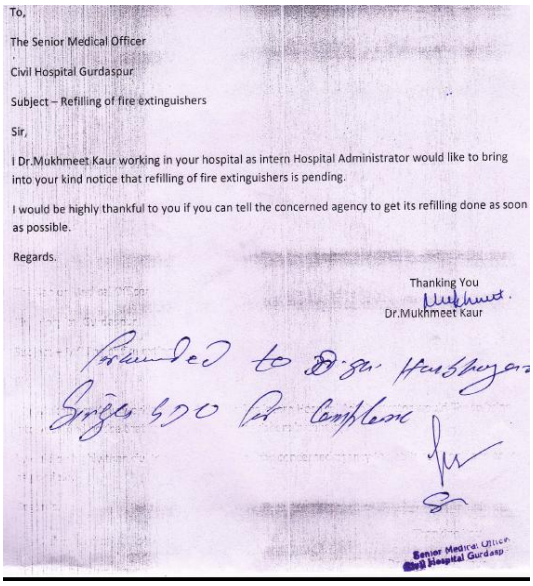
2.3.8 **Engineering works –**

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*

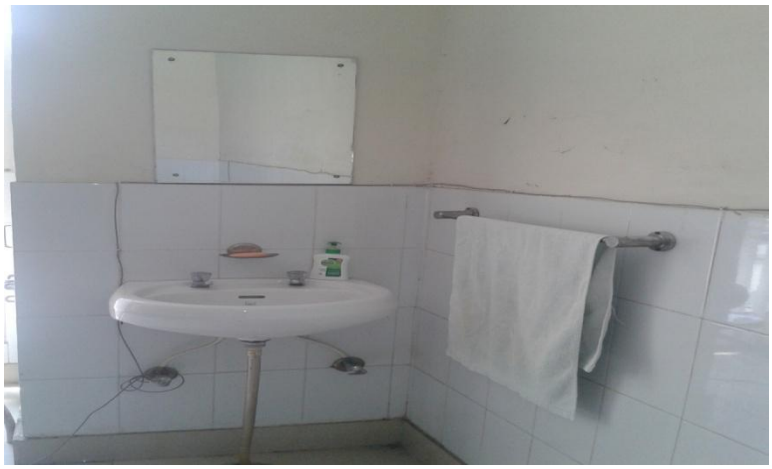
1. Operation theatre renovation as per norms (NABH and ISO 9001:2008).

STEPS TAKEN :-

- NEW OT UNDERCONSTRUCTION

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

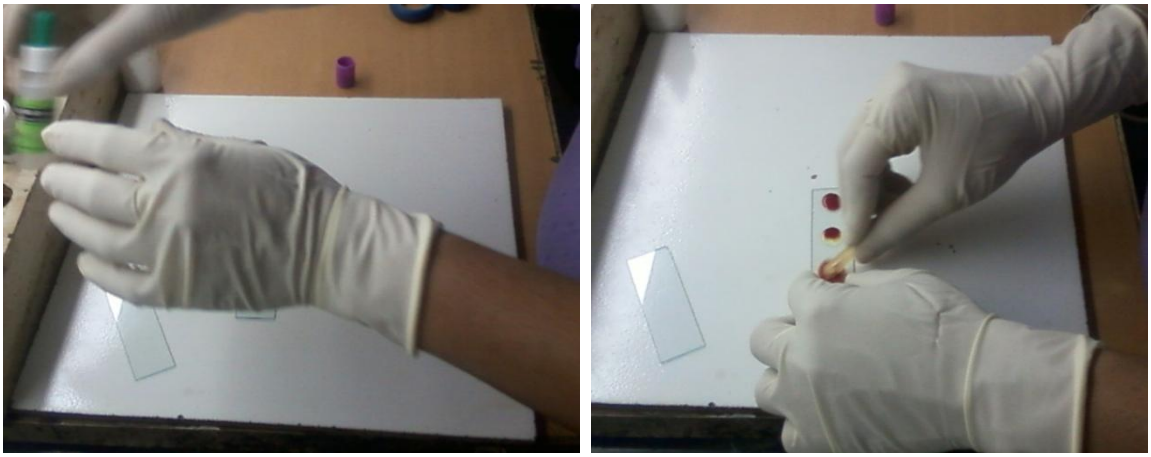
Wash basin with liquid handwash & a towel :-



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 contd.

- 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 and staff wearing them.*

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 (before) **TOILETS (work in progress.)**

Pic23 showing condition of toilets require repair work Pic 24 : repair work in progress

CHECK LIST HANGED OUTSIDE TOILET

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 .

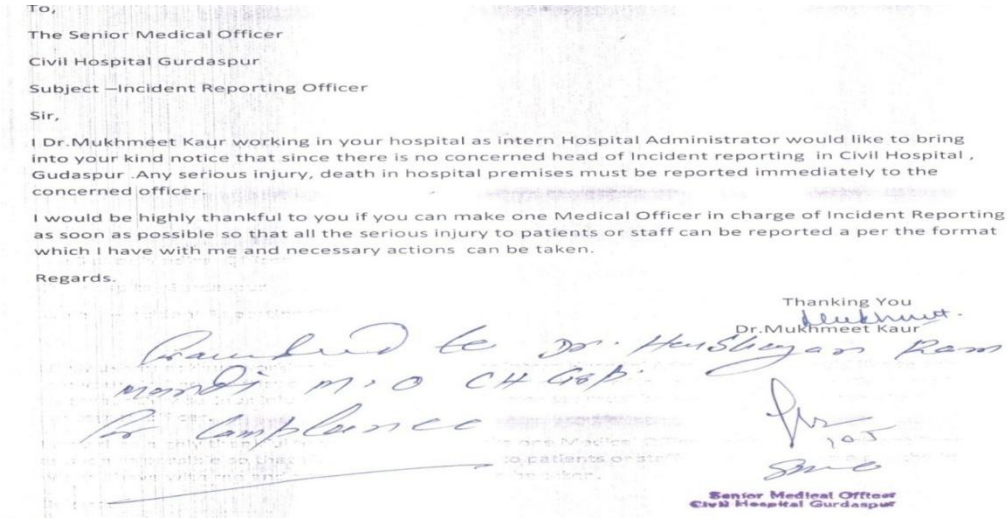
- To stop usage of brooms at least inside the wards, labs, blood bank. Provide them standing dry and wet mopping for inside and train them to use properly. This is very important.

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.

Pic 27 : *Showing store for medicine and stationary*

MORTUARY

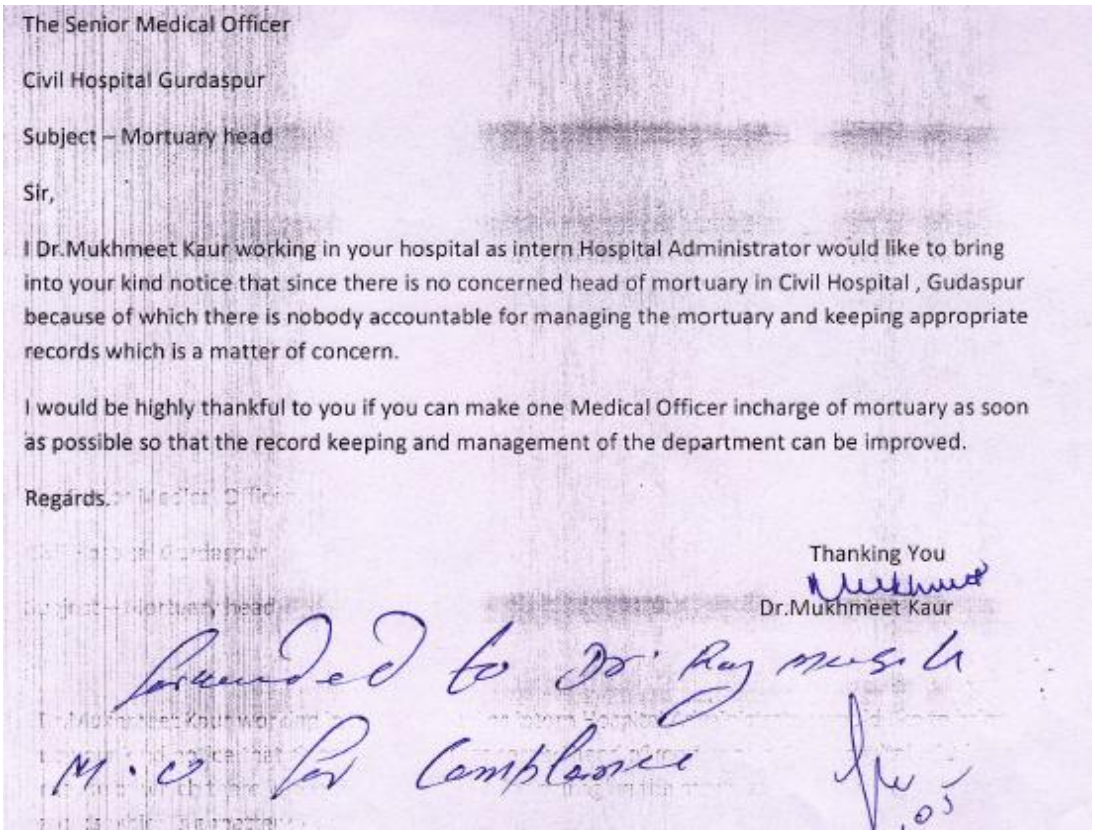
ISSUE 10:

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

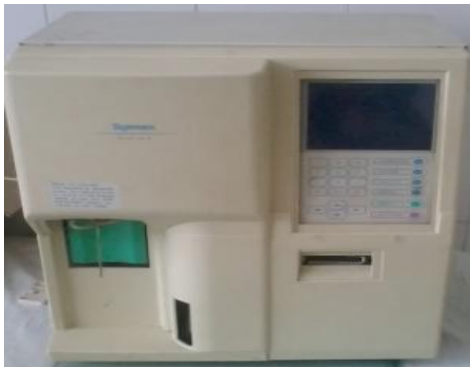
Pic 27 : *Letter issued for making mortuary head*

SECTION 3

UNINSTALLED/NON-FUNCTIONAL EQUIPMENTS

i. LABORATORY

AUTOMATIC CELL COUNTER- Motor aspiration not working . Engineers have said cannot be repaired



FULLY ANALYSER-MIURA 200

Non functional from past 5 yrs. Cannot be repaired

2. BLOOD BANK

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

BLOOD COLLECTION MONITOR-

3. RADIOLOGY- 3 X-Ray Plant-

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

MOBILE UNIT-MEDITRONICS 500-mA WIPRO GE

14. OPERATION THEATRE

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

There are number of equipments lying in Civil Hospital Gurdaspur 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

Manpower requirement as per workload in the Civil Hospital, Gurdaspur(100 bedded)

A. Doctors

S.No.	Personnel	IPHS Norm	Current Availability at Hospital (Indicate Numbers)	Proposed new posts (Required as per workload)	Total
1	Hospital Superintendent/ S.M.O	1	1	0	1
2	Medical Specialist	3	2	1	3
3	Surgery Specialists	2	2	0	2
4	O&G specialist	4	4	0	4
5	Psychiatrist	1	1	0	1
6	Dermatologist / Venereologist	1	0	1	1
7	Paediatrician	2	2	0	2
8	Anesthetist (Regular / trained)	2	2	0	2
9	ENT Surgeon	1	1	1	2
10	Opthalmologist	1	1	0	1
11	Orthopedician	1	1	1	2
12	Radiologist	1	0	1	1
13	Microbiologist	1	0	1	1
14	Casualty Doctors / General Duty Doctors	6	2	5	7
15	Dental Surgeon	1	2	0	2
16	Forensic Expert	1	0	1	1
17	Public Health Manager[1]	1	0	\1	1
18	AYUSH Physician[2]	2	1	0	1
19	Pathologists	2	1	0	1
	Total	**34**	**23**		**36**

[1] May be a Public Health Specialist or management specialist trained in public health
[2] Provided there is no AYUSH hospital / dispensary in the district headquarter

B. Para-Medicals

S.No.	Personnel	IPHS Norm	Current Availability at Hospital (Indicate Numbers)	Proposed new posts (Required as per workload)	Total
1	Staff Nurse*	75 to 100	24	24	48
2	Hospital worker (OP/ward +OT+ blood bank)	20	10	20	30
3	Sanitary Worker	15	7	7	15
4	Ophthalmic Assistant / Refractionist	1	1	0	1
5	Social Worker / Counsellor	1	3	0	3
6	Cytotechnician	1	0	1	1

7	ECG Technician	1	0	0	1
8	ECHO Technician	1	0	1	1
9	Audiometrician		0	0	0
10	Laboratory Technician (Lab + Blood Bank)	12	10	2	12
11	Laboratory Attendant (Hospital Worker)	4	2	4	6
12	Dietician	1	0	1	1
13	PFT Technician	-	0	0	0
14	Maternity assistant (ANM)	6	8		6
15	Radiographer	2	4	0	4
16	Dark Room Assistant	1	0	1	1
17	Pharmacist[1]	5	3	2	5
18	Matron	1	1	0	1
19	Assistant Matron	2	0	0	2
20	Physiotherapist	1	1	0	1
21	Statistical Assistant	1	1	0	1
22	Medical Records Officer / Technician	1	0	1	1
23	Electrician	1	0	1	1
24	Plumber	1	0	1	1

[*] 1 Staff Nurse for every eight beds with 25% reserve

[1] One may be from AYUSH

C. Administrative Staff

S.No.	Personnel	IPHS Norm	Current Availability at Hospital (Indicate Numbers)	Proposed new posts (Required as per workload)	Total
	Manager (Administration)	-	0	1	1
	Junior Administrative Officer	1	0	1	1
	Office Superintendent	1	0	1	1
	Assistant	2	1	2	2
	Junior Assistant / Typist	2	0	2	2
	Accountant	2	1	0	2
	Record Clerk	1	0	1	1
	Office Assistant	1	0	1	1
	Computer Operator	1	5	0	5
	Driver	2	1(phsc)	1	2
	Peon	2	0	2	2
	Security Staff*	2	1	5	6

	Total	**17**	**9**	**17**	**26**

Note: *Drivers post will be in the ratio of 1 Driver per 1 vehicle**.** Driver will not be required if outsourced*

** The number would vary as per requirement and to be outsourced.*

D. Operation Theatre

S.No.	Staff	IPHS Norm		Current Availability at Hospital (Indicate Numbers)	Proposed new posts (Required as per workload)	Total
		Emergency / FW OT	General OT			
1	Staff Nurse	8	1	2	4	6
2	OT Assistant	4	2	1	5	6
3	Sweeper	3	1	1	3	4
	Total	**15**	**4**	**4**	**12**	**16**

E. Blood Bank / Blood Storage

S.No.	Staff	IPHS Norm		Current Availability at Hospital (Indicate Numbers)	Proposed new posts (Required as per workload))	Total
		Blood Bank	Blood Storage			
1	Staff Nurse	3	1	1	0	1
2	MNA / FNA	1	1	0	0	0
3	Lab Technician	1	-	6	0	6
4	Safai Karamchari	1	1	1	0	2
	Total	**6**	**3**	**8**	**0**	9

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

1.*Casualty doctors are required which
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 lot of 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.

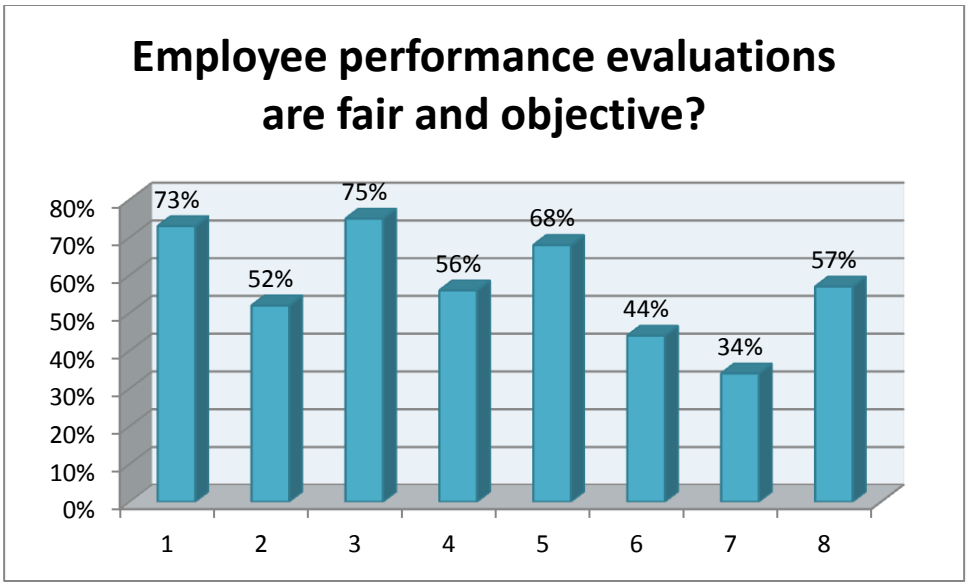
6*Theworkload load is very high
due to lack of staff nurse, OT assistant
and sweeper cleanliness and efficiency
of doctors is compromised.

JOB SATISFACTION SURVEY

Punjab Health Systems Corporation

Department of Health & Family Welfare

Government of Punjab



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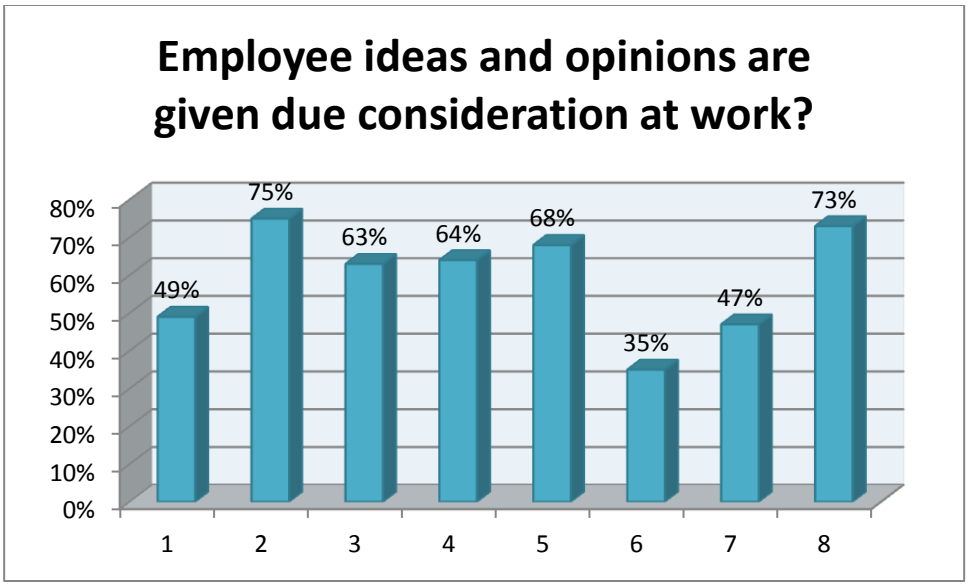

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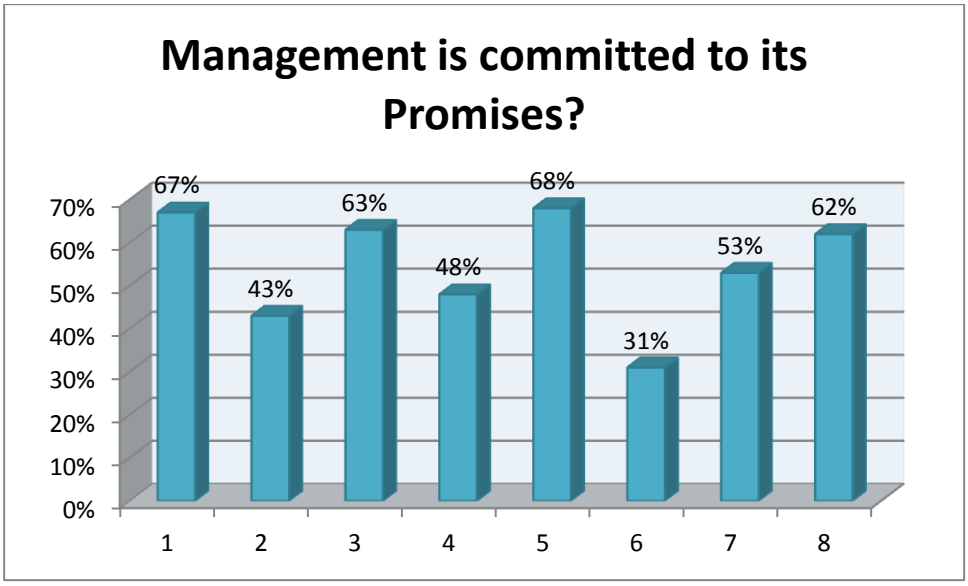

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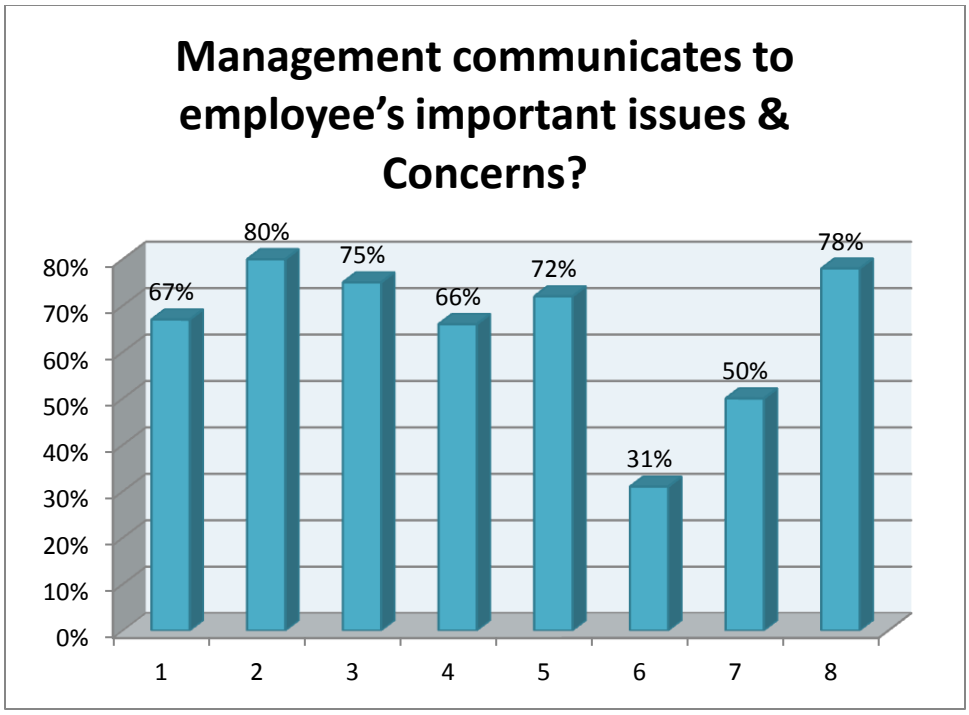

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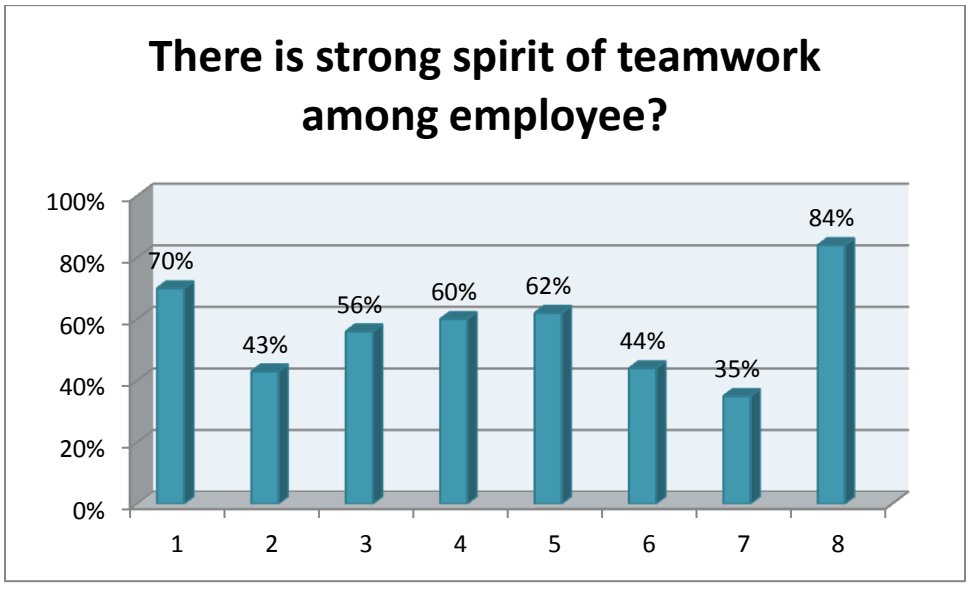

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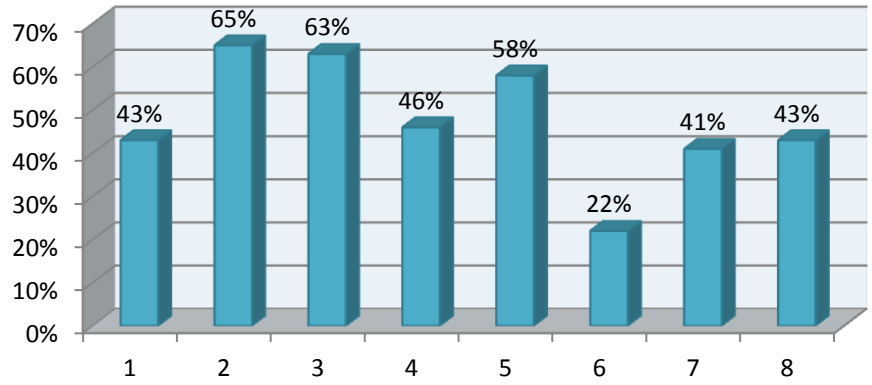
Employees receive Praise and recognition appropriately?



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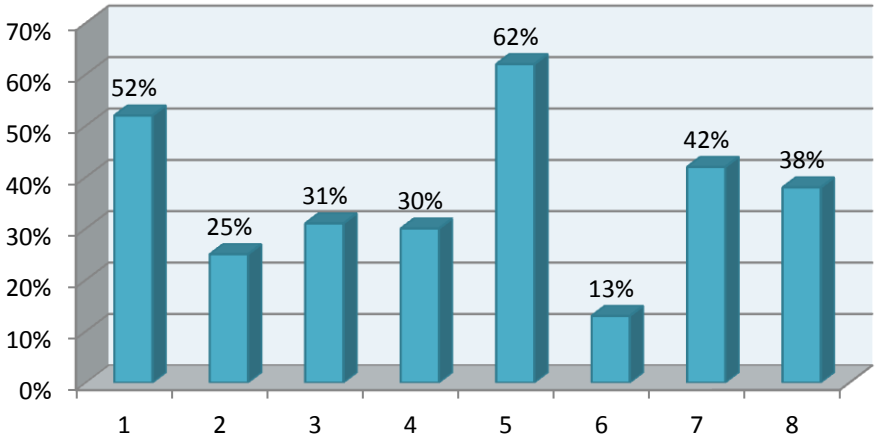
Grievance redressal system is fair ?



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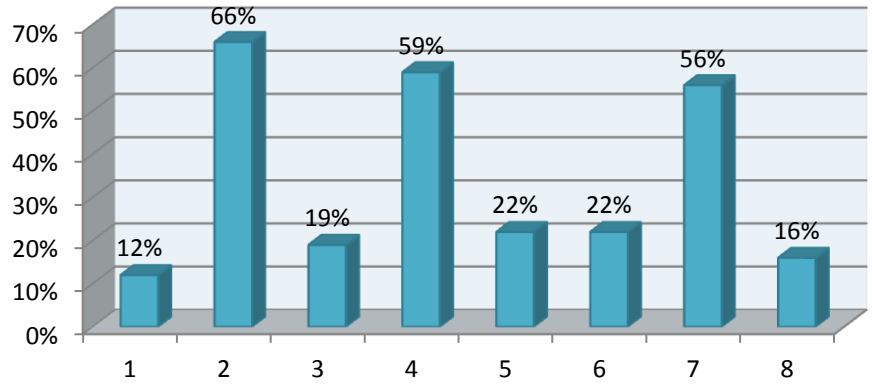
Compensation and other benefits are adequate



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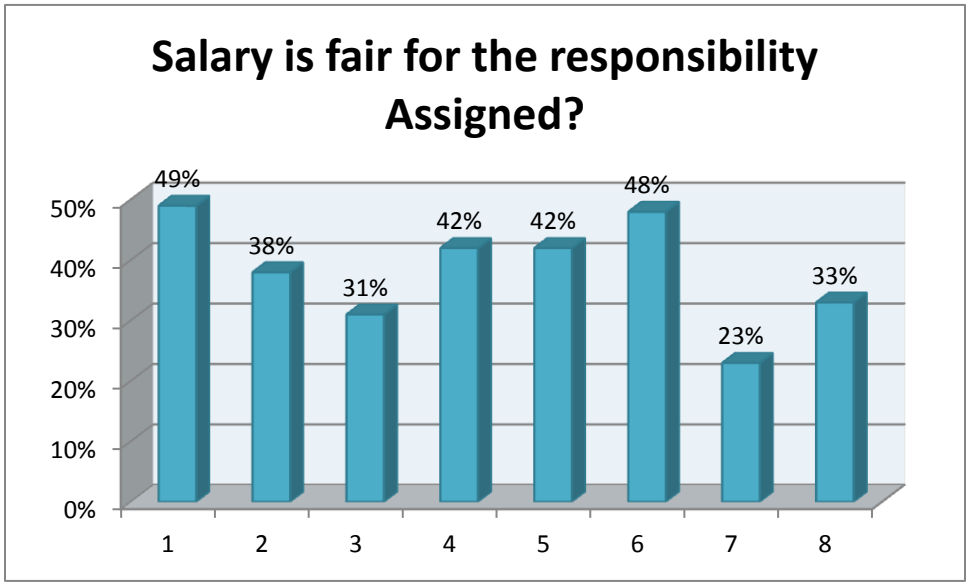

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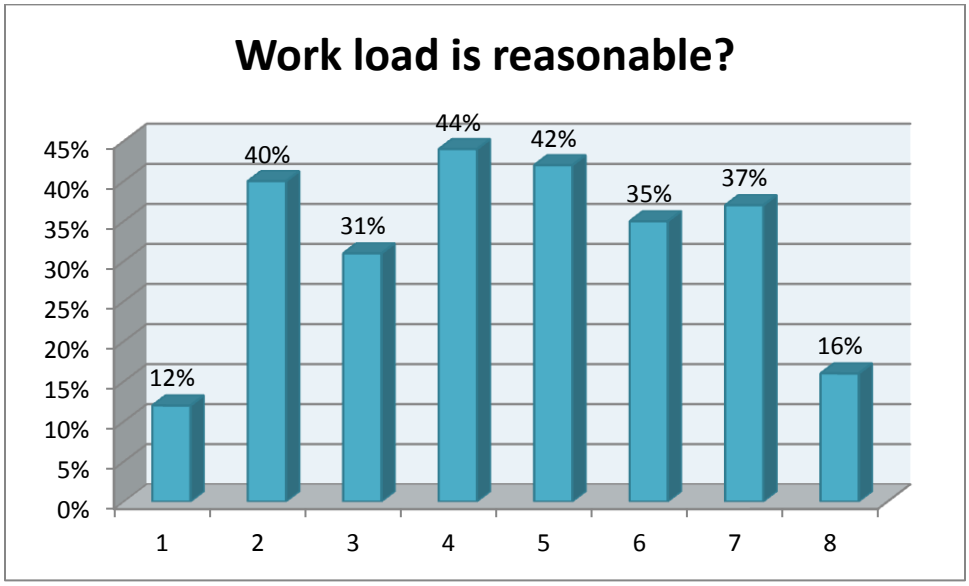

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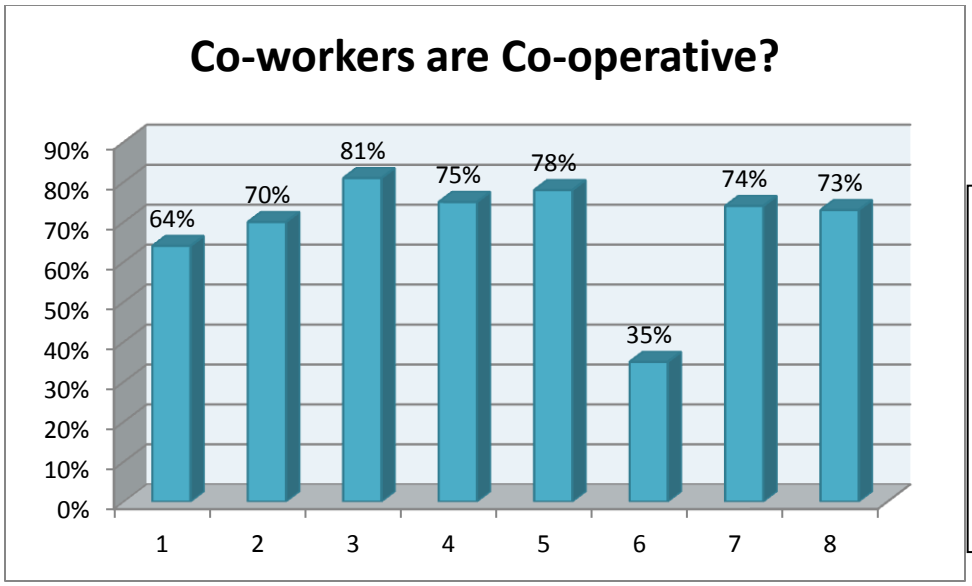

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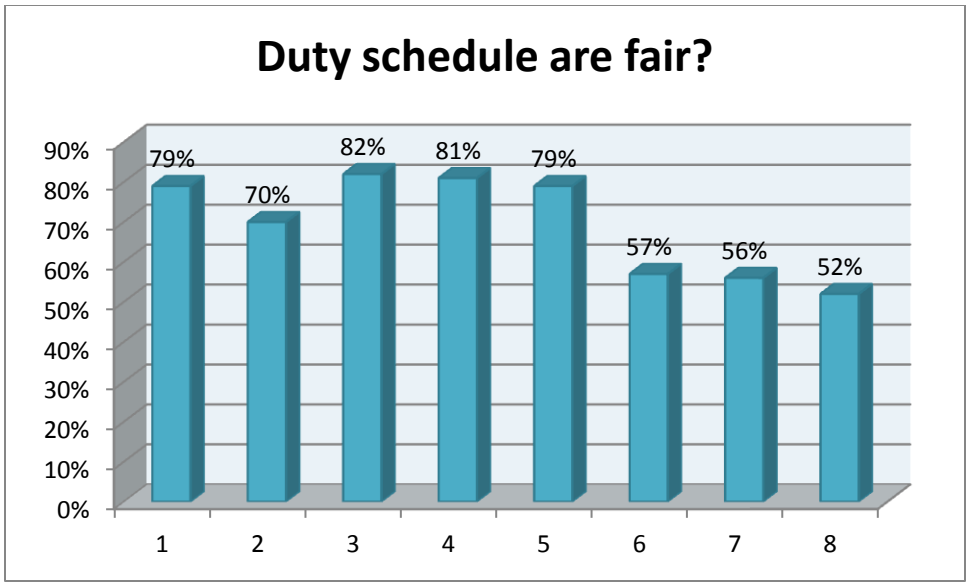

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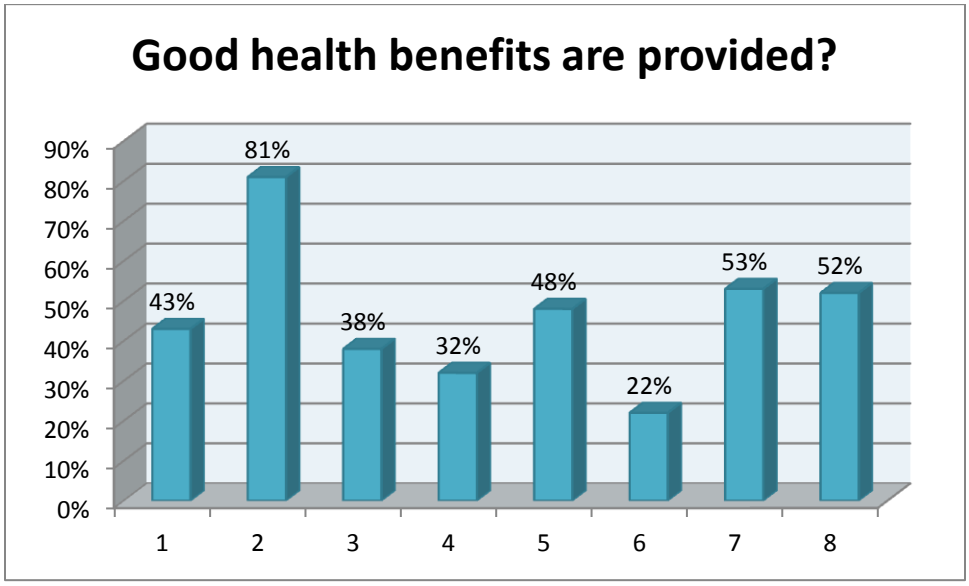

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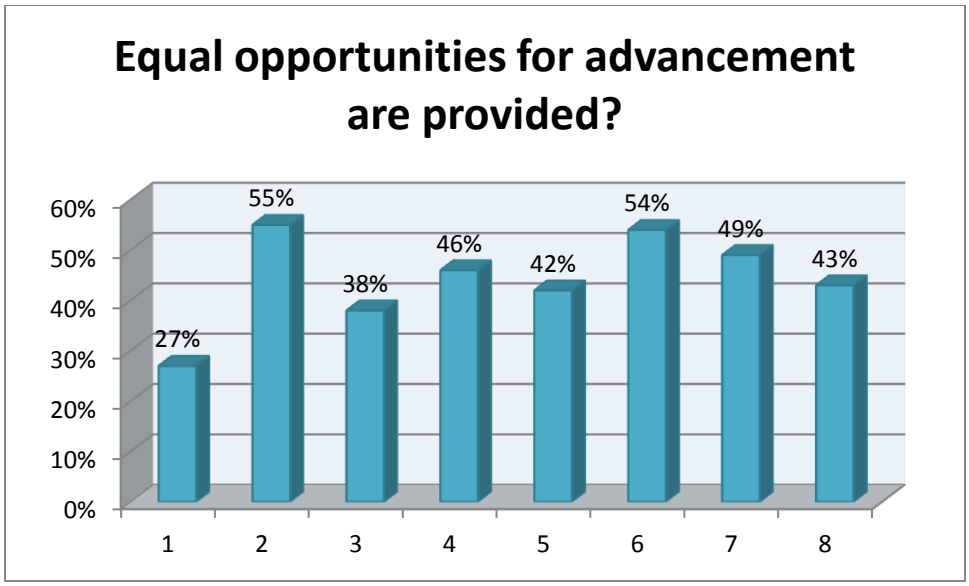

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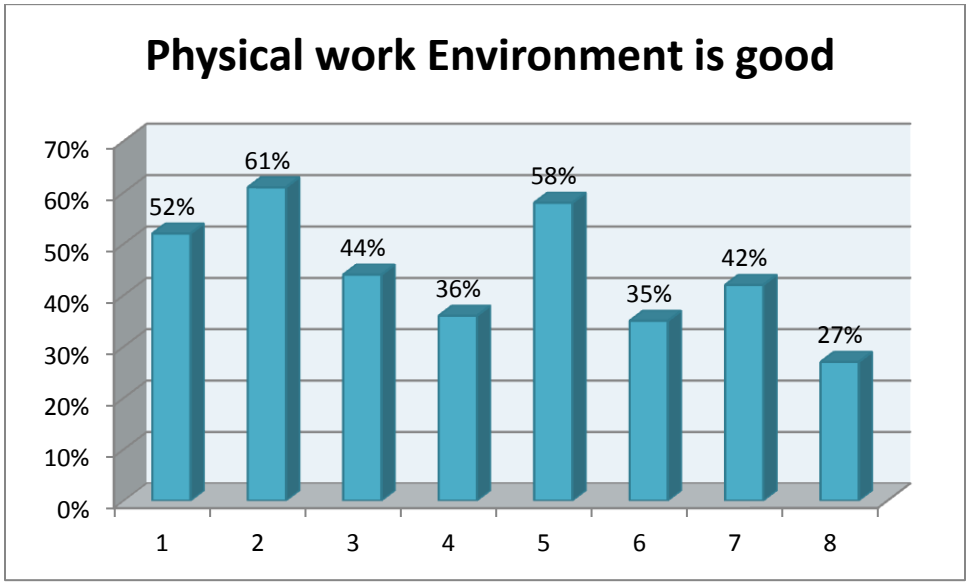

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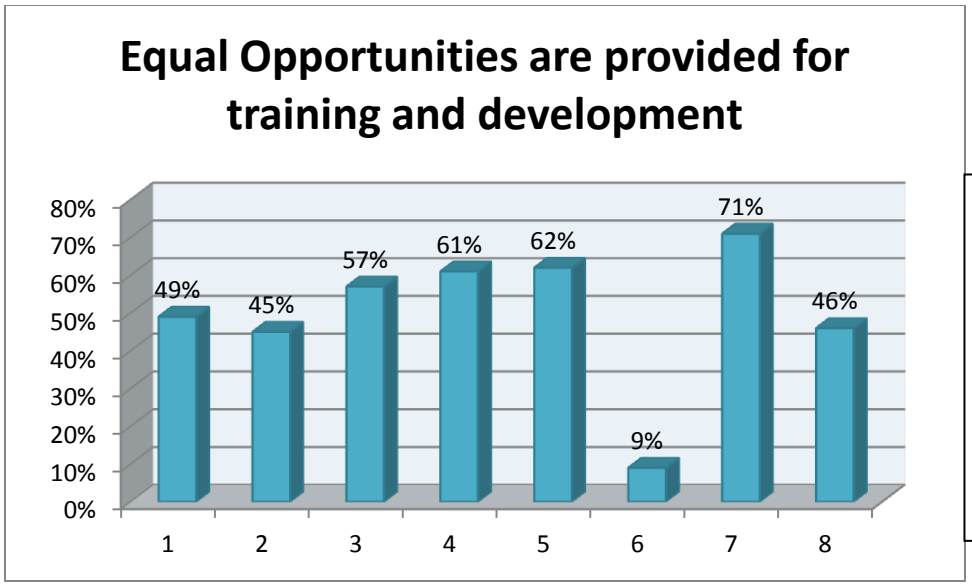


CONCLUSION:

1) Employee performance evaluation is fair and objective in less than half of districts i.e just 3 Amritsar,Patiala and Bathinda while in other 5 districts the satisfaction level is not very high with least in Ropar then Jalandhar ,Mohali,Gurdaspur and Sangrur.
2) In 5 districts out of 8 the overall satisfaction level of employee from its management is less with least in Ropar then Jalandhar,Sangrur,Gurdaspur & Patiala which employee satisfaction is highest in Mohali.
3) In majority of districts employee ideas and opinions are given due consideration at work.
4) Management's commitment to its promises is less in Jalandhar,Gurdaspur & Mohali.
5) Management communication to employees important issues & concerns is satisfactory in majority of districts except in Jalandhar & Sangrur.
6) The spirit of teamwork is lacking in majority of districts except Amritsar & Sangrur.
7) Only 3 districts Mohali,Patiala,Bathinda shows that employees receive praise & recognition appropriately employees at rest of districts are not very satisfied.

8) Grievance redressal system is fair in Bathinda and least in Jalandhar then Mohali.
9) Compensation and other benefits are adequate in Mohali,Gurdaspur, Bathinda,Jalandhar Ropar.
10) Salary is fair for responsibility assigned-most of the districts agree with this.Least agreement is found in Ropar and Patiala.
11) Work load is high in Amritsar,Sangrur while in others its reasonable.
12) Co-workers are cooperative in majority of districts,least cooperation present in Jalandhar.
13) Majority of district hospital employees agree that their supervisor is a good leader.
14) Duty schedules are fair except in Jalandhar,Ropar,Sangrur.
15) Only employees of Mohali agree that good health benefits are provided to them.
16) Not majority of district employees agree that equal opportunity is present for advancement.
17) Physical work environment is good in few districts Mohali, Bathinda, Amritsar rest are not very satisfied.
18) 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 employess 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.

INPATIENT SATISFACTION SURVEY

Punjab Health Systems Corporation

Department of Health & Family Welfare

Government of Punjab

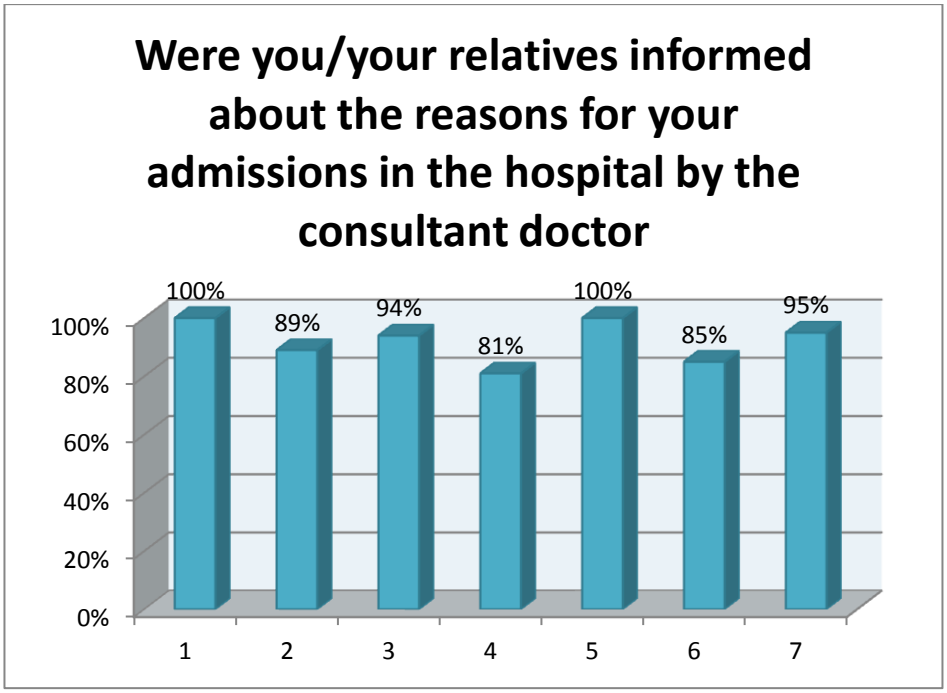
PATIENT SATIFACTION SURVEY (INPATIENT) SAMPLE SIZE-50

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	ied 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%	

PUNJAB HEALTH SYSTEMS CORPORATION

INPATIENT SATISFACTION SURVEY



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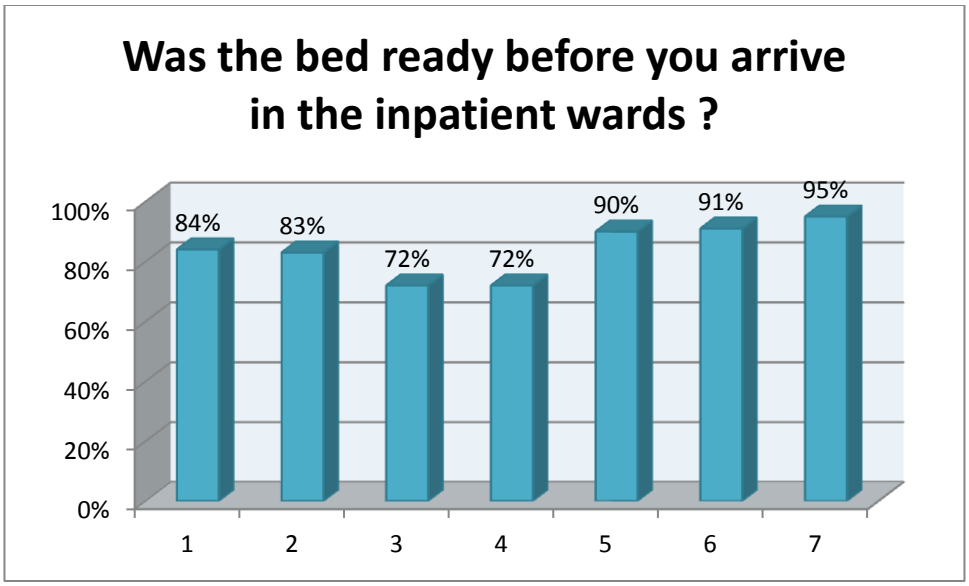

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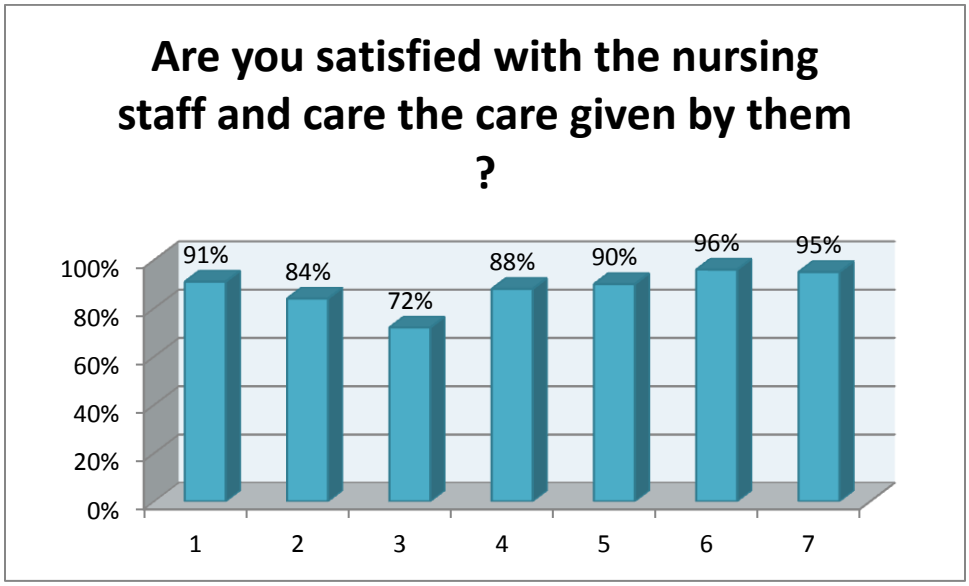

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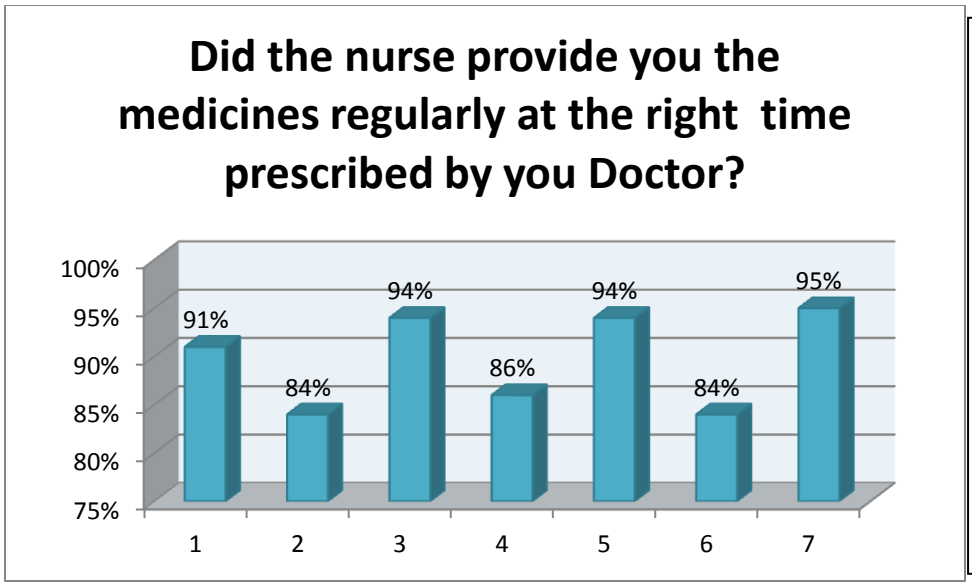

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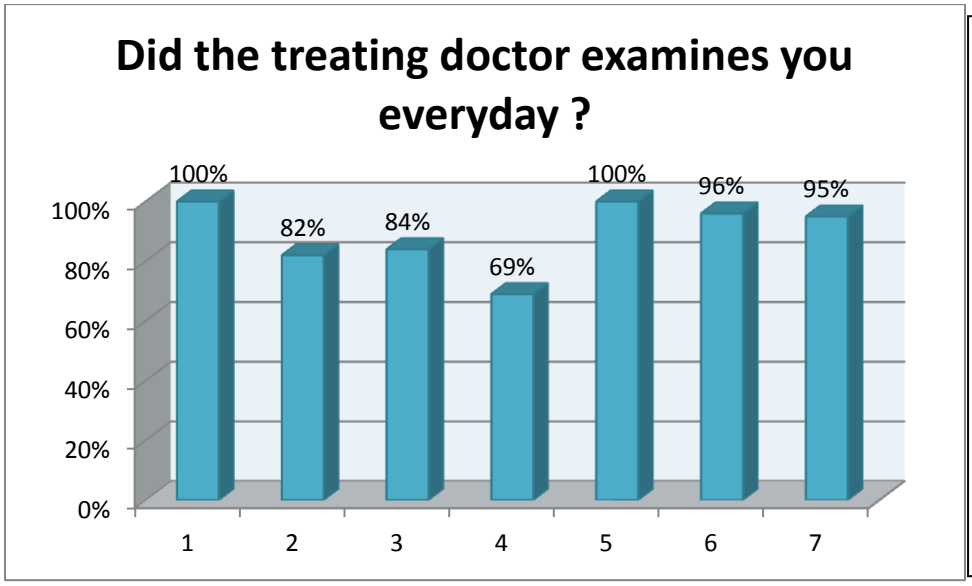

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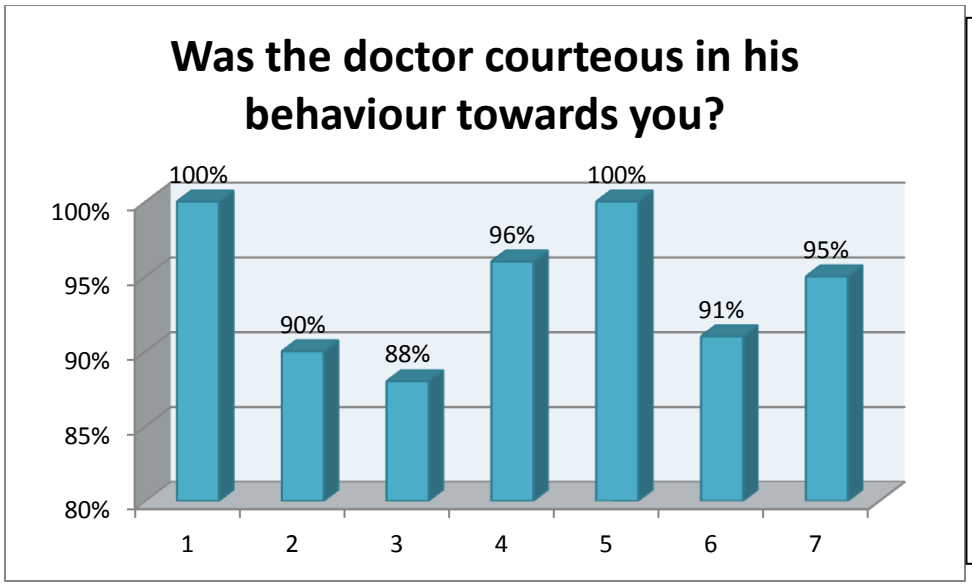

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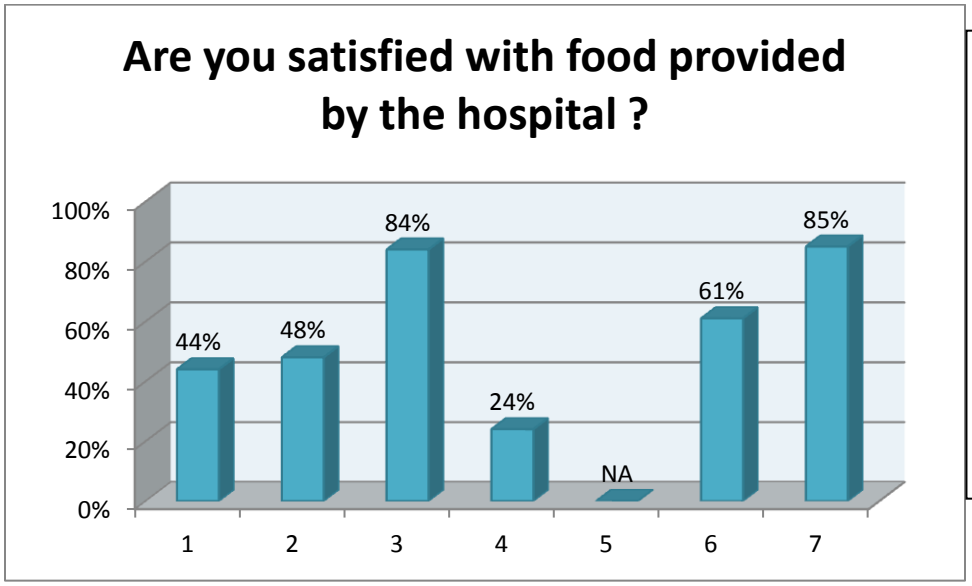

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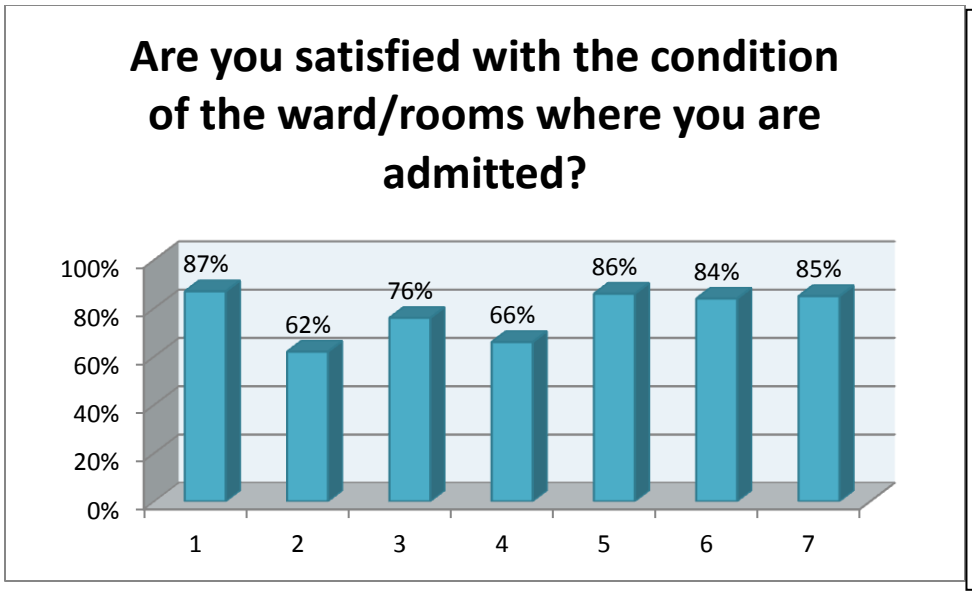

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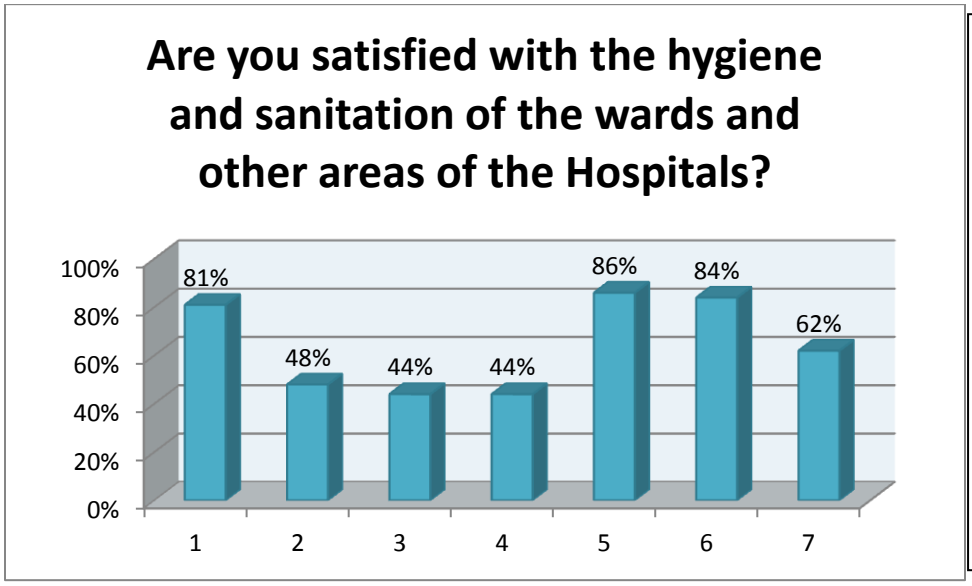

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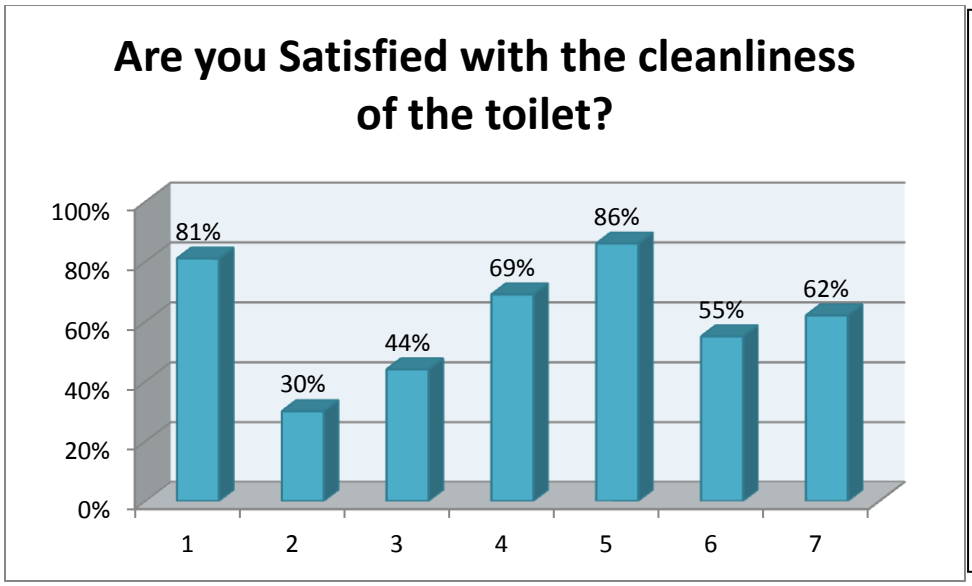

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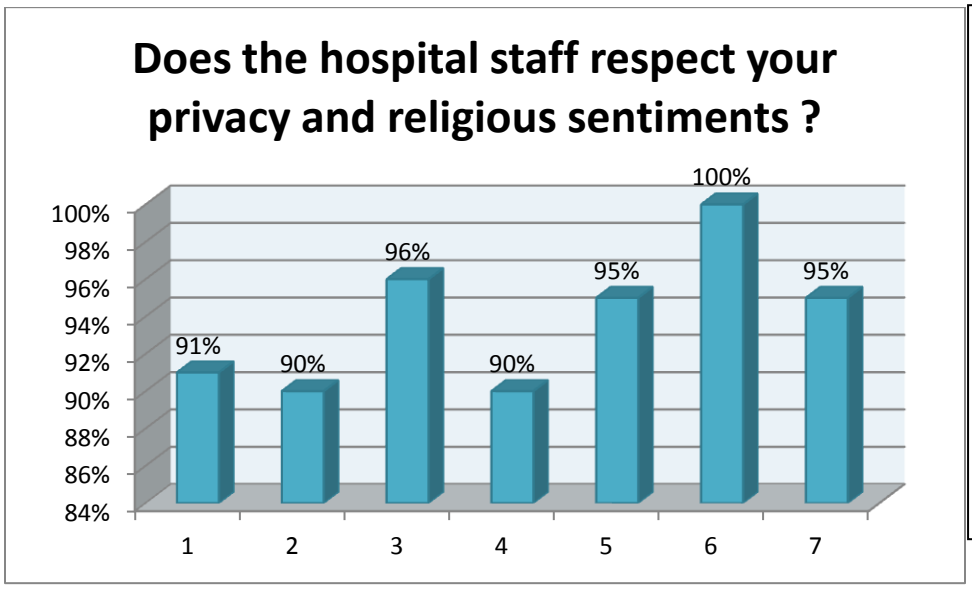

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6. ROPAR
7. SANGRUR

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.

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

2. In almost all districts nurse provides medicines at right time prescribed by doctor.
3. Lesser patients in Gurdaspur say yes that treating doctor examine them everyday .
4. Majority of patients in all districts say doctors behaviour is courteous.
5. Satisfaction level low with food provided in majority of districts.
6. Lesser patient satisfaction with condition of ward/room in Mohali and Gurdaspur.
7. Patients satisfied with hygiene & sanitation of wards & other areas of hospitals very less in Mohali, Patiala, Gurdaspur.
8. Satisfaction level with cleanliness of the toilet is lesser in most of the districts.
9. Hospital staff respects 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

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3) Biomedical solid waste management in an Indian hospital: a case study.

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5) Need of Biomedical Waste Management System in Hospitals - An Emerging issue

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6) Knowledge, Attitude, and Practices about BIOMEDICAL WASTE MANAGEMENT among Healthcare Personnel

http://www.ncbi.nlm.nih.gov/pubmed/21976801

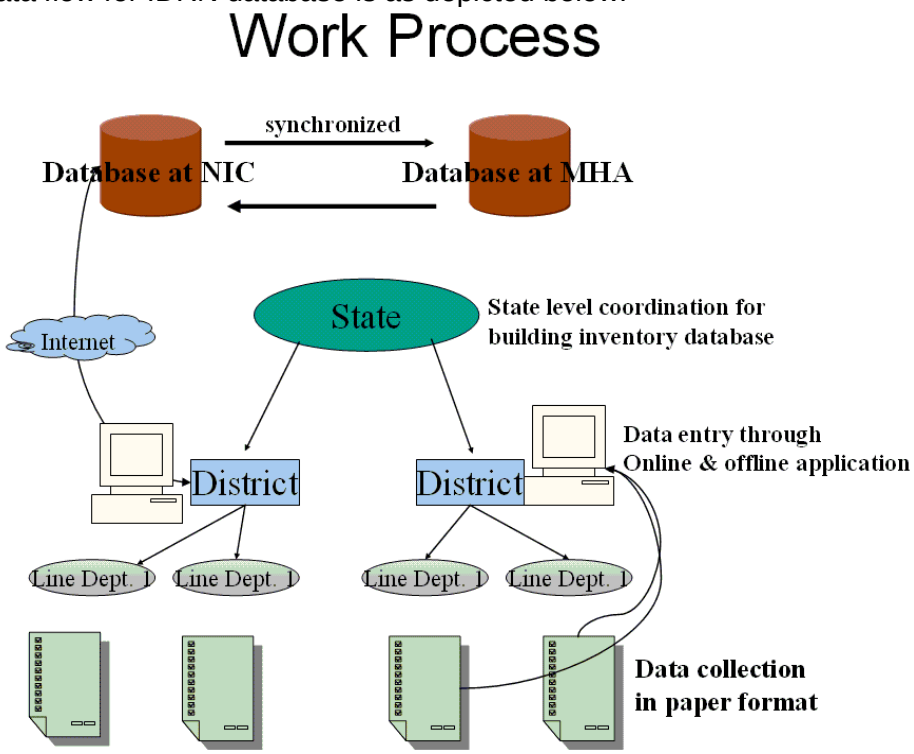
Annexure –

India Disaster Resource Network

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

(For all types of critical supplies only) http://www.idrn.gov.in

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.

_____
_____
_____

PUNJAB HEALTH SYSTEMS CORPORATION
NAME OF THE HOSPITAL_____
PATIENT SATISFACTIN 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. Did the nurse provide you the medicines regularly at the right time prescribed by your Doctor?

☐ Yes ☐ NO

6. Did the treating doctor examine you every day?

☐ Yes ☐ NO

7. Was the doctor courteous in his behavior 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 in 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 hygiene and sanitation of the wards and other areas of the hospitals?

☐ Yes ☐ NO

Are your satisfied with cleanliness of the toilet?

12

☐ Yes ☐ NO

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

☐ Yes ☐ NO

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

☐ Very Satisfied ☐ Satisfied

☐ Dissatisfied ☐ Not at all satisfied

15. Any Employee you'll like to recommend for your appreciation.

We thank you for providing us your valuable feedback which will help us serve you better.

Your valuable suggestions:

Date_____IPD Ticket No._____Contact No._____

P.H.S.C. Control Room No..0172-2270682,18001802042,8872449666

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

3.

PATIENT'S RIGHTS AND RESPONSIBILITIES

As a Patient

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

4. **MSDS FOR CHEMICALS KEPT IN I.C.U**

NAME	CHEMICAL COMPOSITION	STORAGE	HANDLING	TRANSPORTATION	EXPOSURE	SPILL
Sterilium	Propanol IP,Propanol,Ethyl-hexadecyl-dimethyl ammonium ethylsulphate.	Cool place	Avoid direct contact from eye	In a closed container	Wash eyes with water	Mop with fresh water
D-125	Alkyl dimethyl	Cool and	Avoid	In a closed	In	Wear

Microgen	benzyl ammonium chloride Alkyl dimethyl ammonium chloride	dry place	direct contact from eye	container	exposure – wash with fresh water and if swallowed call doctor	protecti ve clothing , mop the floor then throw the mop into the black bin and mark the polybag as chemic al spill, then mop it with clean water
Benzoin Tincture	Compound Benzoin Tincture IP	Cool and dry place	POISON	In a closed container	In exposure – wash with fresh water and if swallowed call doctor	Wear protecti ve clothing , mop the floor then throw the mop into the black bin and mark the polybag as chemic al spill, then mop it with clean water
Solvent Ether	Solvent Ether	Do not use near an open flame	Avoid direct contact from eyes	In a closed container	In exposure – wash with fresh water and if swallowed call doctor	Wear protecti ve clothing , mop the floor then throw the mop into the black bin and mark the polybag

						as chemical spill, then mop it with clean water
Betadine	Povidone-Iodine solution	Store in a cool place	Avoid direct contact from eyes and skin	In a closed container	Ingestion-Drink Plenty of water, In contact with eyes flush it with water	Mop with fresh water
NAME	**CHEMICAL COMPOSITION**	**STORAGE**	**HANDLING**	**TRANSPORTATION**	**EXPOSURE**	**SPILL**
Sodium Hypochlorite	NaOcl (Bleaching Powder)	Store in a cool place	Avoid direct contact from eyes and skin	In a closed container	In exposure – wash with fresh water and if swallowed call doctor	Wear protective clothing, neutralize with caustic Soda /Sodium thio sulfate, mop the floor then throw the mop into the black bin and mark the polybag as chemical spill, then mop it with clean water
Cidex	Glutraldehyde	Store in a cool place	Avoid direct contact from eyes and skin	In a closed container	In exposure – wash with fresh water and if swallowed call doctor	Wear protective clothing, mop the floor then throw the mop into the

						black bin and mark the polybag as chemical spill, then mop it with clean water
Hydrogen Peroxide		Should be stored in a cool, dry, well-ventilated area and away from any flammable or combustible substances. , it should be stored in an opaque container	Avoid direct contact from eyes and skin	In a closed container	In exposure – wash with fresh water and if swallowed call doctor	Mop with fresh water

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

MORTUARY DOCUMENTATION FORMAT :

Hospital no.	**Sr. No.**	**Date, time with address from where body received**	**Name, sex, age, address of the deceased person**	**Date and time of death**	**Identification marks of the deceased and finger impressions may also be noted.**	**Details of near relatives e.g. name, relationship, address and phone number should be noted.**	**Whether an autopsy was carried out or not.**	**If autopsy done, then date and time of autopsy and name of the autopsy**	**Date and time when the body is removed.**	**Name of the relatives or police collecting the body**

								surgeon.		

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.

3. 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.

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

Purpose: Blood Bank is a place for storing whole blood. It is

- To ensure sufficient supply of the blood.
- To ensure consistency of high quality with no risk.
- To ensure Donor screening through effective system of quality assurance.

B. Scope of Work:

Storing of whole blood, issuing it to patient, organizing blood donation camp, counseling for blood donation and testing of blood for HbsAg, HIV, VDRL and MP.

C. Responsibility Person:

Pathologists

D. Personnel in Blood Bank

- Blood Bank Incharge (Pathologist)
- Blood bank Technicians
- Staff Nurse

E. Donor Recruitment and Selection:

- Any healthy person of either sex between the age of 18 and 60.
- Donor should have body weight of more than 45 kgs.
- The haemoglobin content should be above 12.5 gms/dl.
- The systolic blood pressure should be between 120 and 140 mm of Hg. and diastolic pressure should be between 60 to80 mm of Hg.

F. Collection of Blood

- Blood should be drawn from the donor by a qualified or trained assistant.
- The skin at site of venipuncture should be cleaned to ensure that the blood collected is sterile.
- The equipment for collection of blood should be sterile, pyrogen free and disposable.
- The donor blood bag, sample tube and donor record should be properly identified and labeled before drawing blood.

G. Post Donation Care

- Donor should be made to rest for 15-20 minutes before he/she leaves.
- If the donor complains of giddiness or faints he should be made to lie down with foot end raised.
- He/she should be given refreshment which will include fluids like tea/coffee, etc.
- Post Donation advice should be given to the donor.
- Donor should be thanked before he leaves the blood bank.

H. Labeling and Storage of Donor Blood

- Blood should be stored at 2-8 degree Centigrade in proper blood bank refrigerator.
- Untested, tested and cross matched blood should be stored in separate refrigerator.
- Standard colored labels should be used for labeling the Donors unit.
- The donor bag number, date of collection, date of expiry, blood group and other relevant information should be properly incorporated on each bag.

I. Test on Donor's Blood

- ABO and Rh typing for confirmation of donor's blood group and antibody screening.
- Every donor's blood must be tested for:
    - HIV I and II
    - Hepatitis B & C
    - VDRL
    - Malaria

J. Blood Transfusion Reactions

About 2-4 c/c transfusions lead to minor or major reactions. Though it is beyond the scope of this write up to detail them out, but the learner must have the knowledge how to handle such as case.

K. Causes of Transfusion Reaction:

a. Clerical mistakes

- Up to 80% cases are due to incorrect labeling of samples
- Errors in writing the correct particulars on requisition
- Confusion in identity of the patient.

b. Technical errors

- Wrong grouping and crossmatching
- Rare blood group
- Minor crossmatch e4rrors, e.g. O group blood to A, B or AB group without seeing the titer which should be less than 1:100.

c. Investigations in a Case of Transfusion Reaction

The occurrence of a transfusion reaction should be immediately reported to the blood bank. The reporting authority should send: (1) A post transfusion blood sample, (2) A post transfusion urine sample, (3) A pretransfusion blood sample, if available,(4) Blood bag along with tubing.

To overcome transfusion reactions the blood bank should have:

- The patient's original cross match specimen, which is normally preserved for atleast 48 hours after dispatching the blood or its products.
- The donor's pilot tubing/bottle, which should also be preserved for 48 hours?
- The entire laboratory and blood bank records.
- The blood should take immediate steps to establish the cause of the transfusion reaction. Proper records must be maintained and the results should be communicated to the concerned department.

L. Pre transfusion testing of the recipient's blood

- All relevant information about the recipient must be there to identify him.
- Tests should be done for determination of ABO type, Rh type and detection of unexpected antibodies.

- Cross matching is done on every unit using donor cell and recipient serum to demonstrate any incompatibility.

M. Issue of Blood

- Blood should be received only by Hospital employee i.e. by doctor, nurse or nursing orderly on behalf of patient.
- Records should be maintained on the issuance of blood.

N. BLOOD BANK RESPONSIBILITIES

- Regulate use of blood bags to ensure that these are sold only to the licensed blood banks.
- Promote voluntary organizations engaged in voluntary blood donation throughout the year.
- Support voluntary organizations engaged in voluntary blood donation programmes.
- Make it easy for donors to donate blood.
- Keep a record of voluntary blood donors.

O. DONATE BLOOD AND SAVE LIFE

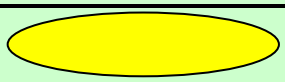
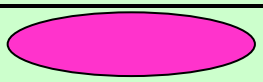
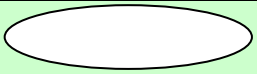
- Donate regularly in licensed blood banks.
- Receive blood only from a licensed blood bank.
- Make sure that the blood is screened for all the diseases transmitted through blood.
- Do not accept a blood transfusion unless it is absolutely warranted

P. Storage of Donor Blood

- Stored at 2-8 degree centigrade
- Untested, tested and cross-matched blood should be separated in separate refrigerator.

Q. Labeling of Donor Blood

- ϕ Standard colored labels.
- ϕ Bag number
- ϕ Date of collection
- ϕ Date of expiry
- ϕ Blood group
- ϕ Information on cross- matched blood
- ϕ Test results

Group	Color of label
O	
A	
B	
AB	

R. Blood Transfusion Request Form: The Blood Transfusion request form consist of the following details about the patients:

- Patients' full name.
- Patient's hospital registration number.
- Signature of the person collecting the blood sample.
- Date of collection.
- Name/ number of the responsible physician requesting the component.
- Current hospital location of the patient.
- Date and time the components are needed

Purpose:

To provide guideline instructions for the provision of immediate relief to and management of the patients arriving at the hospital with acute medical and surgical emergencies with any injuries by accidents, sudden attacks of illness, head trauma, Physical abuse, poisoning, burns and rape cases etc without any discrimination

B. Scope:

Scope of services of the ED range from providing episodic, primary, acute (comprehensive) care to referrals.

C. **Responsibility:**

Emergency Medical Officer, Emergency staff Nurse and Emergency Pharmacist

D. **Departmental Hierarchy:**

Emergency Medical Officer

↓

ED Nursing Staff

↓

ED Attendants

↓

Housekeeping Staff.

E .Objectives:

- To triage all incoming patients.
- To have patients assessed by qualified individuals.
- To diagnose, treat, admit and provide appropriate referral and follow up.

- To ensure critically ill patients receive the top priority care as determined by triage guidelines.
- To initiate lifesaving treatment.
- To provide end of life care.

F. Emergency Department (ED) Classification of Capability & Staffing

1. The Emergency Department of Hospital offers comprehensive emergency care 24 hrs a day.
2. One Emergency Medical Officer is on duty in the ED during the morning and two emergency medical officers are available in the evening and night shift respectively.
3. During peak hours, the consultants of all medical services are available in the hospital and can be reached immediately incase of any need.
4. During non peak hours the consultants from each clinical department are available on call basis.
5. In case of Accidents involving numerous individuals at a time all consultants and staff members responsible to provide critical can be called as per the requirement.

G. Emergency Care Services

The ED service covers evaluation, resuscitation and treatment of all the emergency conditions; it involves both pre-hospital and in-hospital emergency services of the following types:

1. Cardio-pulmonary emergencies.
2. Surgical Emergencies
3. Trauma Related Emergencies
4. Medico Legal Emergencies
5. Endocrinal Emergencies
6. Obstetrics & Gynecological Emergencies
7. Infectious Emergencies
8. Ambulance Services

ED Services not provided at Hospital:

1. Burns Critical Care (As a dedicated Burns Critical Care Unit is not yet available at Hospital)

H. Coverage area of Hospital

Hospital Name, serves as a secondary referral center for local health clinics. The coverage area of the Emergency Services includes the City limits of & beyond. The ambulance service of Hospital has a covers and surrounding places Thee hospital's Emergency Department patients may also be referred to other hospital emergency departments by following the Inter-Hospital Transfer of Patients Policy in case of non-availability of beds or services after stabilizing the patient in the ED.

I. Emergency Preparedness Plan (Disaster preparedness plan)

1. Response Time

All patients will come to the ED for emergency medical evaluation or treatment will receive care by qualified personnel in a timely manner consistent with the acuity of their illness. Hospital has a policy to attend to the patients arriving in the ED immediately. The Nurse assessment at the triage is done immediately. All patients arriving in the ED are examined and attended by doctors without delay. The Consultants of respective specialty are called & they attend to the patient immediately during the regular hours of operations of the OPD. During after hours, Consultants on call are contacted immediately upon need. Treatment to patients who are critical is initiated immediately without any delay for the purpose of documentation and consent.

2. Triage

Emergency Department patients will receive prompt initial assessment by a registered nurse and will have emergency care initiated according to their level of acuity.

The desired out come of the triage process is that all Emergency Department patients will receive expedient treatment according to established priorities.

Emergent patients requiring immediate intervention are transferred to the appropriate bed station in the ED to initiate the patient assessment & care process.

The registration process of the patient is also initiated in the ED if the patient condition permits. In case of limb and life threatening situations the registration and consent process are postponed so as to facilitate the initiation of appropriate emergency care.

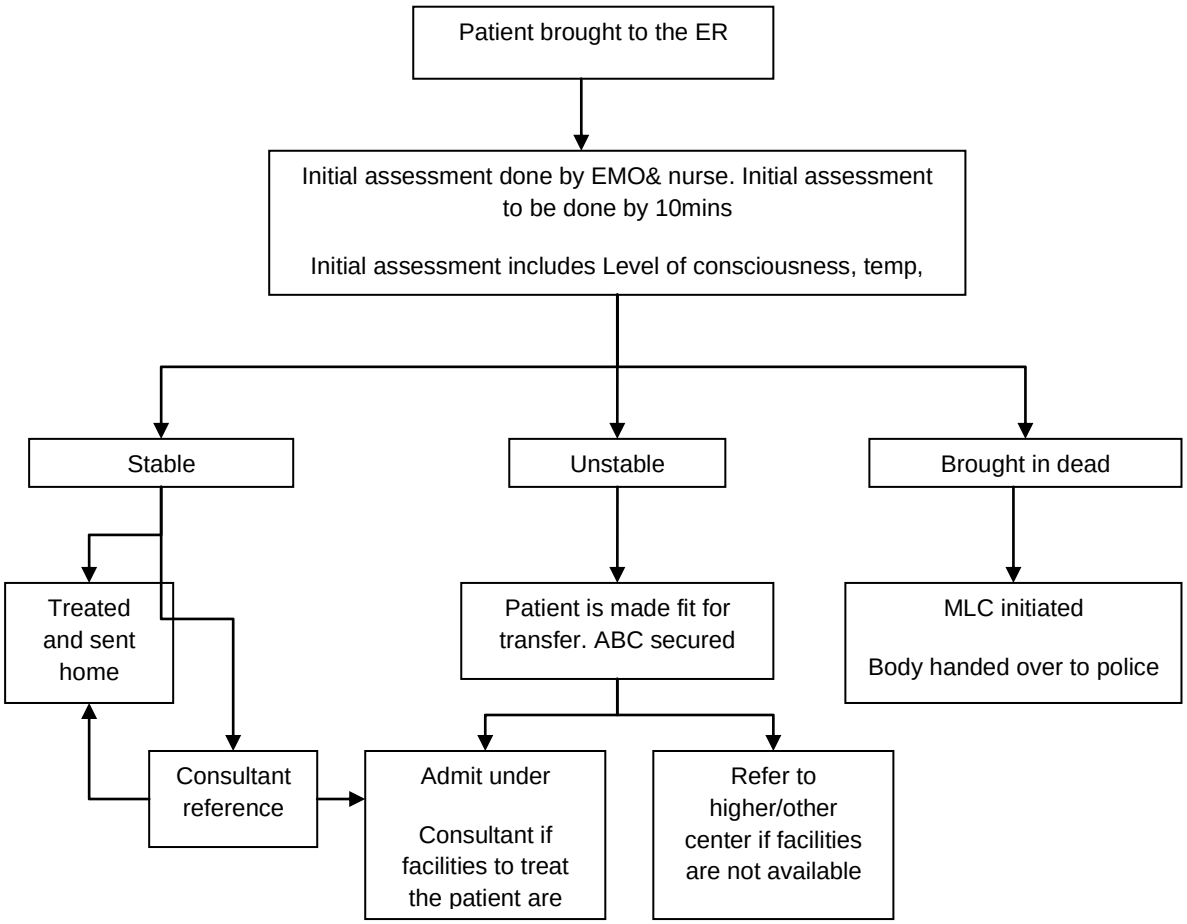
1. The most severe patients are treated and transported first, while those with lesser injuries are transported later.

2. Decision is made about who will be managed first.

   In a choice between a patient with a catastrophic injury, such as severe open head trauma, a patient with an acute intra abdominal hemorrhage the proper course of action in an Multiple Emergency Incidents (MEI) is to manage first the salvageable patient : - The one with the abdominal hemorrhage. Treating severe head injury patients first probably will cause loss of both the patients. As it is not salvageable the abdominal hemorrhage patient because of time, equipment and personnel spent managing the unsalvageable patient. Keep the salvageable patient from getting simple care that are almost certainly keep her alive long enough to reach definite surgical cost.

3. The following “Sorting Scheme” is used in the ED for prioritizing the emergency patient care according to the acuity of the patient’s condition:
   - Immediate: Those patients whose injuries are critical but who will require minimal time or equipment to manage and who have a good progress for survival. E.g.:- patient with a compromised airway or massive external hemorrhage.
   - Delayed: Those patients whose injuries are debilitating but who do not need immediate management to salvage life or limb. E.g.:- Long Bone fracture
   - Expectant: - Whose injuries are so severe that they have only a minimal chance of survival. E.g.:- Patient with 90% full thickness, burns are thermal pulmonary injuries.
   - Minimal: - Who have minor injuries that can wait for treatment are who may even assist in the intern by comforting other patients.
   - Dead: - Who is unresponsive, pulse less, Breathless, in a disaster, resources rarely allow for attempted resuscitation.

Triage Decisions



J. Consent for Treatment

1. The Hospital requires consent for all invasive or therapeutic procedures. The general consent form is filled and signed either by the patient if possible or the patient representative if the patient is not is a state to give his consent. In case of a patient incapable of giving consent, it is taken from the patient representative or guardian.
2. Life-sustaining measures are not withheld for lack of formal consent if there is no time to obtain the consent for urgent procedures. The consent process is postponed and treatment is started immediately in such cases.
3. Consent is required for elective blood transfusions that are not life threatening.

K. Patient Initial Screening Exam

1. The initial assessment will be done by the ED EMO/ nurse for emergency patients.
2. The time frame for the initial assessment will be 10 minutes.
3. The Initial assessment will include ascertaining the level of consciousness, checking the blood pressure, Pulse, temperature, Spo2, in case of diabetics.
4. The initial assessment will ascertain the condition of the patient whether stable or unstable and appropriate measures will be taken.
5. Initial Assessment will include nutritional assessment of patient
6. initial assessment by the medical officer will include the following criteria:

a. Assessment criteria for non Road Traffic Accident patients include:

i. Presenting History:
ii. Past Medical History:
iii. Allergies:
iv. O/E:
- Temp. ,BP , PR, Spo2-, GRBS(optional),

v. CVS/RS/ABD/CNS:
vi. Investigations done:
vii. Provisional diagnosis:
viii. Treatment given:
ix. Course of action: outpatient/admission/transfer out/references

b. Assessment criteria for Road Traffic Accident patients include:

i. Presenting history:
ii. Past medical history:
iii. Allergies:
iv. Last meal:
v. O/E:
- Level of consciousness- Pupils, Temp-, BP- ,PR

vi CVS/RS/ABD/CNS:

vii. L/E:

viii. Investigations done:

ix. Provisional diagnosis:

x. Treatment given:

xi. Course of action: outpatient/admission/transfer out/references

xii. MLC initiated

7. The initial assessment will result in documented plan of care.

L. Ambulance Services

Please refer to the Ambulance Services Document

M. Maintenance of Medical Records (Registers and Documents maintained)

The following records are maintained in the ED:

1. List of Consultants on Duty (During Peak Hours) and on call (during non peak hours)
2. Case files of patients attended in the ED
3. MLC register for medico legal cases
4. Drug Inventory Register
5. Controlled Drugs and Psychotropic Drugs Inventory
6. Brought Dead Certificate
7. Death Certificate

N. Radiology Services & Laboratory Services

The ER of Hospital is equipped for undertaking all essential lab investigations and radiological work up for the patient, it collaborates with the laboratory and imaging department to provide such services on an emergency basis. The hospital also has a portable X-ray and Ultrasound machine to conduct the examinations at the bedside in the ER. After the necessary investigations are ordered, results are obtained from the laboratory by phone in cases urgency. When certain investigations like Blood Toxicology and Arterial Blood Gases which are not conducted at our in house laboratories are required, these tests are outsourced to outside laboratories.

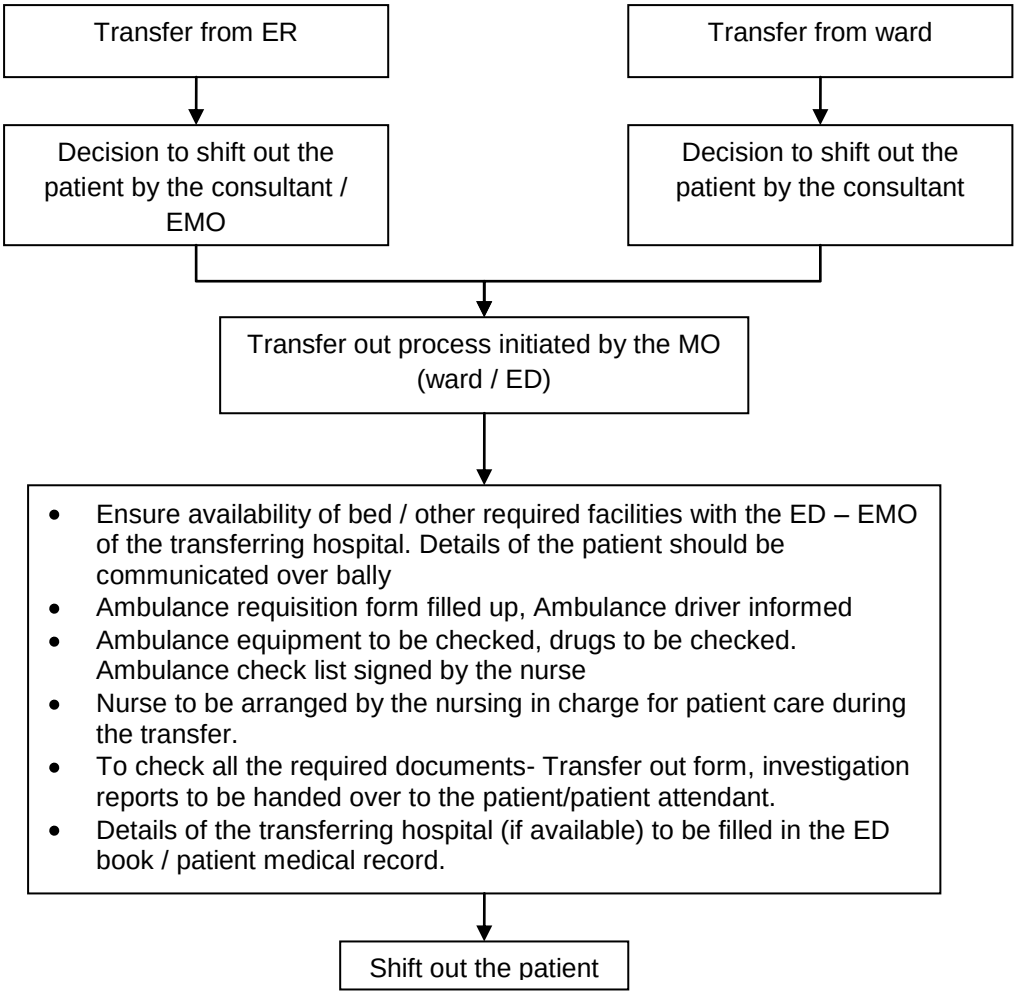
O. Admitting Patients from the Emergency Department

1. In case admission of the patient is necessary, the EMO / Consultant on duty make the decision for admission and authorize it. The EMO admits the patient under the specialty Consultant on duty (during peak hours) and on call basis (during non peak hours).
2. The ED nurse is informed if the patient is to be admitted.
3. Admission to the ICU is approved by the attending Consultant.

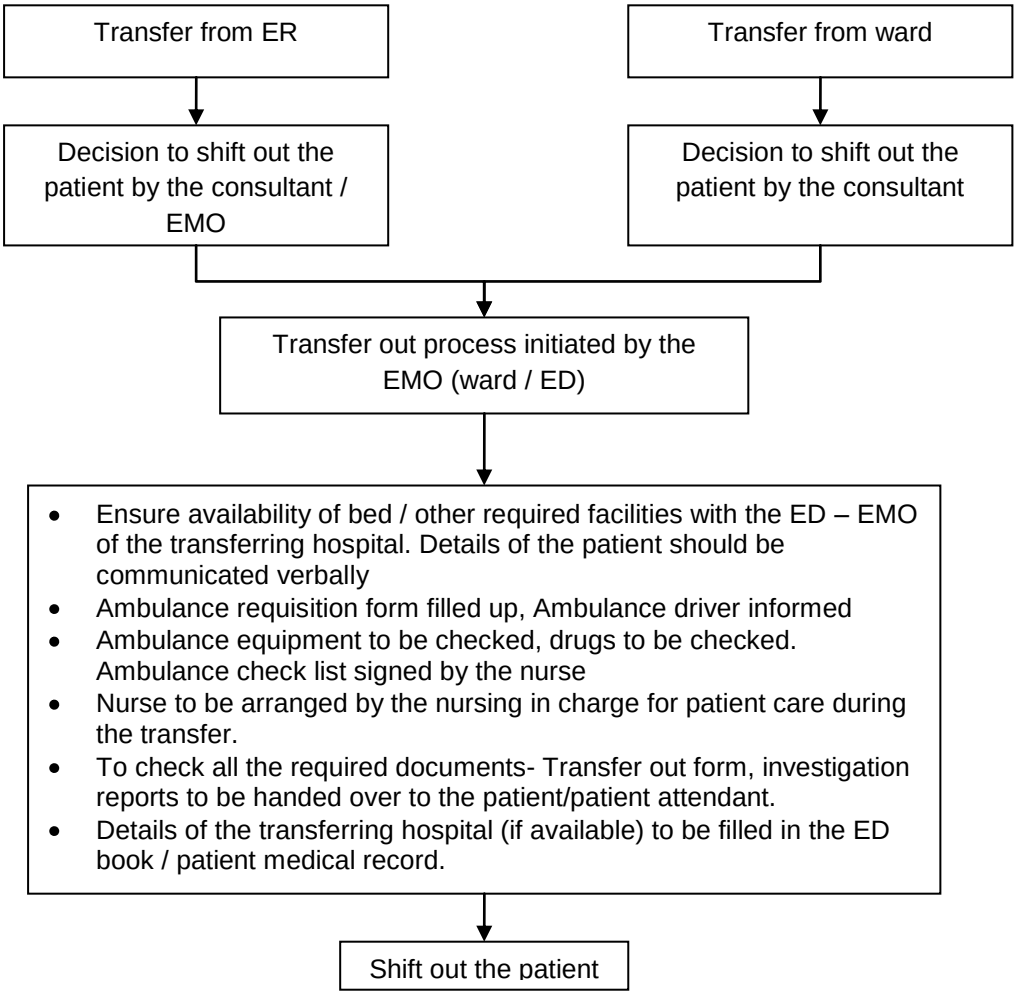
4. After the patient representative makes the necessary admission procedure & admission is confirmed, necessary arrangements are made to transfer the patient to the floor by the ED nurse staff on duty in collaboration with the housekeeping staff.
5. The ED nurse communicates with the nurse in charge of the floor and confirms the availability of the bed and initiates the transfer of the patient to the floor admitted.
6. Patient is transferred to the floor by transport by the housekeeping staff as per patient's acuity. Monitored patients are transferred with a Nurse. All documents and reports of the patient are transferred to the floor along with the patient.
7. Exceptions occur in cases of life and death emergencies. The patient will be transferred to the ICU directly from the ED and registration & documentation may be postponed.

P. Transfer of patient:

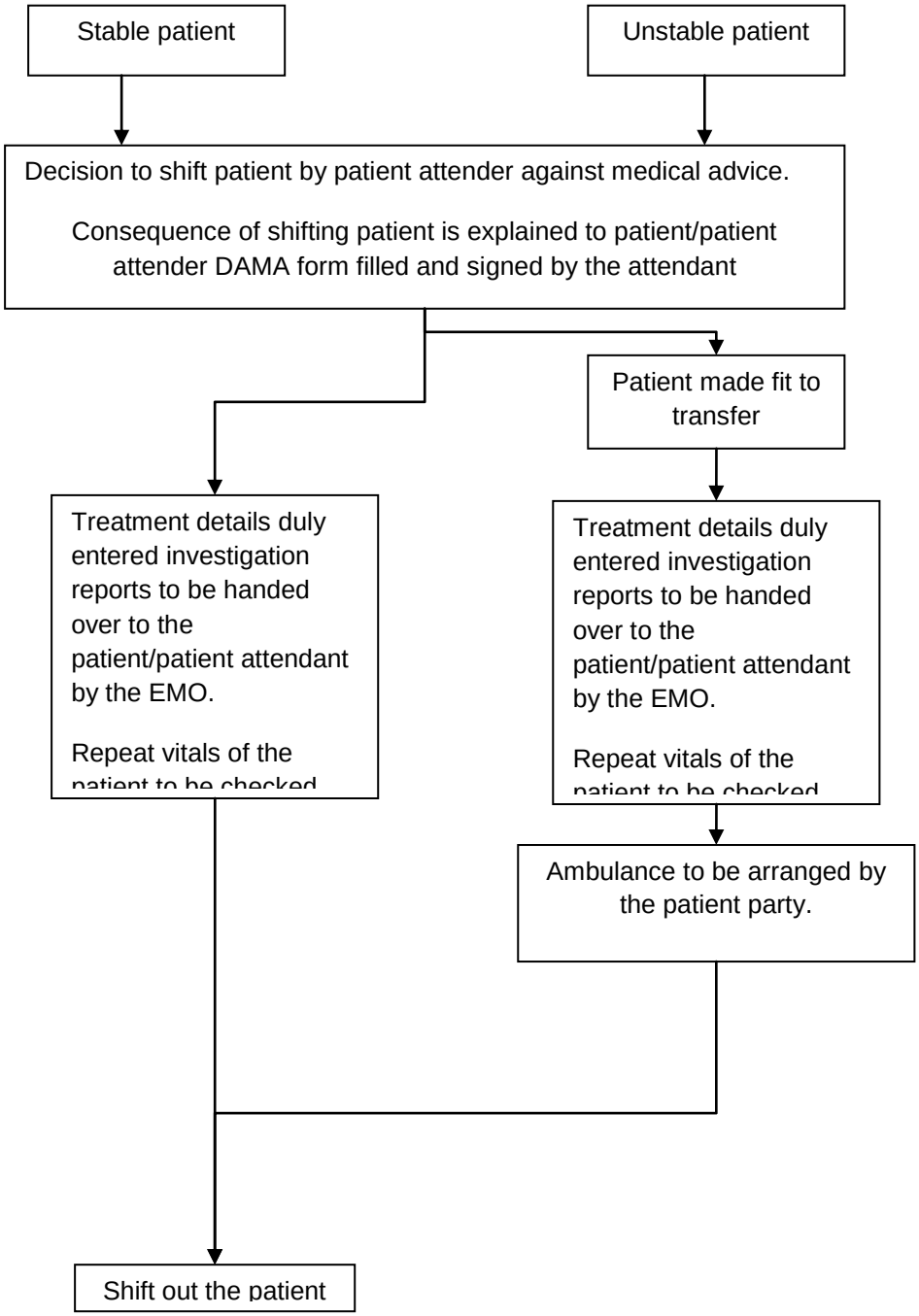
1. Transfer out of stable patients from ED/Ward (at request /non availability of facilities)


Transfer from ER
Transfer from ward
Decision to shift out the patient by the consultant / EMO
Decision to shift out the patient by the consultant
Transfer out process initiated by the MO (ward / ED)
Ensure availability of bed / other required facilities with the ED – EMO of the transferring hospital. Details of the patient should be communicated over bally
Ambulance requisition form filled up, Ambulance driver informed
Ambulance equipment to be checked, drugs to be checked. Ambulance check list signed by the nurse
Nurse to be arranged by the nursing in charge for patient care during the transfer.
To check all the required documents- Transfer out form, investigation reports to be handed over to the patient/patient attendant.
Details of the transferring hospital (if available) to be filled in the ED book / patient medical record.
Shift out the patient

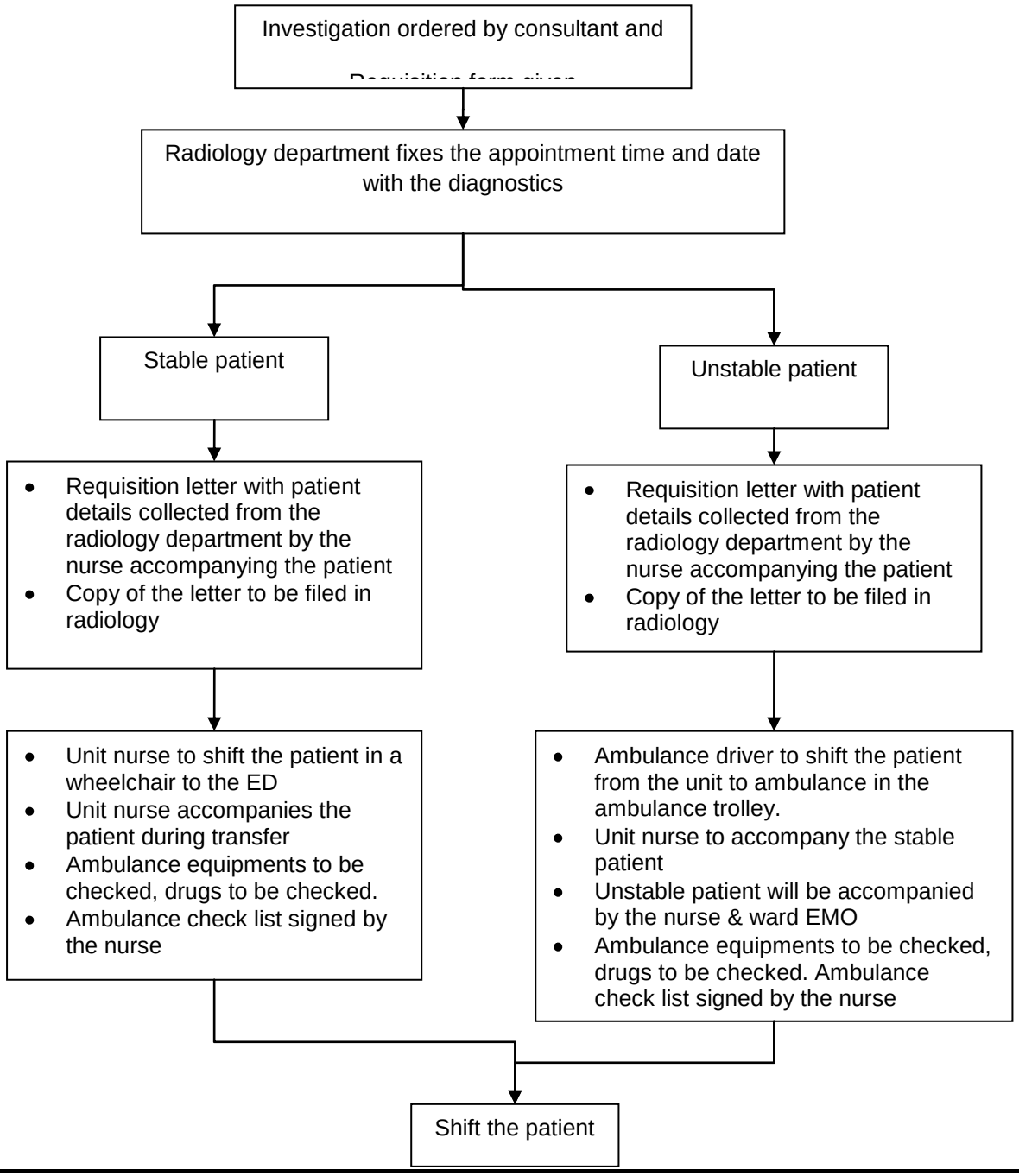
2. Transfer of unstable patient from ED/ward (on request /non availability of services)



3. Transfer out incase of discharge against medical advice – ED/Ward.



4. Shifting out of patients for diagnostic test not available in the hospital



Q. MLC (Medico Legal cases)

1. Brought Dead

i. Take past history – HTN / DM / IHD etc.,

ii. Look for / Ask about any suspicious signs:

- Poisoning – Smell
- Strangulation – Ligature mark around neck / abnormal sings
- Any external injuries
- Expose the body completely and look for any sings
- Palpate the head and look for any haematoma, etc which may be missed.

iii. If a female, ask history of married life and if it is less than 7 years register it as MLC, - it is mandatory.

Register all brought dead cases as medico-legal case if death has occurred unexpectedly or from an unexplained cause.

On arrival, the Emergency Medical officer should examine the patient thoroughly. He / She should go into the history in detail and look for signs of homicide, suicide, violence, external injuries to rule out any suspicious cause for the death. In case of female patient, marital history should be elicited and if EMO feels suspicious cause for the death, Medico Legal Case has to be registered.

After complete examination and confirmation by clinical evaluation death & is confirmed, the individual should be declared as Brought in Dead (BID) and the accompanying relatives/friends must be explained and informed about the probable cause of death and they are given only a Brought Dead Certificate until the cause of death is confirmed. The local police (Gomti Nagar) should be informed immediately in case suspicion or foul play. The police will do the further disposal of the dead body after inquest. The Emergency Medical Officer will render necessary assistance.

2. Death on Arrival:

If a patient has sudden Cardio-Respiratory Arrest on arrival at the Emergency Room, the patient has to be resuscitated as per ACLS protocols (Ref. Document). Once death is confirmed the case should be treated as death on arrival, and necessary documentation should be done. EMO should go into the detailed history of the patient and arrive at the

probable cause of death. On the basis of this, death certificate should be issued and arrangements for release of the body are taken after settlement of hospital dues.

3. Handling of Death & Release of Dead Body

Death of a patient is handled carefully with concern without complacency. Counseling of

next of kin with sympathy is given at most importance. All help in shifting the body from the hospital is extended to the next of kin. The dead body is released as soon as possible after completion of all formalities.

Acknowledgement for receipt of the body and the Death Certificate is obtained from Next of Kin/Legal representative. Handing-over of the body is a Solomon occasion and it is ensured that hospital staff takes due care and concern in this respect. Due arrangements are made if preserving the body in the mortuary is found necessary.

A security staff of the hospital is present till the departure of the deceased and ensure orderliness in handing over the body to the next of kin.

4. Death Certificate:

EMO should certify the cause of death in the Death Certificate after careful and thorough examinations of the patient after discussing with the concerned consultant. Death certificate is initiated if the death occurs within the hospital, unless there are grounds and evidence to the contrary. The cause of death should be well documented and a copy of the Death certificate should be filed along with the medical documents of the deceased patient.

R. Storage of Medicines in Emergency Department

1. All Emergency medications will be available 24 hrs in the ER (refer list of emergency medication)
2. All Emergency medications will be replenished by the nurse/pharmacist on duty with each case and on daily basis.
3. Medication inventory / Crash cart will be checked by the nurse on duty with each shift change, to detect loss or theft.

4. Narcotics drugs will be kept in the narcotics box and will be under the supervision of the nurse in Charge.
5. Narcotic drugs will be released only on the signed requisition of the consultant/MO.
6. Working condition of the ER equipments will be checked by the nurse on duty with each change In shift.
7. Any Malfunction /nonfunctioning of the equipment will be brought to the notice of the nurse in charge and the medical officer and work order is raised.

S. Infection Control In ED

1. All Emergency Medical officers will undergo training on infection control
2. All Emergency Medical officers will follow the infection control procedures as laid down by the infection control Committee.
3. All Needle prick injuries will be reported through incident report to the medical officer
4. Screening for MRSA will be done in the ED for all patients who are transferred in from other hospital with History of 48hrs and above stay in that hospital .screening will also be done for bedridden patients.
5. Swabs will be taken from the nose, axilla, groin, bedsores (if present) of patients fulfilling those criteria and sent to lab and will be informed to the Respective unit nurse on handing over the patient.
6. Since ED is one of the high risk areas standard precautions will be taken by the staff at all times.
7. Equipment cleaning and sterilization will be supervised by the nurse in charge
8. Swabs will be taken from the different areas and will be screened for nosocomial pathogens.
9. Swabs will be taken once in 30 days and follow up of the report will be done by the nurse in charge

. Purpose

To provide and document the methodology for Maintenance & Service of Air conditioning, Electrical Services, Lifts, Civil works, Plumbing and Calibration of Non Medical Equipment to ensure that

- Process capability continues to be satisfactory,
- Required data / records are maintained, and
- Corrective actions / improvements are initiated.

- Preventive maintenance is done in all areas of the hospital to minimize / avoid breakdown of hospital facility

B. Scope

It covers all equipment that is not classified as Biomedical and comes under the jurisdiction of Maintenance & Services department of the hospital which includes Hospital building & facilities.

C. Responsibility: In charge Clerk

D. Engineering Services Comprises Of

- Civil Assets
- Electric Supply
- Water Supply
- Air-Conditioning And Refrigeration
- Intramural Transportation
- Fire Fighting
- Engineering Services Department

1. Civil Assets

Land area of Hospital:

Plinth area of Hospital:

Building Location	**Area in Sq mtrs**
✓ Main hospital building (ground floor)	10,798.28
✓ Staff Qtrs 1st	**8550.41**
✓ Staff Qtrs 2nd	**3624.96**
✓ Staff Qtrs 3rd	**2396.16**
✓ Staff Qtrs 4th	**1710.00**
✓ Staff Qtrs 5th	**1710.00**

- ✓ Mortuary **39.5**
- ✓ Rest room for visitors **111.60**
- ✓ Bio medical waste room **27.72**

2. Electricity Supply:

The hospital receives power supply from State Electricity Board. Incase of any breakdown, in the power supply the hospital has two generators of 25 KB each as an alternate source of power

Trip switches are located in each floor to prevent any form of short circuit. The electrician maintains a floor wise consumption record of electricity which is updated on a regular basis by the electrician of the hospital.

A record register of the response time of generators is maintained by the security staff of the hospital.

The electrician checks the wiring system regularly to locate any fault such as short circuit etc and immediately rectifies the same.

The generators are regularly tested by the electrician in order to locate any fault in the same; this is done to ensure that there is interruption in power supply. The generators are also under AMC; record of the same is maintained by the clerk Incharge.

3. Water Supply System

Water supply system consists of the following items:

- Pump To Pump Stored Water
- Overhead Tanks
- Service Tanks
- An Extensive Networking Of Pipes
- Water Line Is Placed Above Sewer Line
- Galvanized Iron Is Used For The External Water Supply.
- Steam Boilers.

The maintenance of the water pipes etc is done by the plumber of the hospital who regularly inspects the pipes for maintenance.

Bacteriological surveillance of the water is done to test its portability; reports of the test are preserved by Head – Infection Control Committee.

4. Air-Conditioning and Refrigeration

Air Conditioners are installed in the following areas of the hospital:

- OT Complex
- Emergency Department.
- Radiology.
- Laboratory And Blood Bank
- Office of the Medical Superintendent.
- Private Wards.
- Conference Room.

Refrigeration:

- Generally provided in wards and departments,
- Deep freezers in pathology and blood bank.
- Medical stores.
- Office of the Director, Medical Superintendent.

5. Transport and Communication

Short travel lift is available with speed of 0.25m/S

Ramp: Ramps has been constructed to provide inter floor connectivity in the hospital.

Stairs: Stairway has been constructed to provide inter floor connectivity in the hospital.

6. Fire Protection: Refer policy …..

E. Maintenance Process

1. Activity

i. A comprehensive list of equipments/facilities (unit wise – containing all different types of instruments /devices used available with details such as :

- Their Identification,
- Location,
- Range of Operation, and
- Maintenance requirements

The list is maintained by the in charge clerk in the administrative department.

ii. The maintenance requirements are normally identified using the operational & maintenance manuals. Where maintenance manuals are not available, these are based on knowledge and experience. The Incharge clerk is responsible for maintenance of the equipments as per the standard requirement is association with the staff of the concerned department where the equipment is installed.

iii. When any equipment or facility breaks down the Incharge clerk is informed. The In-charge log the requirement of maintenance / repair in the Equipment Breakdown Record Register.

2. Preventive Maintenance

- Preventive maintenance schedules are prepared based on manufacturers' recommendations review of History Card maintained. The intimation of preventive maintenance is communicated in advance to the various departments for release of equipment.
- The availability of necessary spares, consumables, tools and necessary materials are ensured through standardization and /or advance planning, through Stores under the guidance of the Medical Superintendent and the concerned user department's head.
- Preventive maintenance is carried out as per Maintenance Schedule and Records. The concerned Incharge clerk checks the maintenance activities regularly.
- After completion of maintenance (whether preventive or breakdown) the O K report is taken from the user department.
- All preventive maintenance jobs done are recorded in Equipment History Register maintained for all equipment / facility (unit wise).
- Equipments / Services /Instruments / devices which are given in AMC (Annual Maintenance Contract) are given to AMC Company for maintenance. A report of

failure / break down is taken from company for monitoring purposes. The same is filed by the Incharge clerk in the administrative department.

- A list of all instrument /equipment/ devices requiring maintenance/calibration is prepared and maintained. The list identifies the Equipment by name, type, location, applicable service requirements, date of maintenance service done and maintenance due date. The maintenance status is updated continuously by the Incharge clerk.
- This list also indicates, whether maintenance/calibration is done in house or through external sources. Maintenance/calibration of equipments requiring an out side agency - a contract or purchase order is issued.
- Where required the AMC agency is provided with necessary facilities and support to carry out maintenance in the hospital itself. The Incharge clerk in consultation with the Medical Superintendent provides the required support for the same.
- The following is checked when maintenance is done -
  - Physical condition of the equipment/ facility
  - Maintenance report verification
  - Maintenance / Service report to be obtained from service agency and after verification marked as O.K. /Not O.K.
- Maintenance preserves the machine's accuracy and fitness for use. If equipment is found not fit for use, it should be withdrawn from use with the consent of the Head of the concerned department as well as by the Medical Superintendent of the hospital.
- The consent for the same is to be obtained in writing and is to be maintained by the incharge clerk for future reference.
- Persons handling the equipments/facility are trained on aspects like Do's, Don'ts, handling, safety, preventive maintenance and minor repairs as and when required by company engineers of the particular equipment. Records of training imparted are maintained by the Head of the concerned department.

F. Records Generation

- Breakdown Slip
- Preventive maintenance Schedule / Record
- History Card
- List of instrument requiring calibration

. Purpose:

To establish guidelines for good laboratory practices with standard precautions so as to reduce the risk of occupational hazards and enhance safety of staff and patients.

B. Scope: Hospital wide.

C. Responsibility: Department of Laboratory Medicine

D. Policy:

1. Staff and Patient Education and Training**:**

a. All new employees (fresh recruit/transferred) are trained about the safety guidelines observed in the department during their departmental orientation.

b. Periodic Training of the laboratory staff by internal and external trainers are organized relating to better work practices, proper handling of equipment etc.

c. Patients are educated regarding the laboratory tests to be undertaken by them, special precautions or instructions if any to be observed prior to and during the test etc.

2. Guideline Instructions:

A. SAFE WORK PRACTICES

1. HANDLING OF SPECIMEN :

a. Gloves

- Wear gloves and laboratory coats (aprons) at all times when handling and processing patient specimen, decontaminating instruments and cleaning.
- Bandage open cuts and scratches on the hand and then wear gloves.
- Wear gloves when performing phlebotomy and handling actual blood specimens.
- Wash hands immediately after gloves are removed , after a task that involves heavily contaminated matter and before leaving the laboratory

b. Specimen Transport

- Always transport specimens to the laboratory in leak proof containers to avoid haemolysis.
- Do not accept grossly soiled or contaminated specimens. Notify the individual responsible for submitting such a specimen and follow the laboratory's specimen rejection policy.

c. Needles and syringes

- Use needle-locking syringes or plastic disposable syringe-needle units.
- Never bend the needles, after use do not recap and cut the needle with help of needle destroyer, discard them in the *sharps container*.
- Secure blood culture bottles before inserting needles into the bottle (e.g.: place bottle in support rack).

d. Tubes

- Always carry tubes in racks
- Use plastic tubes when possible
- Uncaps tubes carefully, avoid splashes or sprays (eg. when removing tops from vacuum tubes). In case of splash or spray, see *the shower and eye wash* section in this document.
- Do not use glass tubes that are broken or damaged at the mouth. Discard such tubes into the sharps container.

e. Centrifuges

- Centrifuge tubes must be intact and properly balanced when centrifuged
- Do not place tabletop centrifuges in the biological safety cabinets
- Clean the centrifuge once daily after use to remove any contaminating material on the inner side of the centrifuge.

f. Hand washing

- Frequent hand washing after removing gloves, before leaving the laboratory are absolutely essential
- Use nonirritating soap for routine washing
- Use antiseptic soap or an alcohol based hand disinfectant followed by thorough hand washing for accidental skin contamination.

2. HANDLING CHEMICALS

- Wear appropriate PPE when handling hazardous chemicals.
- Label all reagents with their chemical names and appropriate hazard warnings provided from their material safety data sheets (MSDS).
- Keep MSDS for all chemicals either in the laboratory or in the office near by.
- Store all hazardous chemicals, including chemicals, reagents and dyes, below eye level.

3. HOUSE KEEPING AND MISCELLANEOUS SAFE PRACTICES

General

- Avoid or minimize activities associated with transmission of infectious agents
- Designate clean and contaminated work area
- Clean and disinfect (see section on decontamination) all surfaces after spills and at the end of each work shift
- Keep all work areas neat and uncluttered.
- Do not store personal items in the work area
- Do not bring food or beverages into the laboratory area
- Remove coats before leaving the laboratory
- Dispose all contaminated materials in appropriate coloured closed bags.

B.DECONTAMINATION

Routine decontamination and cleaning of the work environment are the responsibility of all laboratory workers particularly, of the housekeeping staff. To accomplish this work area should be uncluttered, with clean and unclean materials clearly demarcated and separated. The section below outlines the common decontamination protocols to be followed in the routine day-to-day functioning of the laboratory.

1. PROCEDURES FOR DECONTAMINATION

a. Preparation Of 10% Household Bleach

- Prepare fresh daily
- Add one part of household bleach to nine parts of tap water
- Dispense in wide mouthed large plastic containers. The containers should be only half full
- Place the containers in the designated work areas

b. Decontamination of Work Surfaces

- Works surfaces have to be decontaminated at least twice daily, before the work begins and at completion of work
- Use a paper towel or a soft cloth soaked with the disinfectant (1% sodium hypochlorite solution)
- Wipe the work surface going over each area at least twice. Allow to air dry with a minimum contact time of 5-10 min
- The housekeeping staff have to regularly fill the decontamination worksheet

c. Decontamination of Equipments (including vortex, centrifuge, and Telephone and Computer key boards)

- Follow same procedure as for work surfaces after consulting the supervisor that the disinfectant is compatible with the equipment surface
- The periodicity of decontamination for the above mentioned equipment has to be decided by the supervisors in each section of the laboratory based on the use of equipment

  NOTE: Do not use alcohol on equipments that are close to open flames (burner); Do not use sodium hypochlorite on metal parts because they may cause rusting; Do not use aldehyde based disinfectants as general surface disinfectants. Use Lysol solution for steel and other metal items.

d. Decontamination of Spills

i. Major spills (with possible aerosol formation)

- Evacuate the area or room and alert all personnel regarding the spill and take care not to breathe in aerosolized material
- Close doors to the affected area and keep it closed for 30 min
- Only the designated staff have to enter the area to clear the spill and the staff cleaning the spill should ensure that they use the appropriate PPE (gloves, mask)
- Use disposable paper towels or tissue to wipe off the liquid in the spillage and discard the tissue into a container meant for infected wastes
- Carefully clean the spill site of any visible material from the edges of the spill to the center with a aqueous detergent solution
- Pour disinfectant (1% sodium hypochlorite) over the entire area of the spillage and let it remain for 20 min
- Absorb the detergent with an absorbable material and dispose in the infected container
- Rinse the spill site with soap and water and air dry
- Discard the gloves and mask used for clearing the spillage site into the container for infected items
- Wash hands with soap and water

ii. Minor spills:

- Similar to the procedure for major spills except evacuation of personnel working in the area may not be essential

C. WASTE DISPOSAL

Proper waste disposal and management of biohazardous wastes is essential to limit the risk of infections to the health care workers. Hospital wastes include infectious and non infectious items that have to be disposed using the following steps:

1. Segregation
2. Transport
3. Temporary storage
4. Final disposal

While the laboratory may not be directly involved with steps 3 and 4, segregation of wastes at source and proper/timely transport of the wastes to the terminal area will remain a responsibility of the laboratory

1. Segregation:

- Segregation of wastes generated in the laboratory is the responsibility of every laboratory worker
- The housekeeping staff are responsible for ensuring that every section of the laboratory has disposal containers with all the bags as mentioned below
- The following colour code has to be strictly followed while the wastes are segregated
    a. **RED**- INFECTIOUS MATERIAL
    b. **BLUE**- PLASTIC WASTES AND SHARPS
    c. **BLACK**- GENERAL WASTES
    d. **YELLOW**- ANATOMICAL PARTS
- Wastes are to be segregated as follows;
    a. Wrappers of gloves, paper, wrappers of syringes etc are considered general wastes and are to be disposed in the **black bags.**
    b. Empty saline bottles, empty media/reagent plastic bottles/vials, plastic test tubes that do not contain any infectious material etc. All needles, broken vials, and broken slides that are not to be reused are referred to as plastic wastes and are disposed in the blue **bags.**
    c. Inoculated Petri dishes, clinical samples/specimens including blood and swabs containing infected material, used gloves are considered infectious and have to be disposed into the **red bag**. Any tissue or paper towels used to decontaminate surfaces in case of spills are also disposed into this container. Dressings, cotton and gauze pieces if used in the OP collection area are also disposed in a similar manner.
    d. Anatomical waste, tissues and other body parts are to be disposed in yellow **bag.**

DO NOT DISPOSE ANY SHARP OR BROKEN GLASSWARE INTO ANY OF THE BAGS FOR DISPOSAL.

NOTE: NOTIFY THE HOUSEKEEPING STAFF TO EMPTY SHARPS CONTAINER WHEN IT IS HALF FULL.

The house keeping staff has to ensure that the bags are emptied and fresh bags are replaced when any of the disposal containers are more than half full. **Wastes are to be emptied from the lab at least twice daily.**

2. Transport:

- All bags that are being transported to the central waste receiving terminal will have to be tied at the mouth to avoid spillage during transport
- Bags should be picked up by the neck and then transported
- Avoid the transport of too many bags at one time and contact of the bag with the body
- Avoid mixing of segregated wastes

D. LABORATORY AREAS

The laboratory should have designated areas for laboratory work and access to such areas should be limited to the laboratory employees.

1. Visitors in laboratory areas

- Children under 12 years of age should not be permitted into any laboratory
- Each laboratory supervisor is responsible for the safety of adult visitors to his or her laboratory.

2. Hazard warning signs and labels

The following four symbols may be used by the laboratory to communicate the extent of risk in the laboratory

1. **NOTICE**-states a policy related to safety of personnel or property but not a physical hazard
2. **CAUTION-**indicates a potentially hazardous situation, which may result in minor or moderate injury

3. **WARNING-** indicates a potentially hazardous situation, which may result in death or serious injury
4. **DANGER**-indicates an imminently hazardous situation that if not avoided, will result in death or serious injury

E. LABORATORY ACCIDENTS

Though the laboratory provides all facilities to avoid accidents, it is inevitable that a few accidents may occur over a period of time. The following section provides details of the management of such laboratory accidents:

1. **Needle stick injuries (including other sharps):**
    - Wash the area immediately with soap and water
    - Briefly induce bleeding from the wound
    - Wash the area again with soap and water
    - Inform the supervisor of the incident and an incident report will have to be made *(format to be made!!!)*
    - The supervisor has to assess the risk to the individual and inform the lab director of the accident
    - The hospitals' policy of Post exposure prophylaxis will have to be followed and the appropriate prophylaxis instituted as early as possible

2. **Eye wash station:**

    - There should be at least one eyewash facility per laboratory
    - Laboratory workers exposed to dangerous chemicals or infectious materials should immediately use the eye wash to flush out the material
    - Hold the eyelids open while using the eye wash and let the water spray of for an extended period of time (15 minutes)
    - Report the incident to the supervisor

3. **Body shower station:**

    - There should be at least one body shower station facility per laboratory
    - Laboratory workers exposed to (splashes of large volumes) infectious materials should immediately use the shower facility

- Body clothing exposed to the infectious material have to be removed and the personnel will have to shower for a minimum of 15 min
- A mild disinfectant solution must be used to clean the area most exposed to infectious material
- Report the incident to the laboratory supervisor.

4. Incident report:

- While it may not be possible to alert the supervisor about the laboratory accident immediately, the laboratory worker should ensure that the supervisor is informed about the incident at the earliest.
- The supervisor is duly advised to prepare a report of the incident, using the incident report work sheet and the laboratory director has to be informed.
- The laboratory Incharge will have to ensure that the appropriate PEP/treatment has been followed.

5. Fire safety:

Small bench-top are more common in labs than large fires. Labs, especially those using solvents in large quantities have a high potential for flash fires, explosion, rapid spread of fire and high toxicity of products of combustion

a. Prevention

- Plan work. Majority of lab fires have resulted from mental or procedural errors or carelessness
- Keep work area uncluttered and clean
- Observe proper safety practices.
- Store solvents properly. Keep inflammable reagents only in explosion proof cabinets
- Wear proper clothing and personal protective equipment
- Avoid working alone, whenever possible
- Read the written emergency plan and be prepared for lab fires even before the event
- Attend the training organized by the lab for use of emergency equipment (fire extinguisher) when needed.

b. Emergency

KNOW WHAT TO DO- go by the emergency plan of the lab planned during the training sessions

KNOW WHERE THINGS ARE- be aware of the closest fire extinguisher, hospital emergency services/ maintenance department telephone number, emergency shower, first aid kit and exit(s)

c. Fire Procedure

- **Notify-** other occupants of the immediate space (yell)
- **Evacuate-** the immediate area of the fire if necessary
- **If safe to do so-** attempt to extinguish

d. Fire Extinguishers

(NOTE: an extinguisher is a first aid tool- do not expect it to control a big fire**)**

To use a portable extinguisher remember the acronym P.A.S.S

- **P**ull the pin
- Aim extinguisher nozzle at the base of the flames
- **S**queeze trigger while holding the extinguisher upright
- **S**weep the extinguisher from side to side, covering the area of the fire.

Classification of fire and fire extinguisher requirements

Type of hazard	Class of fire	Recommended extinguisher agents
Ordinary Combustibles Wood, Cloth, Paper	A	Water, dry chemical foam, loaded steam.
Flammable Liquids and gases Solvents & greases, natural or manufactured gases.	B	Dry chemical, carbon dioxide, loaded system, halon 1211 or 1301 foam
Combinations of hazards Ordinary combustibles and flammable liquids and gases.	A & B	Dry chemical, loaded steam, foam.
Ordinary combustibles and electrical equipment.	A & C	Dry chemical
Flammable liquids and gases and electrical equipment	B & C	Dry chemical, Carbon dioxide, halon 1211 or 1301 foam
Ordinary combustibles and flammable liquids and gases, & electrical equipment,	A,B & C	Triplex dry chemical.

Purpose:

To provide guideline instructions & process of Management of Medical Records with the aims that

- Medical Records are readily retrievable, and
- Feedback loop is established for continuous improvements of Health Indicators.

B. Scope:

It covers all patient medical records in the hospital.

C. Responsibility:

Senior Medical Officer and Junior Clerk – Medical Records is responsible for maintaining medical records.

D. Objectives:

The Primary objective of the Medical Record Department is to develop good Medical Records containing sufficient data written in sequence of events to justify the diagnosis, treatment and end result of all patients treated in a hospital, keep them under safe custody and make the readily available as and when required for

- The Patient.
- The Doctor
- Hospital Administrators.
- Medico Legal Purposes.
- External Reporting.

1. For Patient, it

- Serves to document the clinical history and activities of patient treatment.
- Serves to avoid omission or repetition of diagnostic and therapeutic measures.
- Assists in continuity of Care even in future illness whether it requires attention in or out of the Hospital.
- Serves as evidence in Medico-legal Cases.
- Give necessary certification for employment purposes.

2. For the Doctor, it

- Assures quality and adequacy of diagnostic and therapeutic measures undertaken.
- Serves as an assurance of continuity of medical care.
- Evaluates Medical Practices.
- Protection in litigation.

3. For Hospital Administrator

- To document the type and quantity of work undertaken and accomplished.
- To evaluate proficiency of Medical Staff for administrative and clinical purposes.
- To evaluate the services of the hospital in terms of accepted norms and standards.
- To serve as an Administrative record and Performance.
- To assist in futures Programmers for Planning and developments of hospital.

4. For Medico Legal Purposes, it serves

- As a documentary evidence
- To dispose claims of the Insurances.
- For Patient's WILL to indicate if the patient was of normal mental state or not.
- Malpractice Suits.
- Authorization for operation etc. signed document for consent for operation will prove that the Patient / Relative have allowed the performance of such Procedure.
  Criminal cases – as a Potential Document.

5. Development Of Hospital Performance Statistics

Statistical and epidemiological Data are needed to implement and manage medical care planning and to obtain Health Indicators to monitor and evaluate their effectiveness for Hospital Management as follows:

- Bed Occupancy Rate
- Average No. of Out Patients
- Average No. of Admissions
- Sex wise Admissions
- Average Length of Stay of Patients.
- Gross and Net Death Rate.
- Number of Types of Operations performed (Major & Minor)
- Number of X-ray / C.T.Scan, Ultra Sound etc.
- Laboratory Tests.
- Information about Institution Deaths (Deaths occurring over 48 hrs.)
  Non Institution Deaths (Deaths occurring under 48 hrs.)
- Total Number of Babies born in a hospital.
  (Sex wise distribution / sex ratio/ Still Births.)
- Daily Census of the Hospital.

6. Reporting to Health Authorities

This is the responsibility of the department to submit the following Diagnostic Reports to Health Agencies like D.H.S, PHSC and other departments under the ambit of Health & Family welfare department, Government of….

- Daily / Weekly / Monthly Malaria and Dengue Fever cases to the CS.
- All Communicable Diseases to the D.H.S
- Notifiable diseases are reported immediately to control room to CS
- Monthly Leprosy Cases to the D.H.S
- Morbidity / Mortality Statistics to the D.H.S., on yearly basis or as and when required by the Directorate of Health and Family Welfare Department Government.

E. Process of Creating Medical Records

Medical Record contains different sections for recording the information as

- Identification Section

- Medical Section
- Nurses Section.

All entries made in the medical and nursing section of the patient record are entered by authorized care providers who authenticate the entries made so as to facilitate identification of the particular author of patients medical records.

1. Identification

This section fills up the Bio Data / Socio economic data / Patient Identification Data at the time of Registration and Admission.

OPD file is generated at OPD registration counter; on the Admission Request of the Consultant Indoor patient Admission record is prepared. Personal data for following particulars are provided at OPD registration and Admission counter by the Patient / Relatives.

- Name of Patient
- Father's / Husband's Name
- Age & Sex
- Occupation
- Permanent / Emergency Address.
- Telephone / Mobile Numbers
- Nationality
- Religion
- Medico Legal Case if any.

These details are fed in the register manually and the patient is given a unique identification number which is entered in the designated area of the patient.

2. Medical Section

The Medical Section is filled up by the Attending Consultant, and pertains to History, Physical examination, Treatment / progress of the patient, if operation is to be performed, then Operation notes are also recorded, the information is recorded in the following Medical Record Forms, keeping in view two types of forms – Basic + Special

Basic:-

- Initial diagnosis Record Sheet
- History Record Form
- Reasons for Admission
- Physical Examination Record Form
- Progress And Treatment Record Form
- Consultation Record Forms (special)
- Different Investigations Report Forms

In Special cases-Consent Forms, Operation Record Form.

Discharge summary is given in case of Discharged – cured, LAMA, Discharge on request or Death. A copy of the same is preserved in the patients medical record.

i. Incase of death, Medical certification of cause of death forms is to be filled up by the attending consultant or emergency medical officer according to Registration of Birth and Death Act 1969. A copy of the death certificate is preserved in the patient's medical records file.

3. Nurses Section

The Nurses Section is responsible for filling up the following

- Medication Record Forms
- T.P.R. Chart.
- INTAKE and OUTPUT Record Form.
- Diet sheet

Discharge summary is given in case of discharge cured, LAMA, DOR or death

F. Flow of Medical Record from Admission to Post Discharge

1. The Medical Record Department ensures a smooth flow of Medical Record of the patient from the day of his admission to the day of his discharge and onward maintenance till the retention period.

2. Admission request form is filled by the treating doctor of the patient. Formalities for admission of the patient are carried in the registration counter (during working hours) or in the emergency department of the hospital (during non peak hours) .The general inpatient case sheet for patients is prepared at the time of admission in the respective inpatient admission counters.

   All datas pertaining to the patients stay in the hospital and care provided are preserved in the patients bed head ticket which is maintained by the nursing staff of the concerned ward where the patient is admitted, all entries made in the Bed Head Ticket is recorded in a chronological manner and authenticated by the designated author of the particular entry clearly mentioning the time and date of the entry.

3. After getting the orders of discharge of the patients from the treating Consultant, the Nursing Staff, on duty get the discharge summary prepared from the Consultant /Medical officer, the slip is sent to the Billing Department for necessary payment (for patient staying in private ,semi private wards and paying wards).

4. Necessary payment done at Billing Department and receipt is given to patient relative. Nursing staff discharges the after getting clearance slip from billing department. Patient file is sent to medical record room.

5. Incase the patient is transferred or referred to another hospital the medical record contains information regarding reasons for transfer, name of the hospital where the patient is being transferred

G. Midnight Census:

Ward Census Reports from each ward is generated by nursing staff at night duty. The reports are submitted individually to the Emergency Medical Officer on duty.

The record clerk collects the data from the Emergency Department the next morning and compiles the same for preparing the census report.

The census report is submitted to the Medical Superintendent of the hospital on a regular basis by the medical record clerk.

H. Confidentiality and Integrity of Record:

The hospital identifies its responsibility as custodian of medical records and observes the following procedure to maintain its confidentiality, security and integrity:

1. Patient is the owner of his medical record and no form of it would be made available to any third party without written authorization from the patient. The hospital observes the following guideline instruction for the purpose:

Retrieval / Accessibility of Medical Record:

- Maintain records in proper accessibility manner.
- Hand over the records as & when required by Director /CMS/MS (M &F wing) for administrative purposes by getting slip signed by the person receiving the record.
- Physician / Surgeon for follow up purposes by getting permission from CMS and get the records.
- Records required for Medico Legal Cases in the Court of Law by the Consultant / M.O.'s.
- For Follow up of In-patients by the Consultants as well as by the Patients.
- As & when they require Discharge Summary, Investigation Reports etc.
- Patient's relatives will require a written authorization from the patient for obtaining information from the medical records. How ever such information would not be given in original, a Xerox of the same would be handed over to the patient and signature taken in specific format.

2. Incase loss or tampering of patient's medical record data is reported, the medical record clerk would immediately inform the same to the Medical Superintendent who would be responsible for taking appropriate action. He will inform the external agencies as applicable and would hold an internal enquiry for investigating the cause for such event. He would form an internal committee under the Medical Superintendents (M & F wing) officer who would hold the enquiry in reality and would submit the report to the Medical Superintendent as per the committee's finding for further action.

   Incase the internal committee confirms any sort of negligence or discrepancy on part of any hospital employee, MS would inform the same to higher authorities of the Health and Family Welfare Department for further action .

3. The hospital maintains separate colored inpatient medical record for the General and Female wing as per the policy of the Health and Family Welfare Department, Government.
4. The Medical Record Department is responsible for proper storage, retrieval and maintenance of confidentiality and security of the record. During normal working hours it is the policy of the hospital to have at least one staff available in the department.
5. At the end of the day medical record clerk is responsible to lock the department in the presence of a security staff .The key is handed over to the concerned security staff. There after the security department is made responsible for the protection of the medical record room.

I. Retention Policy:

i. Policy: The Department is responsible for consolidation of all Forms belonging with patient is sent for storage in a manner with the help of Admission Number, which is assign at the time of Admission. These records are stored in the Medical Record Departments for the following Retention Period as per the Govt. Orders

In - Patient Record	:	Ten (10) Years.
Out- Patient Record	:	Five (05) Years.
Medico Legal Record	:	Life time

ii. Security:

a. Access to Medical Records Department is limited to only person authorized department staff.

b. Incase any record is issued to any designate individual as per the retrieval policy; the same is recorded in the outgoing patient record entry register for accountability.
c. No form of record is issued to any person without proper authorization from the designated authorities.
d. During non - working hours the security staff in responsible for safety of the department.

iii. At the end of the designated retention period the medical record clerk will seek written approval from the director for destruction of the medical records who have crossed the retention period.

Only after obtaining written from the designated hospital authority, the medical records will be destructed by the department staff.

J. Medical Audit:

1. Medical Audit Committee:

Scope of Work: Evaluate medical record keeping, quality, content, format, accuracy, pertinence, staff compliance with documentation policies .Review and evaluate fatal cases/ Deaths in hospital.

Frequency of meeting: Quarterly/ as required

2. Members of the Committee:

1. Director –

2. Medical Superintendent

3. Medical Superintendent

4. Dr.

5. Dr.

6. Matron

7. Medical Record Clerk

3. Process:

The Medical Audit Committee meets at periodic interval to evaluate the patients medical records. The Committees reviews both active and discharged patients inorder to have an objective review of the completeness of patients record.

4. Purpose and Objective of the Committee:

The committee periodically evaluates the medical record

1. To review the completeness of the patient's records in the Medical Record.

2. To see that all records are dated, timed and legibly signed by the persons authorized to make entries in patient's records.

3. To review that the patients record contains all the necessary documents (as applicable)

4. To identify any discrepancy in the records such as absence of date, time or signature, lack of proper documentation or incomplete record etc

5. To instruct the medical record department to rectify the deficiency on an immediate basis.

6. To provide guideline instruction for better management of patient's medical records

The minutes of the meeting are recorded in the minutes inorder to trace the points discussed in the meeting , decisions taken , discrepancy if any in patient's record noted , remedial

measures suggested , actions taken etc. Incase the committee issues any sort of instruction relating to the patients record, the progress on the same is reviewed at the next meeting.

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	10 Litre	10	Available	Whole	Road	Yes

	Oxygen Cylinder			in various departments of hospital	year		
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 van	With emergency medicines	sufficient	-----	Whole year	Road	Yes
280	Video digital	Canon PowerShot A650 IS-	1	-----	Whole year	Road	Yes

	camera	model					
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)

India Disaster Resource Network

Online inventory of resources for disaster response preparedness

*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