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HOSPITAL MANUAL



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DIRECTORATE GENERAL OF
HEALTH SERVICES

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA
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HOSPITAL MANUAL

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PREFACE

The new millennium has witnessed remarkable gums and unprecedented scientific achievement in the field of medical sciences in the last 2-3 decades. There has been an explosion of knowledge in the field of medicine and biotechnology. It has therefore become mandatory for providers of medical services to keep themselves updated with these advances. The reflection of the same is also desired to be observed in the running of the hospitals, both governmental as well as private

It has been almost 25 years since the last hospital manual for Govt. hospitals was published. I am happy that the same has bee updated by incorporating new developments. Similarly now chapters have been added in Hospital Infection Control, Autopsy and Mortuary/Management Hospital Waste Management and Transplantation of Human Organ Act, 1994. This will help in creating awareness amongst the hospital staff regarding various statutory and salient features of these subjects.

This hospital manual is the outcome of the hard work put in by Dr. (Mrs.) Madhuri Sharma, DDG (P), Directorate General of Health Services and has come out as* a unique document full of useful information.

It is hoped that the present hospital manual will serve as a guide and a reference book for providing necessary information towards the smooth functioning of the hospitals.

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Dr. (MRS) MADHURI SHARMA
Deputy Director General (P)
Dte. General of Health Service

CHAPTER I

ACCIDENT AND EMERGENCY DEPARTMENT

- 1.1 Due to rapid industrialisation and increase in vehicular traffic the number of road traffic accident are increasing, resulting in injuries, which are complex in nature and management, hence this department assumes critical importance in the hospital.
- 1.2 The emergency department should function 24 hours of the day throughout the year.
- 1.3 As per Hon'ble Supreme Court ruling, no patient requiring emergency medical care should be refused adequate treatment, even if no bed is available and the particular specialisation is non-existent.
- 1.4 Emergency department should have adequate physical facilities, equipments including stores of medicines and other consumables.
- 1.5 Sympathetic and well-trained staff should be posted who can render immediate and appropriate life saving treatment and also able to meet the emotional requirement of patient and their attendants.
- 1.6 An efficient and foolproof communication system should be available. There should be efficient communication system within the department and from department to the various intensive care areas of the hospital and also to contact consultants or senior doctors on matters pertaining to better patient care. These can be telephones, intercoms, paging system or public announcement system.
- 1.7 Liaison with police in Medico legal cases should be maintained.
- 1.8 The emergency department should preferably be located on the ground floor and it should have direct access from main road for ambulances.
- 1.9 Directions to the emergency department should be well marked and clearly visible both far away and close to the hospital, day and night.
- 1.10 At the entrance of emergency department, plenty of colored coded wheel chairs and trolleys should be available for transferring the patient from ambulance to emergency department.
- 1.11 Proximity to other supportive services: like X-ray, CT Scan Ultra Sonography, Emergency clinical laboratory, Pharmacy, ECG facilities should be available.
- 1.12 Admission and Inquiry Office should also be adjacent to emergency department.
- 1.13 All areas of Accident & Emergency Department should be able to handle seriously ill patients. An adequate numbers of oxygen, suction and electrical outlets must be available.
- 1.14 Patients coming to accident and emergency department should be examined by Chief Medical Officer in triage area, close to entrance door; 10 evaluate degree

of extent and severity of injuries and urgency of treatment.

- 1.15 There should be a control room in the casualty with Specialist Chief Medical Officer as Nodal Officer to deal with administrative problem for better patient care.
- 1.16 There should be examination rooms cubicles, doctor's room, Medico legal record room, Police constable room, Nursing station, storeroom, injection room, Minor OT and Plaster Cast room. Doorways should be wide enough to accommodate stretcher/trolleys.
- 1.17 Observation wards for medical and surgical diseases should be there with specialist on call, and senior residents and junior residents to be available round the clock.
- 1.18 Adjacent to emergency department -there should be a Registration (Admission) cum Inquiry Office, ambulance and driver's room, ambulance/mortuary van parking area, stretcher and wheel chair's bay, waiting area, public telephone and other public convenience like drinking Water, tea or coffee bar, drug store etc.
- 1.19 Preferably, 24 hours piped oxygen and suction line supply to be available with sufficient number of outlets.
- 1.20 Special attention to be given for maintenance of light and temperature of the room. In case of power failure provision for emergency light: through the generator of the hospital to be available.
- 1.21 To have an efficient emergency service for better patient care it is desired that all types of stores/equipments required in the emergency department are sufficiently available and equipments are in working order.
Some of the essential equipment and other items required are as follows:
 - (i) Centralized 24 hour piped oxygen and suction supply.
 - (ii) Airways and resuscitation bags (both paediatric & adult size with laryngoscopes.)
 - (iii) Good numbers of manometers mounted on pedestal or wall.
 - (iv) Resuscitation emergency, Defibrillators, ECG Machine, Nebo users, Oxygen Cylinders, special medications, intravenous lines/cannulas and I.V. Fluids disposable gloves etc.
 - (v) Bandages, Sterilized Gauze and cotton, plaster should be available in Plenty.
 - (vi) All line saving equipment should be periodically checked so that it is always in perfect functioning state.
- 1.22 The department should be headed by Officer Incharge of a rank of Addl. Medical Superintendent, supported by C.M.O. for delivery of efficient health care to the patient and further supported by Nodal Officer (Specialist/C.M.O.)

available round the clock in the casualty to solve the day to day administrative problems.

- 1.23 Various categories of manpower like GDMOs, Specialists, Resident Doctors, Nursing Staff, technical, Paramedical staff, security and Group D should be posted in the emergency in adequate number.
- 1.24 Pre-Hospital care is provided by a fleet of ambulances fully equipped with first aids equipment and trained manpower for safe transportation of patients from accident site or residence of patients to enable them to reach hospital for definite medical care. This is provided by 'CAT' Service ambulances equipped with wireless sets to communicate the nearest points of patients whereabouts, to inform the nearest ambulance and to shift the patient to nearest hospital.

HOSPITAL CARE:

- 1.25 Patients requiring observation for short period are kept in observation wards under observation by specialist (on call), Medical Officer, Resident Doctors and Nursing Staff. Proper records should be maintained for such patients.
- 1.26 Patients requiring intensive care are sent to I.C.U./I.C.C.U. only after confirmation of availability of beds.
- 1.27 Specialists on call are to be called to see a patient whenever C.M.O./Resident doctor Want to take opinion of expert.
- 1.28 All medico-legal cases are to be entered in medico-legal register indicating patients Name, age, sex, complete postal address, telephone number if any, identification mark, date, time, MLC No., details of history, examination, investigations done, provisional diagnosis, signature of attending doctor with stamp and designation and Police is to be informed accordingly. Details of the person who brought the MLC to the casualty be recorded.
- 1.29 Patients brought to Casualty as brought dead (except old age, natural death Cases) are made MLC cases and sent to Mortuary for post-mortem examination. Other non-MLC death cases are sent to the Mortuary for disposal to next of kin of the deceased.
- 1.30 Death in casualty to be countersigned by Casualty Medical Officer in regular service.
- 1.31 Addl. Medical Superintendent assisted by C.M.O. Casualty has a pivotal role. For smooth functioning of Casualty & Emergency Department, and Implementation of various policies, procedures and guidelines issued by Min. of Health & F.W./Dte. G.H.S. and Medical Superintendent.

RECORDS:

- 1.32 Various records to be kept in Casualty areas follows:
 - (i) Patient's attendance record (Name, Age, Sex, complete postal address, time

- of attendance etc.)
- (ii) Observation and follow-up record.
 - (iii) Referral record within and outside hospital.
 - (iv) Treatment record.
 - (v) M.L.C. record with all the diagnostic and investigation results.
 - (vi) Log Book of vehicles.
 - (vii) Attendance Register of all categories of staff
 - (viii) Duty roster of Addl. M.S., Doctors, Specialists (Nodal Officer) (ix) Daily record of administrative problems and their management.
- 1.33 All documents ego admission card, case sheet, forms etc of medico-legal cases like accident, trauma, assault, rape, poisoning, unconscious, brought dead etc. should be stamped as M.L.C.
- 1.34 Three copies of M.L.C to be made. Original is handed over to the police and a carbon copy retained for hospital record for future Court cases.
- 1.35 The particulars of patient and doctor attending the M.L.C. should be correct with legible handwriting. The Medical Officer should sign and write his name in block letters for future retrieval of the record.
- 1.36 The M.L.C. report preferably be completed within 48 hours unless there is unavoidable delay.
- 1.37 The treatment is to be given priority over the paper work.
- 1.38 The Radiological opinion should be given along with M.L.C. report to police only.
- 1.39 A conscious patient with mild injury, if not interested in making MLC case, the fact should be recorded with his signature but such practice to be generally avoided.
- 1.40 In all poisoning cases vomitus to be preserved and also the clothes if necessary.
- 1.41 MLC: Register to be kept under lock and key by C.M.O. Casualty.
- 1.42 Which M.L.C. Register is full, it must be sent to Medical Record Department with receipt slip to be kept by responsible officer, CMO I/c Casualty.

DISASTER PLAN:

- 1.43 A mass casualty situation arises whenever a rapid influx of large number of critically-injured people exceeds the capacity of the receiving facility to provide individualised medical care in the usual way. In order to meet such a situation a disaster plan of the hospital should be available. The disaster plan must be rehearsed periodically to ensure effectiveness when the need arises.

- 1.44 There should be a disaster management committee preferably headed by HOD Anesthesia/Surgery/Orthopedic.
- 1.45 In the Case of disaster, an action plan to be operated by CMO (Casualty) an follows:
- (i) On receiving the message, Head of the Institution to be informed.
 - (ii) Mobilisation of disaster team members and other ancillary staff.
 - (iii) Advance trained team to be sent in the ambulances to the site of disaster, if called for. Ambulances to be equipped with first aid equipment.
 - (iv) Flexible space/beds should be ensured to accommodate patients and relatives.
 - (v) Availability of drugs and other supplies to be ensured.
 - (vi) Patients transport facility to be augmented within the organisation.
 - (vii) Communication within and outside hospital should be made effective.
 - (viii) All available information about the disaster victims to be communicated to DGHS/Ministry of Health & Family Welfare at regular intervals.
 - (ix) Documentation and identification of patients to be established.
 - (x) Cooperation from adjoining Government hospitals to be taken if required.
 - (xi) CMO/Nodal officer should try to decentralise patients to respective department.
 - (xii) PRO should able-to-handle TV and media personnel.
 - (xiii) Inquiry Counter to be opened for providing information about the disaster victims to their-relations-or friends.

DUTIES OF STAFFIN CASUALTY:

Responsibilities of Chief Medical Officer /Incharge (Casualty):

- 1.46 CMO Incharge (Casualty) has a pivotal role in the management of Casualty and emergency services.
- 1.47 To check punctuality of other Medical Officers and Resident prepare Doctors.
- 1.48 To prepare duty roster for Medical Officers and other staff working under him.
- 1.49 To take supervisory round to see that all equipments are in working order and all essential drugs are available.
- 1.50 He will supervise the maintenance of all documents especially Medicolegal register and daily registration register.
- 1.51 Monitoring of the imprest money to be spent in emergency for patient care.
- 1.52 To ensure compliance of orders and guidelines issued by Medical Superintendent Adtl. M.S.
- 1.53 Maintenance of sanitation and to follow guidelines for hazardous biomedical waste management in the department.
- 1.54 Examine patients as and when required.
- 1.55 Responsible for training/ reorientation classes of all categories of personnel working in emergency department.
- 1.56 Drib for emergency managements/Disaster action plan should be rehearsed on a regular basis.
- 1.57 He is required to be calm, polite and at the same time alert and tactful to manage the, difficult situation.

SPECIALIST:

- 1.58 He will be on regular duty or on call duty in Casualty as per order of the Head of Institution.
- 1.59 He will give expert guidance in management of the patient.
- 1.60 He will put his' notes on the case sheets whenever he is called for consultation. Telephonic instructions are to be avoided as far possible hot when given, it should be recorded by Sr. Resident in the sheet with date and time and full signature.
- 1.61 In complicated cases surgeon (specialists) on call will perform Surgery in operation theatre.
- 1.62 He should guide his subordinate staff in history taking and examination of Medico-legal cases.

- 1.63 He will train the Junior Doctors in handling of all types of emergency patients.
- 1.64 At regular intervals, specialists of Medicine, Anesthesia Surgery and Orthopaedic should organise training programme for all casualty staff. CMO- (Casualty) will be the co-ordinator of training programme.

SENIOR RESIDENT:

- 1.65 To examine all patients and to give prompt treatment.
- 1.66 For all serious patients he will take consultation of specialist on call
- 1.67 He will transfer the patient to ward /operation Theatre/ICU only after the advice of specialist.
- 1.68 He will cooperate with casualty' Medical Officer in completing Medico-Legal records of patient.
- 1.69 Senior Resident to ensure that history, examination, laboratory investigations and provisional diagnosis are written on Case sheet. The proper maintenance of hospital record is his responsibility.
- 1.70 He is responsible for certifying death of patient and getting it countersigned by Medical Officer/Specialist on duty.
- 1.71 ^{be} Should he courteous and polite with patients and attendants.

JUNIOR SPECIALIST:

- 1.72 He will be performing rotational duties in Casualty and Emergency Department.
- 1.73 He will carry out treatment as advised by Senior Resident/Medical Officer.
- 1.74 He will write patient's case-sheet in neat and legible handwriting without missing out any important relevant finding.
- 1.75 He will perform minor operative procedure under supervision of Senior Resident.
- 1.76 He will do dressing on the Objective of M.O./S.R.
- 1.77 He will take rounds of short observation patients along with his Senior Resident.
- 1.78 He will perform the work assigned to him during the rounds.
- 1.79 He will be tactful in handling patient's relative specially at the time of death of patients.

D.N.S./A.N.S./NURSING SISTER INCHARGE:

- 1.80 Nursing personnel are the backbone of any hospital
- 1.81 She is responsible for efficient working of emergency department.
- 1.82 She will judiciously allot staff nurses for the various points of time and supervise their work, especially at the time of mass casualties/disaster.
- 1.83 She will prepare duty roster of group-D staff working in casualty and ensure their presence. Day to day absent report 10 be given to CMO I/c Casualty.
- 1.84 She is responsible for maintenance of sanitation and cleanliness of wards through group-D staff.
- 1.85 She will stock all essential drugs. I.V Fluids, all essential consumables and maintain proper record.
- 1.86 She will ensure that equipment like Suction Apparatus, Central Oxygen Supply, Boyle's apparatus, E.C.G. Machine are in working order.
- 1.87 There should be an atmosphere of harmony & Co-ordination amongst all levels of staff working in the casualty.
- 1.88 Nursing personnel should be active, alert and sympathetic while discharging her duties.
- 1.89 Superintendent and apprise her of day to day problems.

NURSING STAFF:

- 1.90 She will attend to the patients with utmost sincerity and devotion.
- 1.91 Safai-karamchari and Nursing Orderlies will provide full co-operation to Nursing Staff by providing bedpan and urine Pot to the patient.
- 1.92 Nursing Personnel will make the bed, feed the patient, administer injections, medicine etc, and arrange for investigation and diagnostic procedure to the patients with the assistance of Nursing Attendant.
- 1.93 She will carry out administration of oxygen, catheterization, dressing and toilet of the patient.
- 1.94 She will maintain a record of pulse, B.P. Intake/output, medications and injections administered/ ordered by the treating doctor, with date and time.
- 1.95 She should be polite and sympathetic to the patient.

NURSING ATTENDANT/NURSING ORDERLY/WARD BOY/AYA'S:

Responsible for

- 1.96 Dusting of the casualty department and will also assist the Nursing Personnel for disinfection of the rooms.
- 1.97 Assist Nursing Personnel in patient care.
- 1.98 Getting the indent from Stores and also bringing sterilized items from C.S.S.D.
- 1.99 Taking referral call to various departments.
- 1.100 Providing first-aid to patients when required.
- 1.101 Transferring patient from casualty to other supportive departments for investigations and diagnostic procedure. Special care should be taken of MLC/critical patients, not to leave the patients unless the doctor on duty/Nurse on duty has taken charge of the patient and papers.
- 1.102 Assisting Nursing Staff in packing the dead body and its transportation to mortuary.
- 1.103 They should be courteous and polite towards patients and their attendants.
- 1.104 They will perform any other work assigned to him by his/her superiors.

SECURITY GUARD:

Responsible for

- 1.105 Polite, tactful, sympathetic, courteous service under all circumstances.
- 1.106 Duty as per roster prepared by Security Officer/CMO Incharge casualty.
- 1.107 Regulating the flow of patients or their attendants.
- 1.108 Security of the area under his charge and is answerable to CMO Casualty for any untoward incidence.
- 1.109 He will perform any other duty as required by his supervisor/security officer.

STRETCHER BEARER:

- 1.110 He will be on duty near the entrance or casualty or in the ambulance.
- 1.111 He will assist in transferring the patient from ambulance/car to the Casualty or other departments on a stretcher or wheel chair/trolley.
- 1.112 He will be prompt in carrying out his duties while transferring the patient to casualty department.
- 1.113 Should be conversant in first aid treatment.

1.114 He will do any other duty as assigned by Casualty Medical Officer.

1.115 He should be polite and sympathetic to patients.

SAFAI KARAMCHARI:

1.116 He will keep the area neat and clean.

1.117 He will give urinals and bedpans as and when required by patient by patient after thoroughly cleaning and disinfecting with disinfectant/antiseptic lotion.

1.118 He will carry stool, urine samples, blood and other body fluid and tissues Sample to respective laborites and bring back reports from there.

1.119 He will transport dead bodies to mortuary and dispose off dead foetus and amputated limbs or other parts of body to incinerator for final disposal.

1.120 He will be cleaning the soiled linen with water and after treatment with 1% bleach solution or sodium hypo chloride, will send it to laundry for further washing of linen.

1.121 He will task all personal precautions while handling infections bio-medical waste of the hospital.

1.122 He will be courteous to patients and their attendants.

1.123 He will do any other duty assigned by CMO Casualty.

CHAPTER: OUT PATIENT SERVICE

- 2.1 Modern medical practice with the concept of active and early ambulation tends to shorten hospital stay of a patient after the critical period of illness has passed off such patient after discharge will need treatment and rehabilitation till they are fully recovered. The functions of the O.P.D. services are preventive, diagnostic curative and rehabilitative. The out-patient department is a very important wing of the hospital which is visited by a large section of the community. The care and attention provided to them goes a long way building up the reputation and confidence of the people in the Hospital.
- 2.2 O.P.D. should be located near the entrance from the main road.
- 2.3 All O.P.D. services in various discipline including special clinics should be situated in one complex.
- 2.4 O.P.D. should be connected by metalled road from main road for patients in ambulance/cars/wheel chairs.
- 2.5 At the entrance of O.P.D., sufficient numbers of wheel chairs/ trolley's to be available along with physical presence of nursing attendant/stretchers bearer.
- 2.6 On entering the O.P.D., services by social works be available at "MAY I HELP YOU" counter. Social workers will guide the patient for registration queue. Visiting to particular O.P.D. room number/outdoor pharmacy and laboratory for investigation.
- 2.7 All categories of the staff working in the O.P.D. must be in their uniform with the name-badge for identification.
- 2.8 Registration hours for morning and afternoon services should be displayed prominently.
- 2.9 Patients and attendants must stand in a queue and social worker should guide the public in maintenance of discipline and avoid queue jumping.

- 2.10 If O.P.D. complex is a multistoried building then floor wise O.P.D. services available should be prominently displayed on ground floor including specialized services, timings and days of week where such services are available.
- 2.11 All O.P.D. rooms to be numbered for the convenience of patient Color coded directional lines may be laid down.
- 2.12 Senior citizens should be given priority and separate queue counter for registration to be there. The doctor may see seriously ill patients out of turn.
- 2.13 In the laboratory & X-ray department timings for receiving out patient department/indoor patients should be printed on the cards and also displayed outside the laboratory & X-ray department.
- 2.14 Every patient must be given an O.P.D. card mentioning the date, O.P.D. No. patient name, father/husband name, age, sex and room number of attending doctor, Each OPD card should have the stamp of unit and name of O.P.D. and its unit incharge. Patient's name/age and OPD No. is also to be recorded in the O.P.D. register.
- 2.15 Patient seen in one O.P.D. and referred to other O.P.D. should be seen on priority basis and should be entertained on the same O.P.D. ticket. He should be instructed that on next visit he must get a fresh card made of referred O.P.D.
- 2.16 If a patient visits the O.P.D. or the -wrong day, he must not be returned but seen and treated. He must be given instruction to consult the same doctor, which he visited on the first day.
- 2.17 Patients should be prescribed medicines as per formulary list of O.P.D. medicines. The list of medicines available for O.P.D. patients must be circulated to all the attending doctors periodically for their knowledge. This list should be periodically reviewed to update it.
- 2.18 All special medicines as per rule are to be given by special slips signed by

Medical Officer or Specialist.

- 2.19 A patient should be given medicine usually for 3-4 days and for not more than 7 days in any case. In special case it may be given for 14 days with permission of Addl. MS (OPD)/Unit Head.
- 2.20 The list of medicines out of O.P.D. list, not available, should be displayed on the notice board outside the dispensary.
- 2.21 Dispensary timing should also be displayed on each window along with special counters for senior citizen, special, medicines etc.
- 2.22 List of diagnostic procedures, which are chargeable, should be displayed outside where such services are available along with chargeable amount.
- 2.23 Medical certificate and Fitness certificate book should be kept under lock and key by Medical officer/Specialist of unit concerned. Only Medical Officer or specialist will issue certificates.
- 2.24 Junior Resident, Postgraduate medical student and senior resident should first treat the patient clinically and minimise reference to X-ray department and laboratory investigation.
- 2.25 No investigation/X-ray/other diagnostic procedure to be carried out on patient's demand.
- 2.26 Seriously ill patients or patients or second visit requiring, consultant or specialist examination must be referred to them.
- 2.27 Referral of patient to other department must be done in consultation with specialist only.
- 2.28 Cases requiring immediate attention must be seen by senior resident and shifting of patient to patient to be done immediately stabilizing the patient.
- 2.29 When no definite diagnosis is made, patient should not be shuttled from one place to another. He should be admitted and proper references obtained from concerned departments.

MEDICAL RECORDS;

2.30 Statistical record should be maintained to give the following information:

- a) Total No. of patients attended Old
 New
- b) Total No. of patients attended Male
 Female
- c) Disease date if available

2.31 patients with chronic diseases who attend the special O.P.D.s frequently for follow up, their record tile with complete history sheet, investigations like X-Ray, C T Scan, MRI and other laboratory Investigations to be kept in O.P.D. folders by registration clerks.

MINOR OPERATION THEATRE:

2.32 Minor O.T. to be situated at a short distance away from O.P.D. and free entry of attendance to be prohibited. All precautions to be taken to keep O.T. free from bacteria.

2.33 If feasible, two minor O.T.s should be there, one for septic and other for clean cases.

2.34 Facility for anesthesia to be properly organized for any patient requiring it.

2.35 Junior Resident and Postgraduate Student should perform minor surgical operations under supervision of Senior Residents.

2.36 Consent for minor surgery to be taken by nursing staff.

2.37 Proper entry of all minor surgical operations/diagnostic tests performed must be entered in the register for record.

2.38 Minor operations to be performed on first come first served basis and coordination to be done by Sister Incharge on duty.

INJECTION ROOM:

2.39 Injection room should be situated near the casualty or O.P.D. block where services of doctors can be availed in case of reaction due to injection.

2.40 All injections/vaccines requiring test dose be watched carefully by the nursing staff and sufficient time be given.

2.41 All life saving drugs, oxygen mask, L.V. Bottles/I.V. sets to be available in the

injection room.

2.42 Specially trained staff to be put on duty in the injection room.

2.43 It is advisable that autoclaved glass syringes/disposal plastic syringes and disposable needles to be used.

2.44 Glass Syringes to be sterilized by centralized autoclave facility or local facility. Boiling for 20 minutes is recommended to make it germ free.

2.45 Proper record of all expensive injection & drugs e.g. Anti-Rabies vaccine (Rabipur) to be maintained for audit purpose.

2.46 Entries of injections given to be made all the patient's card and also in the register maintained in the room for preparing monthly report.

2.47 Majority of the dressings are done by dresser under supervision of nursing staff, where dressers are available, otherwise dressings are done by Junior Residents.

2.48 Aseptic precautions to be followed.

2.49 Universal precautions to be followed as per WHO guideline by all Health care workers while coming in contact with patient's blood body fluid or tissue.

2.50 All soiled gauze/dressings should be disposed off as per hospital waste disposal guidelines for safe disposal. Littering of floor with soiled gauze and dressing to be avoided.

DISPENSARY:

2.51 Dispensary of the Hospital should be located in O.P.D. block.

2.52 Things of services by dispensary should suit the requirement of the patient both outdoor and indoor discharged patients.

2.53 List of drugs available and not available out of O.P.D. list should be displayed prominently in the waiting hall of the dispensary.

2.54 Essential drugs, which are not available, should be replaced immediately through Medical store of the Hospital.

2.55 Drugs to be issued for a maximum of 7 days, in rare cases it may be given for 14 days with permission of unit Head.

2.56 Special slips of medicine issued to patients to be kept under lock and key by issuing pharmacist.

- 2.57 Surprise check of stock of drugs to be done periodically by the Medical Officer Incharge of the Dispensary.
- 2.58 Proper labeling of tablets/capsules and mixtures should be done.
- 2.59 Drugs with short expiry to be brought to the notice of the doctors through Medical Officer Incharge of the Dispensary.
- 2.60 List of medicines with quantity in stock and expiry date should be circulated to all the doctors quarterly for their information.
- 2.61 Prescription of the patient should be legible, where it is not legible clarification from the doctor must be sought before issuing it to patient.
- 2.62 Prescription of the doctor must be honored.

X-RAYSECTION:

- 2.63 The work of the department to be organized systematically with segregation of emergency patients, outdoor patients and indoor patients if it is a common facility.
- 2.64 For routine outdoor patients first come first served basis to be followed.
- 2.65 X-Ray proforma to be signed by Senior Resident or his superiors and stamp of the officer recommending X-Ray for patient should be there.
- 2.66 For special X-Rays appointment system to be followed.
- 2.67 X-Rays/Ultrasound/CT Scan where chargeable are first paid and receipt given at the time of X-ray except for emergency X-ray.
- 2.68 Whenever X-ray of a female has to be taken Nursing Sister must be present at the time of X-ray.
- 2.69 Emergency X-ray room and routine x-ray rooms should be separate, if feasible, to avoid unnecessary delay for patient requiring emergency treatment.

- 2.70 Types of X-ray facilities, CT & USG available should be exhibited in the department. Functional status of the equipment should also be displayed for the knowledge of the patients and expected date of repair. Charges of investigation should be displayed prominently.
- 2.71 Proper stock of equipment and X-ray films to be maintained.
- 2.72 All major equipments should be under AM.C. for smooth functioning.
- 2.73 It is the responsibility of the R.O.D. to get the equipment repaired at the earliest.
- 2.74 No new equipment should be left unattended and unused.
- 2.75 Record of all MLC X-rays to be kept by Medical Officers under lock and key.
- 2.76 Daily work record registers to be maintained properly for statistical purpose.

LABORATORY:

- 2.77 Central collection laboratory should be so situated as to serve both in patients and out patients.
- 2.78 All outdoor patients requiring laboratory investigations should be issued bottles from the registration counter in the morning hours.
- 2.79 Laboratory investigations will be done only if advised by Hospital Medical Officer.
- 2.80 List of investigations done in the laboratory should be exhibited outside the Central Collection Centre, along with timings of collection of blood and time of distribution of report, charges should be displayed if any.
- 2.81 Samples collected at the Central Collection should be properly labelled and sent to laboratory for investigations.
- 2.82 Records of investigations done should be maintained properly for statistical purposes.

2.83 Charges levied for specific investigation should be taken before investigation is done.

2.84 Periodic quality control measures should be taken to avoid erroneous laboratory reports and remedial measures should be taken well in advance if required.

2.85 Refresher courses to be organized for laboratory technician, and should be periodically rotated in all labs for variable work experience.

2.86 Stock register for equipment, consumable and non-consumable stores to be maintained and to be supervised by the Medical Officer assigned with the responsibility.

PHYSIOTHERAPY, OCCUPATIONAL THERAPY & REHABILITATION SECTION

2.87 Cases to be seen by appointment only where limited number of patients are visiting the department.

2.88 Where a large number of patient are visiting the hospital, work to be systematically organized amongst the physiotherapist/occupational therapist and also the doctors.

2.89 Proper records to be maintained by the department.

2.90 Stock register of equipment to be maintained and equipment should be functional.

2.91 Services which are available should be exhibited on a display board.

SOCIAL WELFARE:

2.92 Social workers and social guides to be appointed in Hospital if the posts exist.

2.93 Non-Government social organizations should be actively involved in the Hospital to help, the poor and needy patients.

2.94 Social workers should act as a liaison between patient and doctor.

2.95 Social workers should be able to locate the genuinely poor patient and try to help them getting proper treatment drugs, medical appliances etc.

2.96 Maintenance of poor patient's fund received as donation should be put in the bank, in the name of Head of the institution "Poor Patients Fund".

2.97 Rail concession passes are to be issued to handicapped persons, patients suffering from cancer and tuberculosis as per guidelines of the Government.

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DOCUMENTATION:

2.99 The following documents are to be maintained by Sister Incharge of the OPD:

- a) Dead stock inventory.
- b) Expendable stock register.
- c) Linen inventory.

PHYSICAL FACILITIES:

2.100 Spacious and well-ventilated hall with chairs to be available near the registration counter.

2.101 Cold drinking water, neat and clean toilet facility and telephone booth to be available for patients or their relatives.

2.102 Complaint/suggestion boxes to be fixed for receiving complaints and opened

regularly, at least once in month.

- 2.103 Punctuality and courteous behavior by all level staff working in hospital should be maintained as it minimizes grievances and patient returns home with full satisfaction.

CHAPTER - III WARD MANAGEMENT

- 3.1 Admissions through OPD or otherwise to the hospital should be Centralised wherever possible. If no central admitting office exists clerks posted in the wards concerned will deal with the records relating to admission of patients failing which it will be the responsibility of nursing staff in duty. Consent of authorized person should be taken.
- 3.2 Patients coming alone (unaccompanied by attendant/relative) and needing admission should be admitted on his/her signature (if he/she is a major) and a phonogram message should be sent to the residential address asking the relative to reach hospital immediately.
- 3.3 Private (Nursing Home) and semi-private wards (Special ward) maybe reserved in advance but the hospital is not obliged to hold accommodation for more than six hours unless otherwise requested. Advance payment in respect of private and semi-private ward admission will be demanded.
- 3.4 In the case of shortage of beds, waiting lists will be maintained centrally or individually and admission will be made in the order of the list except in emergency condition.
- 3.5 Medical case record to be initiated by the Residence (Junior/Senior). All information will be accurately recorded, over writings or interpolations are to be avoided, Entries wrongly made should be neatly corrected and attested. Date and time of admission and the apparent condition of the patient should be noted on the case record.
- 3.6 Display of Instruction in the wards-
- (i) Visit timings
 - (ii) Food distribution timings (1. Breakfast 2. Lunch 3. Evening Tea 4. Dinner)
 - (iii) No valuable should be left with the patients.
 - (iv) Hospital is No smoking Zone.
Help Authorities to No Littering
Keep Hospital Clean No spitting
 - (v) In case of any problem complaint contact-Grievance Redressed
1) Name & Designation 2) Address
3) Telephone No. (Office) (Residence)
 - (vi) Contact Sister I/c for special entry passes for seriously ill patients.
 - (vii) Display chart for serious patient.
 - (viii) Display chart for serious patient.

(ix) Doctors duty chart/ Senior Resident/Junior Resident etc.

- 3.7 The Unit I/c/Consultants incharge of the patient should be promptly informed of his arrival by the Junior Resident.
- 3.8 The nurse concerned should escort the seriously ill patient to his bed and give hospital clothes for non-paying patients.
- 3.9 Patient's account should be opened in the account office if he is a paying patient.
- 3.10 The patient who is admitted in ward to be allotted bed by the nurse unless the Unit incharge/Junior Resident instructs otherwise. The nurse should assist in all cases.
- 3.11 The Resident/Unit I/c admitting the patient will prescribe the treatment along with the requirement of the diet. If the patient is admitted shortly after the time for a regular meal, he should be given something to eat and drink.
- 3.12 Temperature, pulse rate and respiration rate to be charted by the attending nurse while admitting the patient.
- 3.13 Patient should be given a bath on the advice of the sister incharge of the ward.
- 3.14 Orientation of the patient regarding hospital rules to be done by the nursing staff on admission.
- 3.15 Transfer of a patient to another ward in the hospital will be done only under the orders of the Unit I/c
- 3.16 On transfer of the patient within the same hospital his medical records and belongings will be sent to the area concerned seriously ill and needs to be transferred to other hospital the resident/CMO must accompany the patient with all supportive line of treatment and belongings in the ambulance.
- 3.17 The receiving staff nurse will inform Enquiry, Telephone Operator and account office of the admission of all paying patients.

- 3.18 Bed index of paying patients will be corrected and the account office will make necessary entries in the patient's accounts.

TRFAIMENT

- 3.19 Treatment will commence only on the advice of the resident or the specialist. There should, however, be no delay in the commencement of treatment.
- 3.20 Oral or telephonic orders regarding treatment by the specialist will be committed in writing by the Resident (Junior/Senior) and got signed by the specialist at the earliest opportunity.
- 3.21 Specialist when he visits the patient should record also the time and date of his visit in the case sheet.
- 3.22 Specialist should at least take two routine rounds of his ward, one in the forenoon and one in the afternoon. On emergency days and for emergency cases, he will visit the patient as many times as required.
- 3.23 The specialist will ensure that the resident and nursing staff meticulously complies with his instructions orders.
- 3.24 Revised treatment should be written every 3rd/4th day during the stay of the patient in the treatment sheet.
- 3.25 The sister I/c will check the environmental sanitation in her ward which will include cobweb removal, bathroom & floor cleaning, (brooming, mopping and washing etc.) sinks/w.c. and wall cleaning by safaikaramchari.
Cleaning of food trolleys & dusting (window doors and furniture) food distribution by Nursing orderly and Aya The frequency of cleaning and Washing will depend upon the requirement of the ward.

- 3.26 The sister I/c will also see that the diets are given to the patients by the nursing staff as prescribed by doctor or the dietician.
- 3.27 The nursing staff will see that all laboratory and radiological investigations ordered by the specialist are completed and the reports are ready for his perusal at the earliest possible time. They should conform to the timings Prescribed by the chief of laboratories, X-ray departments for sending samples and patients.
- 3.28 The nursing staff will write in the treatment book the prescription ordered by the Resident or Specialist and carry out the orders as directed.
- 3.29 The specialist will ensure that the prescriptions ordered are clear and specific.
- 3.30 Nursing staff will give sub-cutaneous and inter muscular should be given under medical injections. Intravenous injections should be given under medical supervision.
- 3.31 Nursing staff/staff must always be presents to help the resident specialists for any minor surgery/procedure/stitch removal/dressing of wounds etc. in the ward/treatment room/side rooms.
- 3.32 Privacy should be ensured for the patients while minor operative Procedures or Dressing or special treatment are done in the ward or while the patient is serious.
- 3.33 Preparing the patients for the operation is the responsibility of the nursing staff. Male patients will however be shaved by the male nursing orderlies attached to the ward. Patients should be prepared for operation twice, once on the previous evening, once in the morning of operation day. For operation on bones and joints, preparation for three days, morning and

evening is necessary before operation. Preparation of patients can vary as and when required on the advice of Resident/Specialist.

- 3.34 Resident should take special precautions to avoid postoperative infection generally and particularly in the case of orthopedic, burns and other serious surgical cases, which necessitate prolonged stay in the hospital.
- 3.35 Septic cases should be separately received-and managed in the ward.
- 3.36 All wards must ensure availability of syringe/needle destroyer in functioning order and disinfectant solution for destroying and disinfecting the used syringes and needle before discarding them in color coded plastic bags as per the guidelines of C.P.C.B. The persons handling such waste material must be provided with covered wheelbarrows, gumboots, masks and gloves etc. and they should follow universal precautions.
- 3.37 New born babies should be properly identified and associated with their mothers in the relevant case records by the nursing staff. To achieve this-refer to guideline issued by Dte. G.H.S. for strict compliance (Appendix-VI)
- 3.38 Periodical bacteriological tests should be done and appropriate measures taken to control infection by the ward sister.
- 3.39 Side room laboratories should be organized by the unit incharge of the wards. The resident should do simple and routine side room laboratory tests. In case, a Lab. Tech. is posted there he/she will conduct these tests. A list of such tests should be prepared by the Chief of the laboratories and circulated to all wards.
- 3.40 Cases of infectious and contagious diseases should be admitted and treated in a separate ward if available. In case, this is not available such cases should be transferred to the nearest infectious diseases hospital. The HIV Patients should be treated as General Patients with the universal safety precaution. Guidelines issued in this regard should be followed.
- 3.41 A list of infectious and contagious diseases should be prepared by hospital administration and circulated to all concerned.

- 3.42 System of maintaining storing drugs & dressing in the Ward.
- (i) General Medicines Injections Local applicants, Eye and Ear drops & Spirit, savlon, flit, Dressing, etc.
All the above items indented by ward sister, countersigned by Doctor Incharge of the wards. All these drugs should be kept under lock and key in cupboard or fridge under the control of Senior Incharge. Drugs are to be taken out daily from the cupboard and given to the patient as per Doctor's prescription.
- (ii) Antibiotics & Poisonous Drugs.
Indented fortnightly by sister, countersigned by ANS and Consultant Incharge of ward. A record of all these items is to be kept by the staff Nurse/Nursing Sister. Poisonous drugs must be taken over and handed over in all the three shifts by Staff Nurse on duty and checked by the ANS at the end of the month.
- (iii) Special Antibiotics/Costly drugs -To be indented daily against the patient's name, C.R. No. and all the records maintained in the relevant registers.
- 3.43 Maintaining confidentiality/ safety of Medical records in the ward is the duty of Sister I/c/Staff Nurse of the ward. This is specially required in MLC/MTP cases etc.

DISCHARGES

- 3.44 Paying patients will normally be discharged before 5.00 P.M. If they are discharged before 1.00 p.m. they will not be charged for that day. If they are discharged after 1.00 p.m. they will be charged for the full day.
- 3.45 Discharge order to be given only by the attending senior resident on the case record.
- 3.46 Discharge order to be signed by the resident and instructions for the patient will be clearly indicated in the case record.

- 3.47 Discharge order for paying patient will not be given unless the patient pays all dues to the Cashier.
- 3.48 Other discharges - Discharge of the destitute: - If non-MLCs, they are sent" to 'shelter home~ for the destitute through social worker, orphans are sent to orphanage through the police. Non-ambulatory patients (without relatives) requiring care are sent to Missionaries of charity through social worker.
- 3.49 Discharge against medical advice should be done after taking in writing from the patient or his relation, an appropriate undertaking. Such a patient should be issued/special discharge slip clearly mentioning LAMA in block letters on top of the slip. At the time of discharge of patient, signature arc to be obtained in discharge register along with the signature of person taking her out of the hospital. Relationship to be specified in the register. The medical and nursing staff should however endeavour to see at the patient goes out of the hospital satisfied.

ABSCONDING PATIENTS- Reporting:

- 3.50 While counting census and while giving patient care, wherever sister/Staff Nurse observes that a patient has absconded, the entire area around the ward should be thoroughly searched, the Doctor' on duty should be informed and the Doctor would fill abscond forms in duplicate and the police post is Informed. On the abscond form, the signature of official at police post IS obtained which is sent to the Record Section the following day. In case a patient absconds with the case sheet, - phonogram IS sent to his residence - to report to hospital and hand-over the hospital documents.

DEATHS

- 3.51 Attending should be present at the bedside in the case of dying patients.
- 3.52 Attending will pronounce the patient as dead.

- 3.53 Death report to be given by the resident only after lapse of an hour of pronouncing death.
- 3.54 Copy of the death report will be sent to the local authorities without delay by concerned section.
- 3.55 The nearest relative of the patient will be informed of the death by nurse or the resident promptly either through a messenger or by phonogram.
- 3.56 Clothing of the deceased will be given to the nearest relation.
- 3.57 A dead foetus known to be advanced or beyond the 20 weeks of gestation will be disposed of as a full-term still-birth. Proper identification should be established before handing over a dead body.
- 3.58 All cases in which death occurs suddenly under suspicious circumstances or in which death is directly or indirectly due to an accident must be reported to the local police- authorities and the permission sought before releasing the body.
- 3.59 The dead body should be washed. The chin should be tied so that the mouth is closed. Eyes should be closed. The body should be dressed in the patients clothes and wrapped in a morgue sheet. Two tags giving the name of the patient, hospital case sheet reference and the date and time of death should be tied to the body, one around the neck and the other around the wrist. The nurse attending the patient at the time of death is responsible for the proper wrapping and disposal of the body to the mortuary. Non-recoverable morgue sheets may be written off by hospital administration.
- 3.60 When a person is brought to the hospital and pronounced dead on arrival by the resident the nurse assisting the resident will wrap the body and do the rest of the routine leading to its eventual disposal to the mortuary or to police.

- 3.61 The body should be retained in the mortuary for a period of 72 hours at the maximum from the time of death. After the expiry of this time limit the dead body will be treated as unclaimed and sent to nearest medical college or disposed of by the hospital according to the religious rites of the expired patient. With the permission of the hospital administration dead bodies in exceptional cases will be retained in the mortuary even after the expiry of 72 hours.
- 3.62 The attending te expire patient and not nurses will persuade tactfully the nearest kith and kin to permit the hospital to perform postmortem. Such permission should be taken in writing in the prescribed form, attached to the case record and the forensic medicine expert/ pathologist informed. The forensic medicine expert I pathologist will be responsible to have the postmortem done, the report prepared, attached to the case record and the body disposed of or given back to the relatives if they like to take the same.
- 3.63 The hospital should aim to do 25% pathological autopsies in a year in all hospital deaths.
- 3.64 The forensic medicine expert! Pathologist will associate the resident incharge of the-expired patient and undergraduates and postgraduates, while performing autopsies.
- 3.65 Autopsy reports must be discussed in the death review committee which the Chief of the hospital or his nominee will preside.
- 3.66 Death review committees will be convened once a month.
- 3.67 Post-graduate students will be associated with the death review committees.

- 3.68 Ward management is the undivided responsibility of Nursing Sister/ANSThe Officer of an appropriate level designated as ward l/c will be overall incharge of administration of ward work.
- 3.69 ANS/Ward Sister will keep the ward fully stocked with drugs required and equip it with adequate number of wheel chairs, oxygen, cylinders, patient trolleys, suction machines, transfusion and infusion sets, lines, etc.
- 3.70 Nursing Sister will accompany the senior residents/specialist with notebook on their rounds and comply with their instructions. ANS will accompany during Specialist/H.O.D. rounds.
- 3.71 Staff Nurse/Nursing Sister will ensure proper distribution of food to the patients.
- 3.72 Nursing Sister/Staff Nurse will indent and stock the normal requirement of drugs prescribed by the medical staff.
- 3.73 Patients in the general wards should not be asked to purchase drugs normally.
- 3.74 The following documents to be maintained by ANS/Nursing Sisters.
- i) Ward inventory of non-consumable stores.
 - ii) Consumable stocks register.
 - iii) Linen register.
 - iv) Call book.
 - v) Night report book.
 - vi) Treatment register.
 - vii) Case records.
 - viii) Waste disposal record.
- The D.N.S. will supervise & ensure all the above i) to viii).

SURGICALSPECIALATIES WARD

- 3.75 Intimation regarding operation of patients will be received by the NS/DNS of the ward, 12 hours before the commencement. The operation list will include name of patient, bed number, ward, diagnosis and operating theatre number. This will be written neatly in block letters or type written.

- 3.76 No operation will be scheduled on Sunday and holidays except emergency cases.
- 3.77 If the patient (unaccompanied by relatives) requires urgent surgery he 'can be operated upon under his/her own signature along with signatures of two consultants of hospital.
- 3.78 Patient should be admitted to the hospital at least 12 hours before the day of operation.
- 3.79 Preoperative routine procedures like arranging blood, collecting laboratory and X-ray reports, writing the history in the case record are the responsibility of residents. The Senior Resident of the unit concerned in this regard should give clear Instructions to them.
- 3.80 Preparing the patient, shaving the area concerned, making the patient wear hospital gowns, surgical caps, etc. is the responsibility of the nursing staff. Male patients will, however be shaved by the ward boys.
- 3.81 Patient should be sent to the operating theatres on receipt of a message from the theatre and should not be allowed to remain in the corridor or the theatre unnecessarily.
- 3.82 The case record of the patient should accompany the patient to the theatre and returned to the ward with the patient after the operation with clear instructions regarding post operative treatment for pain, haemorrhage, catheterization, surgical shock, dilatation of the stomach, etc.
- 3.83 Resident should take special precautions to avoid postoperative infection in surgical cases. Vitals of the patients should be monitored.

MATERNIYWARDS/NURSERY

- 3.84 No patient should be refused admission in General ward even if patient has delivered outside the hospital. Septic cases will be separately received and managed.

- 3.85 Patients registered in the antenatal clinic will be given admission in preference to others.
- 3.86 The patient should be sent to the delivery room when the labour is active or the patient is restless.-and the obstetrician to be informed.
- 3.87 The nursing staff will comb the hair of the patient and arrange it in two tight braids before sending her to the delivery room.
- 3.88 Patient after delivery will be sent to her ward. She will be given hot tea and toast. She will be on general diet unless contraindicated.
- 3.89 Resident or the obstetrician will conduct the delivery invariably. Paediatrician will be called in, while delivering complicated cases. Caesareans will, however, be done by obstetricians only.
- 3.90 No visitor will be allowed in the nursery. Doctors and nurses entering the nursery must wear gowns, change shoes and if they are suffering from upper respiratory infections, they must also wear masks. They should wash hands after examining each baby.
- 3.91 Babies suffering from infection or other abnormal conditions will be kept in isolation nursery on the advice of the paediatricians.
- 3.92 Premature babies will be put in an incubator on the advice of the paediatrician.
- 3.93 Babies should be properly identified. Sex of infant, date and time of birth, mothers name should be recorded on water proof and oil proof bands and fastened on the wrist or ankle of the baby. Simultaneously unsmudged foot print of the baby, mothers index finger print is recorded on the case record of the mother.
- 3.94 Adequate security measures should be taken to prevent baby lifting - see guidelines (Appendix VI)
- 3.95 Children over 12 years will not be admitted to the paediatric ward.
- 3.96 One of the parents preferably the mother will be allowed to stay with the child patient.
- 3.97 Dietician will prescribe the feeding formula for children in consultation with the paediatrician.
- 3.98 Isolation beds should be established to treat and manage communicable diseases and infections.

PSYCHIATRY WARDS

- 3.99 After admission, patients are registered in the Central registration office.
- 3.100 Patients are then registered in the admission register of the psychiatry Ward by the Nursing Staff on duty.
- 3.101 Patient admitted to the Psychiatry Ward need to have one attendant of the same sex throughout their stay in the hospital. This is ensured by the Nursing Staff on duty at the time of admission.
- 3.102 Sister on duty should ensure that the patient does not have any valuables or any object, which can be used to endanger his or any other life. (example sharp object, rope, matchbox, heater etc.). Nursing Staff on duty should also ensure that the patient does not have possession of any psychoactive substance for use.
- 3.103 Sister on duty should inform the doctor on duty about the admission.
- 3.104 Doctor on duty then does the initial evaluation and starts the management as advised by the admitting doctor.
- 3.105 Doctor on duty will take four routine rounds daily.
- 3.106 All the medicines inclusive of injections (IM. /SC) to be administered by the nursing, staff on duty. The nurse under Medical Supervision while maintaining all necessary precautions should administer IV injections.
- 3.107 Suicidal patients:
 - (i) All the general instructions for the admission are to be followed.
 - (ii) The risk of suicide should be explained to the attendant of the patient, nursing staff and other employees of the ward.
 - (iii) Patient should not be kept in isolated room.
 - (iv) Suicidal risk of the patient should be mentioned on the first page of the case sheet of the patient in bold letters.
 - (v) Suicidal risk patients preferably should be given bed near the sister's duty room so that the nursing staff and ward boys can maintain a constant watch.
- 3.108 In case E.C.T. is indicated, consent is must from the patient close relative before starting E.C.T.

- 3.109 Violent patients- adequate measures to be taken, including appropriate medications, to prevent violence to self or other, any injury to the patient should be taken care of appropriately.
- 3.110 Stuporous patients- a medical assessment including the opinion of a specialist if required regarding the oral intake/IV fluids/RT feeding and any special care apart from the psychiatric management should be taken. Proper nursing care to prevent development of bed sore should be given.
- 3.111 Patients admitted for de-addiction should be screened for associated medical illnesses like TB, COPD, HIV, and HBY. If required, appropriate advice to be taken from the specialists. Patient should be checked for possession of any psychoactive substances before admission and checked in the round for any signs of intoxication.
- 3.112 Emergency Call/Admission :-
- (i) Calls sent from the A/E Ward received by the doctor on duty.
 - (ii) Initial evaluation to be done by the doctor on duty and the management should be done under the supervision of a Senior Resident/Consultant on duty. (If the orders are taken telephonically, it should be noted down and as soon as possible signed by the person giving the order).
 - (iii) If doctor on duty faces any difficulty in the management or patient needs admission, Senior Resident has to personally see the case and consultants can be called, if required. Admission should be done by Senior Residents and above only.
 - (iv) Senior Residents then evaluate the patient and if needed the patient is admitted subject to the availability of the bed in the Psychiatry Ward. Otherwise the patient is advised medication for the emergency problem and is asked to follow up in the Psychiatry O.P.D.
 - (v) For all the patients, doctor on duty/Senior Resident are encouraged to involve the Consultant on all for assessment and advice.
 - (vi) After admission, patient is shifted to Psychiatry Ward and safety procedure as for any other indoor patients will be followed.

- 3.113 Special Cases: Wandering Lunatic :-
- (i) Patient brought by the police in the Psychiatry O.P.D., - Patient assessed and if attendant is provided, the patient should be admitted in the Psychiatry Ward and the same procedure as for any other indoor patient is followed.
 - (ii) If no attendant is available, patient will be referred to I.H.B.A.S., Shahdara (in Delhi)/or any such near by hospital for custodial care.
 - (iii) However, if the patient is brought in the Casualty and if attendant is provided then the patient can be admitted and the same procedure should be followed. But if no attendant is available, patient can be directly referred to IHBAS / or any such near by hospital by the doctor on duty/Senior Resident.
- 3.114 Patient sent by the Court :-
- If the court with a reception order sends a patient, then the Police has to provide an attendant for admitting the patient in the Psychiatry Ward and after admission some procedure is followed.
- 3.115 Patient referred by the Medical Board for Psychiatric opinion:-
- The Consultant in the OPD will first see patient. If required, patient will be admitted in the Psychiatry Ward for evaluation. The report should be sent to the concerned authorities after evaluating the patient.
- 3.116 If the patient is 'dumped' in the Psychiatry Ward:-
- If a patient gets admitted with an attendant and the attendant deserts the patient, or if the patient is admitted with hired Attendants and relatives fail to turn up, in these cases help of the social worker will be taken to contact the relatives of the patient, and if that is not possible, then the patient should be transferred to IHBAS, Shahdara / or any such near by hospital.

OTHERS

3.117 Sleep Disorder Cases:

Patients can be seen on all days, initially by the mo and no then by the Consultants. Sleep studies will be done after admitting the patient overnight and by appointment.

3.118 Social Worker:

Patient requiring the help of a social worker should be referred to the social worker and social worker will see to the problem and if required, will make home visits also.

3.119 Psychologists:

Patient requiring psychological testing or counselling should be referred to the Psychologist for evaluation and counselling.

3.120 Interagency collaboration:

- (i) Patient referred by other agencies (NODs) should be evaluated on routine basis. If needed, admission can be done, following the routine admission guidelines.
- (ii) Patient required to be sent to other Agencies (Nari Niketan/ Street Children Home etc.), the help of a social worker should be taken and the social worker should then follow up the case.

3.121 Transportation:

Violent patients requiring transportation for any investigative procedures or any other purpose should be adequately and appropriately sedated. The Nursing Staff on duty will administer all the injections (except IV) as advised by the doctor.

CHAPTER IV

**INTENSIVE CARE AREA LIKE OPERATION
THEATRE, LABOUR ROOM, RECOVERY ROOMS,
POSTOPERATIVE ROOM, INTENSIVE CARE UNIT,
CORONARY CARE UNIT ETC**

4.1 Since these departments handle serious cases or those who require intensive monitoring, they assume importance in the hospital and hence should be accorded top priority by the hospital administration. The senior doctors should be available on call round the clock for these areas.

4.2 All theatres, labour rooms and recovery rooms etc. should be under the control of a responsible person, who will be known as 'Officer. In charge. Trained and experienced senior nurses for routine supervision should assist him.

4.3 An organizational chart showing the relative position of the staff working in the department should be prepared and exhibited. Normally, technicians working in the theatres, labour rooms, recovery rooms, etc. should be under the control of the senior nursing staff unless indicated otherwise.

4.4 Duties of all categories of staff working in the operation theatre, labour rooms, and recovery rooms should be specified and exhibited. Technicians besides attending to proper sterilization and arrangement of theatre equipment should be familiar with their routine maintenance and repairs as well.

4.5 Adequate staff as per norms should be posted in these areas. Duty roster of the subordinate staff should be prepared by the nurse incharge of each theatre, labour room or recovery room. The unscheduled absenteeism of the staff in these areas should be seriously discouraged and suitable administrative measures should be taken in this regard as it affects the patient care in such sensitive areas.

4.6 All the staff working in the theatres, labour rooms and recovery rooms should be given periodical exposure to aseptic procedures.

4.7 Weekly reports should be obtained from the microbiologist about the sterility of the operation theatres, labour rooms and recovery rooms and appropriate action taken and be properly recorded.

4.8 Arrangement should be made for informing the relations of patients about the progress of operations.

4.9 In case of death of a patient on the operating table, labour room or recovery room, the Chief of the hospital should be informed by the officer in charge of theatres for holding an immediate enquiry and for taking into his custody all relevant records of the case. This should be done in case of all deaths in the hospital whether suspicious or otherwise by the Unit concerned.

4.10 In the case of postponement of scheduled operations for reasons other than medical, the officer in charge of theatres should send a weekly written report to the Chief of the Hospital together with reasons.

4.11 The officer in charge of theatres should clearly issue written administrative and technical instructions for dealing with emergency operations as well as daily scheduled operations. He would also specify the ward and theatre's responsibility for preparing patients.

4.12 Operating surgeons and concerned physicians should see that the medical record case sheets of the patients are complete in all respects while they are in the theatre, labour rooms or recovery room.

4.13 The officer in charge of the theatres, in consultation with the surgeon/physicians concerned should see to the prompt clearance of patients from the recovery room.

4.14 Visiting hours to the recovery room to be laid down by the officer in charge.

4.15 Consent for operations and for anaesthesia to be administered should be obtained from the patient or from the nearest relation in case of unconscious patients by the nursing staff in the prescribed form and attached to the case sheet. If no consent is forthcoming the surgeon concerned should decide the matter on merits of the case. In the case of minor, written statement of either parents or the guardians of the patient is essential.

4.16 Steps should be taken to minimize the risk of foreign body being inadvertently left in a patient following surgical procedure.

Recommended steps for this purpose are as follows.

- (i) Swab and pack count should never be missed.
- (ii) All swabs and packs included in the count should be white.
- (iii) Swabs used for minor procedures to be carried out in conjunction with a major operation should be coloured if available so that they are easily distinguishable.
- (iv) The sizes of packs and swabs should be of irreducible minimum.
- (v) Swabs and packs should never be cut or divided.
- (vi) All packs should have a tape and normally have clip attached to it.

4.17 If gauze cut from a roll is inserted in the patient's body and is completely hidden from view, a label or a tag should be attached to the patient's forehead. If forehead is the field of operation some other suitable area of skin should be used.

4.18 When a patient is returned to the ward with a swab or pack or tube deliberately left in the vagina or other cavity or in a wound after an operation, this fact should be reported to the ward sister and written instruction on the patient's case sheet should be given of the date and time on which it is to be removed.

4.19 All swabs and packs to be used during operation should be in bundles of five and counted again before the start of the operation. There should be a double check of the number of swabs in bundle, packs and instrument issued to the scrub nurse. The list should be displayed in the operating theatre on a slate or black board before the commencement of operations.

4.20 The discarded swabs and packs should not be removed from the theatres till such time as all the swabs and instruments are accounted for by scrubbed nurse, the circulating nurse and the surgeon at the end of the operation, preferably before the closure of the wounds.

4.21 The scrubbed nurse should control the number of swabs on the table.

4.22 At the commencement and the closure of the operations wound, the scrubbed nurse must count the swabs used and satisfy herself that these are correct and inform the surgeons accordingly. The surgeon should satisfy himself / herself that all swabs have been accounted for before the completion of the operation. This is his personal responsibility and should in no circumstances be delegated.

4.23 In instances where the surgeon has been obliged to close the wound without prior swab count due to compelling situation or due to uncompromising count by the nursing staff, that fact should be recorded on the patient's case sheet and the Chief of the hospital informed by the surgeon.

4.24 In case of any discrepancy of swabs, the surgeon should record this fact on the case sheet of the patient and inform the Chief of the Hospital.

4.25 The surgeon should keep the scrubbed nurse informed about the location of swabs in the operational field to facilitate her counting.

4.26 After the first count has been taken, the scrubbed nurse and the surgeon should carefully check the swabs still in use. After the closure of the wound a final count should be made.

4.27 The scrubbed nurse should check all the instruments on the operating table and the haemostats immediately before operation.

4.28 Under the supervision of the surgeon the scrubbed nurse or the technician should check the instruments and haemostats before the closure of the operation wound.

4.29 The scrubbed nurse should count all the needles on the table before the commencement of the operation.

4.30 As a rule the scrubbed nurse should not part with the second needle till the first is returned to her by the surgeon.

4.31 In the event of more than one needle being in use at the same time, the scrubbed nurse should take extraordinary care to see that all the needles are returned to her. The piece of needle, if broken, should be properly returned to the nurse.

4.32 The scrubbed nurse should make a count of the needles before the closure of the operation wound. In the event of any discrepancy the surgeon should be informed promptly.

4.33 It is the ward sister's responsibility to see that the correct patient is sent to the operating theatre together with his case record, X-ray, consent form, etc

4.34 The ward sister should mark the appropriate side/area of operation by indelible ink.

4.35 The theatre sister should check that the responsibility of ward sister as enunciated at 4.33 and 4.34 has been carried out.

4.36 In the case of emergency operations, utmost care for the identity of the patient, the area of operation, the limb to be operated, to be taken by the surgeon himself before he performs the operation.

4.37 While writing the case sheet the junior doctors should avoid using abbreviations while indicating the area or limb to be operated.

4.38 The officer in-charge theatres should ensure pleasant and calm atmosphere in the theatres under all circumstances. Limited number of medical and paramedical person should be there to avoid infection.

4.39 The officer in-charge of theatres holds the legal liability of any negligent act, in his area. For this purpose he should see that the patient's case record is written with meticulous care indicating the various procedures completed and the checks and counter checks done of number of swabs, instruments, needles, etc. The case record should reveal unambiguously the acts done or left undone and the persons responsible for them.

4.40 X-ray facilities should promptly be made available to operating theatres on request.

4.41 The officer in-charge theatres should draw detailed list of rules and regulations for prevention of fire hazards in the theatre, labour rooms and recovery room and ensure that they are observed: Planned preventive maintenance of all theatre requirements, electrical circuits and wall attachments, storage facilities of X-ray films and of blood and electric lights, anaesthetic gases, flammable liquids and other combustible materials will go a long way to minimize fire hazards. The operating room technicians if available, otherwise designated persons should be made responsible for this Work.

4.42 Fire practice drill should be a regular feature in theatre management.

4.43 Linen control should be properly organized. Theatres, labs rooms and recovery rooms should be well served by a Central Linen Seen on a dean exchange basis. Dirty, soiled or bloodstained linen should be allowed to accumulate in the area. The staff consumables, medicine etc. Should be adequately met in these areas, as they are highly lab intensive areas. The ratio of nurses to patient in these areas should.

4.44 Infections to the operating theatres are generally carried patients bringing in dirty and soiled ward clothes, trolleys carrying patients crossing open areas, visitors entering the aseptic zones without changing clothes and foot wears, infected cases not being operated in spear theatres, etc. Officer In charge should issue instructions to avoid infection in theatres and see that they are implemented.

4.45 Foot-wears used by the staff and visitors inside the operation theatres should be daily washed and cleaned. Different types of identified footwear's should be issued to the staff and to the visitors.

4.46 The maintenance of equipments, supply line should be Important activity of nursing sister in-charge and doctor in-charge of nursing sister in-charge and doctor in-charge of the areas. No patient should be allowed to suffer on this account. A change should display non-functioning equipments.

4.47 Services of anaesthetist, pipeline oxygen & suction should available.

4.48 All waste of the operation theatre and other areas should dispose off as per guidelines in this regard, see chapter XVI.

4.49 The following documents should be maintained in the operatic theatres, labour rooms and recovery rooms as the case may be:

- (i) Operation Register.
- (ii) Maternity cases Register.
- (iii) Operation list file.
- (iv) Inventory of dead stock articles -and equipment.
- (v) Indent books for consumable and non-consumable stores.
- (vi) Planned preventive maintenance schedules.
- (vii) Linen account.
- (viii) History sheet of all expensive, equipments.

CHAPTER V **RADIOLOGICAL & IMAGING SERVICES**

5.1 This department should be recognized as an important department of the hospital and due attention to be paid for its smooth functioning.

5.2 The services of this department should be made available round the clock for emergency patients, to the extent feasible. For special in ventilation like Barium studies, I.V.P. etc. System of prior appointment should be developed.

5.3 The charges for the testes, if applicable, should be clearly displayed in front of the service point. An easy system of collection of charges should be developed, a proper receipt given, and money accounted for.

5.4 The sophisticated equipment like 1000 MA X-Ray machine with image Intensifier, Ultrasound, C.T. Scan, M.R.I., Colour Doppler be under charge of individual Radiologist. This Radiologist should have imp rest money of Rs. 10000/- to see that replacement of low cost spare parts and accessories can be done without going though lengthy procedures of dealing though central repair maintenance Committees and administration.

5.5 The stock of consumable items like X-ray film, contrast media developers etc. Should be properly and adequately maintained. A store keeper/senior technician should be made responsible for this task.

5.6 The quality of radiological tests and development of film should be periodically counter checked by the H.O.D. and appropriate measures taken to maintain good standard.

5.7 The maintenance of equipments is vital in this department and every precaution should be taken to avoid undue to avoid undue delay in repair of these equipments as they directly affect the patient care. The Hospital/Institution should develop prompt and preventive maintenance system. The equipments, purchased should have at least 3 years warranty with Annual maintenance contract of subsequent 7 years with availability of spere parts. A list of non-functioning equipment with date, likely date of repair should be prominently displayed.

5.8 The high tech equipments like CT scan, MRI Ultrasound machine should specifically be handled under the supervision of specialist grade/ senior officer of these department and residents should work under them.

This will maintain quality of tests and avoid frequent break down of the machine.

5.9 The medico-legal case reporting to be done by the Senior Resident/Medical Officer/specialist designated for this purpose. The films, reports of these cases should be kept in lock and key, and produced on request from of legal authorities, by Hospital Medical Record Section as and when required to do the same.

5.10 While doing the procedures for female patients, a female attendant should be present.

5.11 Adequate precautions, safeguards are to be adopted by the H.O.D. in the department to prevent unnecessary radiation hazards to the employees, patients and their relatives. The regular monitoring of radiation film badges should be done.

5.12 Measures should be developed in the department to manage the patients developing reactions after use of radiological contrast media.

5.13 Sex determination by any medical means for the sole purpose of female infanticide is banned under the act and is not allowed by any medical professional.

CHAPTER VI LABORATORY SERVICES & BLOOD BANK

6.1 Each hospital should have well equipped laboratories covering all major sub areas like Clinical Pathology (Laboratory Medicine), Microbiology, Histopathology, Cytology, Biochemistry etc.

6.2 A Head of Laboratories should be designated who will be over all in charge of all laboratories. Each sub area should be under active supervision of senior most concerned consultant specialist.

6.3 The Central Emergency laboratory should function round the clock. It should provide facilities for all essential investigation (pertaining to Clinical Pathology, Biochemistry, Microbiology) required for patient management

6.4 Routine investigation should be done with a time schedule for collection of samples, processing of samples, delivery of reports to O.P.D and Wards. Indoor patients should get a priority over O.P.D. patient if required.

6.5 A Central sample collection centre should be established where samples are drawn for all laboratories so that patient does not have to visit many places in the hospital.

6.6 The report of indoor patients should be sent to ward where patient is admitted preferably within 24 hours. The O.P.D. reports should be dispatched to the concerned O.P.D. and patient collects these from there. Urgent sample reports should be communicated to the treating ward immediately. System of same day collection of reports by the patient or relatives is also preferred

6.7 Indoor patient's sample, duly labelled by the Nurse of the ward is to be sent to respective laboratories or Central Collection Central, whichever is feasible, at appropriate time after entering in the register.

6.8 Receiving of samples to be done by Lab. Assistant and signed.

6.9 Sample processing and technical tests to be done by technical staff on duty. It is the responsibility of the technical staff to take care of the samples and process them meticulously, methodically before producing the results to the medical staff for interpretation.

6.10 Interpretation of results to be done by Senior Residents who should sign and get their results confirmed by the Consultants! Specialists/Assistant Professor/Associate Professor and above.

6.11 Laboratory staff will be responsible for the report dispatch and Senior Nurse of the ward O.P.D. will receive the report.

6.12 No test including emergency test should be conducted in the laboratory without a written requisition of Medical Officer/Resident. Junior Resident/House surgeon should not send the requisitions for special tests. Whosoever sends the requisition should print his name and designation and sign thereon. He should also indicate there in clinical notes of the patient in brief.

6.13 Requests for laboratory tests for emergency cases should be attended to expeditiously and report to be available within One hour. Officer In charge of the division should see that wards and outpatient departments do not miss use this facility. For this purpose he should arrange periodical discussions with the clinical staff particularly the junior ones.

6.14 Quality assessment measures should be installed in the laboratory services to ensure reliability of the tests. Procurement of reagents, chemicals, kits to be standardized and quality assured material to be procured,

6.15 Laboratory reports to be signed by the technical staff that does the procedure and countersigned by the medical officer concerned. In 24 hours emergency laboratory system if medical officer is not available, the report can be dispatched.

6.16 Responsibility for rendering reliable laboratory reports rests on the technician and the official in charge of laboratory/HOD.

6.17 It is desirable to organize refresher courses for all technicians' periodically to keep them well informed of the advancement of laboratory practices.

6.18 Instructions for preparing the patients should be prepared in easily understandable language. Equipments should also be periodically calibrated or standardized to maintain accuracy of test.

6.19 It is desirable that technical staff is rotated in the various disciplines of the laboratory periodically so that they gain all round experience.

6.20 Every effort should be made to introduce appointment system wherever required so that the patient called for does not have to wait for long.

6.21 Procedure for collection of laboratory charges where Levi able should be streamlined and made convenient, for the patients. Display boards should be placed at connection sites in this regard.

6.22 Work-study techniques and costing of the services rendered should be adopted for effective management control of the laboratory.

6.23 In the interest of efficiency, automation should be introduced wherever possible. The laboratory should be supplied with computers for database, information and interpretation system.

6.24 Distribution of laboratory reports should be systematized to ensure that no report is misplaced or lost and the practice of giving duplicate copy of the report is minimized.

6.25 Messenger system for bringing specimens from the wards and outpatient departments to the main Centralized Laboratory should be introduced wherever possible in the interest of efficiency.

6.26 Preventive maintenance of all laboratory equipment should be done wherever possible.

GUIDELINES FOR COLLECTION OF BLOOD SAMPLES

6.27 Use gloves and take special care if there are cuts or scratches on the hands.

6.28 Take care to avoid contamination of the hands and surrounding areas with blood.

6.29 Use disposable or autoclaved syringes and needles.

6.30 Use thick dressing pads or absorbent cotton below the fore arm when drawing blood.

6.31 Tourniquet must be removed before the needle is withdrawn.

6.32 Place dry cotton swab and flex the elbow to keep this in place till bleeding stops.

6.33 Place used needles syringes in puncture resistant container Containing disinfectant as per hospital infection control guidelines.

- 6.34 Do not recap used needles.
- 6.35 Do not remove needle from syringe.
- 6.36 Use disposable screw capped vials to avoid risk of leakage, breakage or spills.
- 6.37 Seal specimen containers securely. Wipe off exterior of the container free of any blood with a disinfectant.
- 6.38 The vials should preferably be placed in small plastic bags, which should be appropriately tied.
- 6.39 Plastic 'bread boxes' with proper 'caution' labels should be used for transporting this specimen to the laboratory.
- 6.40 Wash hands following completion of blood collection.
- 6.41 In the event of needle prick/other skin puncture wound, wash thoroughly with soap and water and let blood flow freely. Then apply iodophor/tincture of iodine.
- 6.42 All objects contaminated with blood must be regarded as infected.
- 6.43 Report all accidental exposure to the authorities.
- 6.44 No paper work to be done on potentially contaminated surfaces.
- 6.45 Label all specimens carefully.
- 6.46 Decontaminate by autoclaving all potentially contaminated material used in the laboratory before disposal or discard in a bucket containing 1% sodium hypochlorite solution.

Prevention of Sharps /Needle Prick Injuries.

- 6.47 Although many potential routes of exposure exist, 80% of all exposures of health care workers occur as a result of needle pricks. Avoid the use of needles and syringes when possible.
- 6.48 Needles should not be recapped, purposely bend or broken by hand, removed from disposable syringes or otherwise manipulated by hand.
- 6.49 Disposable syringes and needles, scalped, blades and other sharps should be placed in puncture resistant containers located as close as practical to the area of use.

Management of Sharps/Needle Prick Injury

- 6.50 Encourage bleeding and wash under running water, apply Tincture Iodine and dressing.
- 6.51 Submit blood specimen for testing for HBV, HIV.
- 6.52 Collect blood from source patient (with informed consent, test for HBV, HIV).
- 6.53 Management of exposure to HBV is as follows

Patient is HBs Ag negative-	No further action
Patient is HBs Ag positive	
Injured worker non-immune-	Hepatitis B immunoglobulin within 48 hrs
	Or
Ab response is < 10 mu/ml-	Hepatitis B vaccine

6.54 Management of exposure to HIV

- Patient is HIV/Ab negative-** No further action if no risk factors, (Risk factors +ve -ve test after 3-6 months)
- Patient is HIV Ab positive-** Counselling, look for sera convention by testing after 3-6 months.

Massive exposures

I/M or deep needle pricks: ZIDOUVBUDINE or treatment as (<1ml blood)

BLOOD BANK

- 6.55 The Blood bank is a unit that carries the operation for collection, storage, processing and distribution of blood or its components safely and adequately by arranging blood from donors.
- 6.56 It is mandatory under law to get each Blood bank licensed by the Drug Controller under the Drugs and Cosmetic Act. It is the responsibility of Head of Institution to get the blood bank licensed and renewed from time to time. Separate license is required for Blood components.

6.57 The Blood Bank is to be looked after by a Medical Officer in charge who is qualified by training or by experience. The in charge is responsible for all the day-to-day activities in the Blood Bank and supervises all other staff working in the Department. The in charge is also responsible for laying down policies, standard operating procedures, training of staff, making supplies available, quality control and administrative work relating to Blood Bank (Condition of license notification Part XII-B 5.4.99 2nd amendment).

6.58 The location of Blood Bank should be such that it can be kept clean hygienic and should have around 100 sq. meters of area. If blood components are prepared, additional 50 sq. meters is required.

6.59 Blood Bank should have provision for separate air conditioned space for blood collection, blood component separation, testing lab refreshment cum room for donors. In addition, space is required for reception, sterilisation cum washing, and store cum record room.

6.60 The Staff required for this unit are Medical Officer, Blood bank, technician registered nurse, technical supervisor (for blood components), lab technician etc. These staff should have qualification/experience provided under the notification.

6.61 The required equipments for this unit are temperature recorder, refrigerated centrifuge, hematocrit centrifuge, general laboratory centrifuge, automated blood typing, haemoglobin meter, refract meter, weighing machine, water bath, autoclave, serological rotators, lab. Thermometer, electronic thermometer, blood agitators etc. These equipments should be kept in proper running condition, standardized frequently and calibrated if required.

6.62 The consumable supplies like testing reagents/kits should be kept in clean environment, at the temperature recommended for each reagent. The principle of FIFO should be adopted so that expiry of materials is avoided.

6.63 Each blood bank, based upon the rules framed under the Drugs & Cosmetic act, should develop standard operating procedures which will include all steps to be followed for collection, processing, testing, compatibility, storage, distribution transport of blood, preparation of blood components, autonomous transfusion, donor suitability, donor qualifying tests, donor referral, adverse

reaction management, record keeping, quality control etc. The technical staff working in blood should be made well trained in following these SOPs.

6.64 It is the responsibility of the incharge blood bank to ensure that whole blood collected, processed and supplied conforms to the standards laid down in the Indian Pharmacopoeia and other texts published, if any.

Currently, test is done for HIV I, HIV II, Hepatitis B, Hepatitis C, VDRL and Malaria parasite. The result of such tests is recorded on the label of the containers.

6.65 Records - Many records are mandatory to be kept in Blood Bank like Blood donor record, Master Register for blood, issue register, register of components supplied, record of ACD/CPD bags, register for diagnostic kits cross match register, adverse reaction record, stock book. The label of blood bags is also prescribed under the act having different standardized colour-coding for different groups.

6.66 Voluntary - Blood donations camps outside the institution can be organized by a licensed designated regional transfusion centre, a licensed Government Blood Bank and Indian Red Cross society. The Inter Government hospital transfer of blood can be done to meet shortage of any particular group of blood or blood components.

6.67 For technical procedural details, mandatory provisions, Blood bank in charge should refer to the Drug & Cosmetic Act (2nd amendment) Rules 1999 Part II Section 3, Sub Section(i) No. 164 Issued by Gazette notification dated 5th April 1999 by Ministry of Health & EW. (Government of India), New Delhi.

6.68 Bio safety - immunization of all blood bank staff against Hepatitis B should be done and booster doses given at appropriate interval. All the staff should adopt universal barrier precaution. The disposal of blood bank waste should be done as per guidelines issued by Ministry of Environment and Forest in their BMW rules 1998. All HIV, HBsAg, VDRL, Malaria, Haemolysed, Time bared blood bags should be disposed off by incineration on regular basis.

CHAPTER-VII
PHYSICALMEDICINE & REHABILITATION

7.1. The services provided by the Physical Medicine & Rehabilitation Department are meant for various diseases, causing major disabilities and for disabled persons for improving quality of their life.

7.2. A Physical Medicine & Rehabilitation Department functions of the principal of multi-disciplinary approach through a dedicated team of medical, paramedical and rehabilitation professionals under the leadership of PMR Specialist. The team works for achieving the goals of medical rehabilitation, which are set after full evaluation of the case by all the team members.

The services offered by the Department should include:

- Medical Rehabilitation
- Physio -Occupational Therapy
- Rehabilitation Aids & Appliances
- Social Rehabilitation
- Pain Clinic
- Spinal Cord Injury Management
- Cerebral Palsy Unit
- Sports medicine Unit
- Disability Certification
- Referral Services
- Community based Rehabilitation Services

7.3. A Physical medicine & Rehabilitation Department should have following section.

- Medical Section
- Diagnostic Section

- Medical Intervention Section.
- Physiotherapy Section
- Occupational Therapy Section
- Orthotic & Prosthetic Workshop
- Medico-social Section
- Clinical Psychology Section
- Vocational Counseling Section
- Operation Theatre Wing
- Ward

7.3.1. Medical Section is responsible for medical assessment, diagnosis and prescription writing for all patients. A specialist in PMR Speciality always heads it. If this department of Physical medicine & Rehabilitation is located in a medical college; it should fulfil norms of Medical Council of India, in terms of manpower, equipment & space requirement.

7.3.2. Diagnostic Section is responsible for specialized diagnostic procedures like reaction of degeneration, nerve conduction velocity, electromyography, Uro-dynamic studies, balance disorder studies, gait analysis and kinesiology. A medical doctor, specialized in PMR, heads it. It should have adequate equipments to carry out diagnostic test and proper space for housing these equipments. A proper appointment system should be followed for these tests, as they are all non-emergent in nature.

7.3.3. Medical Intervention Section is responsible for special medical interventions both invasive and non-invasive which can be performed in outpatients without general anaesthesia. They include hydrocortisone infiltration, intra-auricular injection, slow infusion of morphine in spinal cord, manipulations, corrective plasters, local nerve block, phenol blocks, phenol blocks, tenotomy, closure of pressure sore, debridement of pressure sore, skin grafting on anaesthetic limb etc.

7.3.4. Physio-therapy Section will provide physiotherapy care. This Includes exercise, hot packs, wax bath, short-wave-diathermy, ultrasonic Therapy, cervical and lumbar traction, giant training, electrical stipulation and bed side physio-therapy in ward as prescribed by the PMR Specialist.

7.3.5. Occupational Therapy Section provides occupational therapy care, which consists of ADL training, exercises by various activities like medicinal ball, fret saw, hand exercises unit, sanding etc. As advised by the team.

7.3.6. Orthotic & Prosthetic Section deals with various aids appliances. Orthotic appliances include splints, calliper, collars, braces etc. Prosthetic appliances include artificial limbs and other external pall' like breast and gloves etc. In the workshop, measurements are taken and appliances are manufactured, fitted, finalized it also maintains a small store of materials required for fabrication.

7.3.7. Medico Social Section: This section is meant for assessment' of social status of patients, or his/her family support system and inter-person- relationship. On the basis of the assessment, solutions are suggested for various problems like financial constraints, weak family support, desertion psychosocial conflicts etc. Counselling is the commonest method practiced in medico-social section. It should work in association with NGO's and other funding agencies and should be separate form the General Social Welfare Department of the Hospital. Medico Social Workers also act as an intermediary between the patient and rest of the rehabilitation team.

7.3.8. Clinical Psychology Section: This section is meant for assessment of intelligent quotient and developmental quotients counselling, behavioural therapy and monitoring. Mental retardation and such other patients are most important clients for this section. It should be separate form the similar section in psychiatry department, if present.

7.3.9. Vocational Section: This section is meant for assessment vocational capabilities of the patient 'suggestions and practice of improvement of vocational potentials, arrangement for transient placement and vocational guidance and counselling including various government benefits to disabled.

7.3.10. Opeation Theatre Wing: This consists of operation theatre with pre-operative and post-operative wards. It is meant for rehabilitation transfer etc. Needed for effective rehabilitation of disabled persons. It must have all facilities for surgery under general anaesthesia.

7.3.11. Ward: It is a facility for admitting the patients who require surgery, special intervention, other long term rehabilitation intervention and spinal cord injury rehabilitation. There is full facility for nursing and emergency intervention as is essential in any other ward.

7.3.12. This department should be conveniently located and free of architectural barriers with sufficient space for mobility of patients in trolley and wheel chair and waiting area for patient's attendants.

7.3.13. The department of PM & R should b equipped with all the diagnostic and therapeutic equipments required for the rehabilitation of disabled persons.

CHAPTER-VIII
SUPPORTIVESERVECES

**(Ambulance, Laundry, CSSD, Dietary, Fire Prevention,
Communication and Workshop)**

AMBULANCESERVECE:

- 8.1 A Chief Medical Officer/Transport Officer is to be assigned with the responsibility of ambulance services.
- 8.2 He must ensure that all vehicles are in functioning condition and are fully equipped with oxygen cylinder, mask and first aid box.
- 8.3 All drivers working in the ambulance must be trained in First Aid.
- 8.4 Eye check up and medical check up of all drivers to assess their health status must be done periodically.
- 8.5 C.M.O. / Transport Officer should be authorized to carry out recurring repair under Rs.1000/- for each vehicle.
- 8.6 Servicing of each vehicle should be carried out after every 5000Km.
- 8.7 Vehicles requiring repair for more than Rs.1000/- should be decided by Transport Committee, which gets the repair done by an authorized dealer.
- 8.8 It is the responsibility of CMO In charge Transport/Transport Officer to put up proposal for replacement of condemned vehicle.
- 8.9 CMO should be authorized to sanction Petrol, Oil & Lubricant.
- 8.10 Surprise check of vehicles should be done for petrol consumption.
- 8.11 CMO in charge Transport will detail vehicle for bonfire Government duty within the municipal limits. Fro journeys outside the municipal limit, permission form the appropriate authorities to be obtained.
- 8.12 Whenever vehicle is hired by patients, CMO will ensure that the drivers recover the hiring charges and credit it to the Hospital authorities.
- 8.13 Mock demonstration of emergency/disaster should be carried out periodically.
- 8.14 Officer availing conveyance allowance will not be entitled to use hospital vehicle for attending official meetings/seminars and conferences etc.

8.15 CMO will nominate a Driver/Mechanic who will bring to his notice the need for prompt repair and maintenance problem.

8.16 Duties should be assigned to drivers and cleaner for working days/holidays and in case of emergency.

8.17 Transport workshop should be maintained by adequate number of Mechanic and Supervisor. They should be able to manage small mechanical job in hospital.

8.18 Sufficient space of parking, room for drivers with attached toilet and workshop to be available.

8.19 The rate of hiring ambulances by patients who are discharged to be displayed outside casualty.

8.20 A proper logbook of each vehicle should be maintained. In addition to detail of trips made, it should have entries of change of tyres, batteries, petro, repair etc. Transport Officer/CMO In charge should regularly countersign this.

8.21 The following documents will be maintained by the workshop:

- a) Account of Rs. 5,000/- given as Imp rest money.
- b) Inventory of non-expendable stores in use in the workshop.
- c) Expendable stores register.
- d) Job cards.
- e) Purchase files.

LAUNDRY ANDLINEN SERVICE:

8.22 Electro-mechanical laundry equipments like washing machine, Hydro extractor (spin & dry) and dry tumbler should be available of different capacity depending upon the size of the Hospital and workload.

8.23 In a large hospital facility of steam form boiler to be made available for utilization in dry heating of linen and for heating the water during washing of linen.

8.24 All wards, OTs, labour room, Nursery, ICU & ICCU, Emergency departments etc, should be supplied through centralized linen service.

8.25 Administrators to provide 6 sets of complete linen in each user area. 4 sets are kept in ward for emergency condition, one is utilized and one is sent to laundry.

8.26 Separate arrangements should be made for washing soiled, foul smelling and infected linen.

8.27 All soiled linen must reach the laundry after they have been soaked in 1% bleach solution for 30 minutes and rinsed with water.

8.28 Mending and condemnation of linen should be centralized or decentralized depending upon the availability of the resources.

8.29 Boneseats should be washed in the laundry and properly stored in the respective function unit.

8.30 Cotton mattresses are not in use these days and have been replaced by coir or foam mattresses. All mattresses to have polythene/rubberized material covering to avoid contamination of mattress with body fluids.

8.31 Periodical bacteriological tests must be done to ensure infection free linen.

8.32 Proper counting of linen at receiving and issuing end to be there to avoid pilferage of linen.

8.33 Nursing Superintendent along with supervisor laundry must make surprise round to see that linen is always given to the patients.

8.34 Physical maintenance of linen should be done by Sister In charge of ward and Line Mistress in Operation Theatre, if post of Line Mistress is available.

8.35 Blankets and mattresses must be kept under sun light for some time periodically.

8.36 Different coloured linen should be used by doctor, patient and in operation theatre, and nursery and the same should be washed separately.

8.37 There should be proper marking on the linen for identification so that same linen is returned to respective ward or OT and minimizes complaint by user department on the quality of the linen returned.

8.38 The senior most technicians should be assigned supervisory responsibility.

8.39 The following documents should be maintained

- a) Catalogue of equipment and AMC of all equipment.
- b) Inventory of non-expendable item.
- c) Wash register.
- d) Muster roll.
- e) Linen receipt and issue register.

CENTRAL STERILE SUPPLY DEPARTMENT

8.40 It is divided into 2 sections in bigger hospital:-

- a) Centralized service
- b) Operation Theatre service

8.41 Department of C.S.S. may work during day shifts or all the 24 hours depending upon the workload of the hospital.

8.42 Centralized should take up syringe, repacked dressing catheters, gloves, O.T./ward instruments dressing gowns and linen for OTs.

8.43 Theatre service will deal with sharps like blades & scissor, basin, endoscopes, rubber, table mattresses etc.

8.44 Issue of items to be done on clean exchange basis on one for one principle basis.

8.45 Messengers service from CSSD to be introduced to save manpower and time. At least messenger services to be available for all OTs, Labour Rooms, Nursery, Injection Room, ICU, ICCU and Emergency Departments of the hospital.

8.46 Physical control to be exercised to minimize losses and breakages.

8.47 As per guidelines on Hospital Waste Management all soiled gloves, instruments, catheters and linen to be dipped in 1% sodium Hypo chlorite or 1% Bleach solution before sending it to CSSD for autoclave.

8.48 All workers while handling instrument or linen must take self precaution like wearing of cap, mask and gloves.

8.49 All equipment must be repaired and maintained functional and A.M.C. to be renewed annually.

8.50 The following register will be maintained in the Department:

- a) Inventory of non-expendable items.
- b) Expendable stores register.

- c) Register of losses and breakage
- d) Sterilizer instruction manual.
- e) Load recorded, contents of load, cycle time, temperature, date and time, and operator's name

DIETARY SERVICES:

8.51 This department should function under direct supervision of Senior Dietician/Chief Dietician. She will report to Addl. M.A./CMO in charge of Dieting Services.

8.52 Meal timings should be fixed. The following are the recommended timings:

Moring tea	6 AM - 7 AM
Breakfast	8 AM- 9 AM
Lunch	12 (Noon) – 2 PM
Evening tea	4 PM – 5 PM
Dinner	7 PM – 8 PM

8.53 Items like egg, bread, butter, and fruit should be listed and sent to the wards and proper receipts obtained from the sisters concerned to prevent pilferage.

8.54 Strict supervision/quality check should be done during cooking so that the required quality of food only are cooked and issued.

8.55 It is not necessary that issue of dietary articles should be exactly according to prescribed scales. Considerable economy can be practiced in medium and large sized hospitals.

8.56 Requisition for diets should reach the kitchen a day before the actual requirement. In large sized hospitals a link can be established between midnight census and actual diet requirements statistically and general diet requisitions dispensed with

The storekeeper should receive the perishable and non-perishable dieting articles against a proper indent from an approved supplier. The quantity and quality

of good received should be checked by the Dietician, In charge. A quality check/receipt register should be maintained for tills activity

8.57 Store Keeper issuing dietary articles should have the time fixed for this purpose. He should also see that when any item is either not available or in short supply the dietician does alternate menu planning.

8.58 Menu planning for summer and winter should be prepared scientifically by the dietician and all concerned informed.

8.59 Dietician and Nursing Superintendent should make surprise checks of the distribution of food, particularly on the days when special items are prepared and sent to the wards.

8.60 Tea and food should be served through well-insulated urns and trolleys.

8.61 It is advisable that arrangements are made to prepare tea, milk and snacks in the ward pantry.

8.62 Nursing staff is responsible to see that dietician's instructions for the distribution of food are properly carried out. They should ensure spotless clearliness of trays and trolleys.

8.63 Dieticians will run orientation courses for medical staff and nursing staff on dietetics.

8.64 Hospital should freely allow dietetic interns to be trained in the dietetic department.

8.65 Subordinate staff working in the kitchen should be periodically subjected to medical examination.

8.66 List of duties of all categories of kitchen staff will be prepared by the dietician and circulated.

8.67 Therapeutic diet for uremic patient, hypertensive and diabetic patient to be prepared as per demand from respective department.

8.68 Dietetic counselling to be conducted by Dietetic Department for obese hypertensive, diabetic patients, heart patients, low birth weight babies and antenatal patients, "Time and "days of week and the person responsible for counselling services should be displayed in the counselling hall and Circulated to all the staff members of the hospital.

8.69 Research and training on nutrition to be conducted by Dietetics Department.

8.70 Proper hygiene and cleanliness to be maintained" in kitchen.
Grains and raw-food to be stored in a manner that it is out of reach of rodents.

8.71 Senior Dietician/Chief Dietician will ensure regular supply of cooking gas cylinders and proper maintenance of cold storage for perishable items.

8.72 Proper financial management to be done by Store Officer, if posted.

8.73 The following documents will be maintained in this Department:-

- a) Inventory of non-expendable stores in use in the Section.
- b) Inventory of expendable stores issued to the Section.
- c) Diet requisitions file.
- d) Diet consolidation sheets.
- e) Supply order file.
- f) Stock ledgers of raw dietary articles.
- g) Store requisition files, and
- h) Register of surpluses and losses.

8.74 All information required for costing of dietary service will be recorded in these documents.

FIREPREVENTION

8.75 The fire protection programme should be indispensable part of general safety programme of each and every hospital.

8.76 Maintenance of building and its safety against fire rests with the Engineering personnel working under the C.P.W.D.

8.77 Hospital administrator has also the moral responsibility for safety of patient, hospital workers and community people.

8.78 Each hospital should have a safety committee comprising of Engineers (Civil & Electrical) and Heads of Departments from high-risk areas like Operation Theatre, laboratory, store and administration.

8.79 Each functional unit should have stairs on both sides of the wards besides lifts. All the fire exit stairways should be free between "different stories of the building and no dumping of condemned stores item to be stored on the stairs.

8.80 High fire risk areas like operation theatre, laboratories, hospital stores, medical records and plant areas like laundry, CSSD and kitchen should have automatic fire alarm and fire extinguisher facilities. Facilities to be made available such as smoke detection alarm, heat activated alarm, automatic water sprinkler and chemical extinguisher, if feasible.

8.81 Multi-storied complex in a hospital should have on all sides' wide-open areas for entrance of fire brigade vehicles.

8.82 Medium and big sized hospitals should have fire hydrant facility with functioning electrical pump. Location of fire hydrant should be easily identifiable with arrow marks on the road and also to be shown on guide map of the hospital.

8.83 Fire extinguisher should be inspected and checked frequently by the engineering department.

8.84 Each hospital should have a sound practical evacuation plan.

8.85 Illuminated signboards for exit ways should be there in all the working areas of the hospital.

8.86 Arrangement for generator to operate emergency fire lifts and illumination of fire exit and other, emergency light facility should be there.

8.87 Training of all level of staff in fire fighting should be mandatory Staff must know how to operate fire-extinguishers.

8.88 Mock drill of fire fighting to be carried out periodically.

8.89 Although all public areas have been declared as 'NO SMOKING' ZONE AREA' but special preventive measures to be taken for hospitals.

COMMUNICATION

8.90 Communication is an important tool in enhancement of quality care of acutely ill patients, accidents victims and mass disastrous conditions, which are on increase especially in metropolitan city.

8.91 All telephones EPABX, Intercoms and auto-telephones should be functional in all the areas of the hospital.

8.92 Technical staff must repair the telephone instantaneously, if fault is local.

8.93 If repair of telephone is required to be done by MTNL/DOT, its repair to be prioritized over others.

8.94 Surprise check of the telephones to be done by Supervisor telephones.

8.95 Hospital telephones should not be used for private calls and instruction should be issued, to all the employees.

8.96 Telephone facility and STC facility to be given at the residence as per Government order.

8.97 With advancement of tele-communication hospital should have better facility of communication like pager, cellular phone, Fax, E-Mail and Internet wherever permissible.

WORKSHOP

8.98 A workshop should be there in a medium or large sized hospital under the charge of 'Foreman.'

8.99 Workshop should have facility for mechanical, electrical, air-conditioning, painting, carpentry, welding and blacksmith work. Technical personnel shall supervise these services.

8.100 All routine minor repairs should be done in workshop.

8.101 The following documents should be kept by the workshop.

- a) Inventory of non-expendable stores.
- b) Expendable Stores Register.
- c) Job Cards.
- d) Purchase file.

CHAPTER IX

HOSPITAL ADMINISTRATION

GENERAL

9.1 Standing order or Hospital order is to be issued only by the Chief of the Hospital or the person authorised by him.

9.2 Senior-most designated official will act as in charge of the hospital and has delegated authority when the Chief of the Hospital is off duty.

9.3 Other officer dealing with Hospital Administration, e.g., Addl. Medical Superintendent, CMO's/DDA/A Administrative Officer, Deputy Medical Superintendent, Nursing Superintendent/In charge of Purchase will be in charge of specific areas of works.

9.4 Nursing Superintendent, in charge Nursing Services, Deputy Nursing Superintendent. Assistant Nursing Superintendent and other Nursing Staff must perform the duties specified in the appendix. Nursing Superintendent is directly responsible to the Medical Superintendent for providing efficient nursing care to patients and proper training of student nurse. She will, however, work in close cooperation with Addl. Medical Superintendent/DDA/Administrative Officer, Deputy medical Superintendent and others.

9.5 Financial administration to be controlled by the Accounts Officer. He will be responsible to the Chief of the Hospital and the DDA for the efficient running of Ms Office. His duties are as detailed in Appendix-I.

9.6 Consultants, Specialists and other medical officers will be responsible to the Chief of the Hospital for providing the, best medical care to patients within the resources available.

9.7 Information to the public, Radio, T.V., Newspapers to be handled by the Chief of the Hospital or designated Public Relations Officer. Enquiries regarding the condition of patients should be directed to the Central Admitting Officer or the Nursing Superintendent or the nursing personnel. Precaution must be taken not to disclose any confidential intonation. When there is any doubt as to the willingness' of a patient to have his/her condition of illness revealed, information should not be given without his/her consent.

9.8 It should be prominently exhibited all over the hospital that patients must not bring valuables or wear expensive jewellery. If they do so, it will be at their own risk. There may be occasions when valuables are brought into the hospital and in such cases the attending nurse or house officer should make a correct list of such items, duly witnessed in the case of unconscious patients and have them deposited in the financial section and proper receipt be issued.

9.9 At the time of giving back the valuables, the financial section will ensure that these are given to the patient concerned or to the legal heir in the case of a patient who dies in the hospital.

PERSONNEL ADMINISTRATION

9.10 Rules framed by the Government or other concerned authorities will be strictly followed in the matter of recruitment or promotion. The strength of Staff in each department should, however, be fixed after studying the requirement and in no case it should exceed sanctioned strength.

9.11 An appointment letter indicating the terms and conditions, of appointment will be given to each employee, and his acceptance of the terms and conditions of employment will be taken in writing and recorded care fully the personal file of the employee.

9.12 Immediate notification of the appointment or promotion will be sent to all concerned and particularly to the financial section.

9.13 Financial section will draw the pay of the employee without delay and make arrangements. For its prompt disbursement.

9.14 Personal file, service document recording all details and confidential dossier of the employee will be maintained up-to-date and safely kept under lock and key.

9.15 Drawal and disbursement of monthly pay will be on the days prescribed but arrears of pay will be drawn and paid with the least possible delay.

9.16 List of holidays will be exhibited prominently particularly in the OPD. Employees will avail of these holidays subject to exigencies of service.

9.17 All mail of the hospital will be delivered in the administrative block to a designated responsible official. Office mail to be properly entered in diary and distributed promptly to the section concerned after perusal by Hospital Administration. Personal mail to be sent to the departmental head that will ensure that the mail reaches the individuals. Mail for patients will be delivered to the Nursing staff in-charge of the patients by a messenger or a social worker.

9.18 Personal telephone calls of the employees will be made only through public telephone booths installed at various places in the hospitals. Hospital telephones will not be used for this purpose. In exceptional cases when trunk calls are to be booked, advance payment should be made in the financial section or to the telephone operator who will give a temporary receipt for the money received and credit it in the financial section without delay. The temporary receipt will be exchanged for the permanent receipt.

9.19 Separate sick room will be provided in the Hospital for the nursing staff, medical staff and others, if possible.

9.20 Enforcement of discipline will be the responsibility of departmental heads. Breaches should be reported to the Chief of the Hospital who will take appropriate action according to rules.

9.21 Trade union or demonstrational activities during duty hours are prohibited.

9.22 In the event of strikes by workers and others detail instructions for maintaining the hospital services will be issued by the Chief of the Hospital.

9.23 The chief of the Hospital should display prominently the inconvenience likely to be caused to the public and seek public cooperation for running the hospital through social welfare agencies.

9.24 Police protection to loyal workers and home guards to guard vital installations of the hospital like water tanks, power stations should be arranged.

9.25 In the event of total strike, transfer of patients to other hospitals should be resorted to and attempt should be made for running minimum hospital services with reference to the availability of hired or honorary manpower.

9.26 All complaints pertaining to patient care, negligence or misbehaviour by any staff will be dealt with by the Public Grievance Redressed Cell, which may be set up by the Medical Superintendent of the hospital to deal with all such cases.

Similarly grievances of the staff members of the hospital will be heard by the Staff Grievance Redressed cell of the hospital as may be set up by the Medical Superintendent.

9.27 All complaints of sexual harassment of working women of the hospital will be dealt with by a committee, half of which must be senior women officers as may be set up by the Medical Superintendent.

FINANCIAL ADMINISTRATION

9.28 Officer in-charge financial section is responsible for proper functioning of this section of Hospital Administration.

9.29 He will allocate the work in such a manner that the load on the section is equally distributed. He will for this purpose get work-study done and makes a detailed list of duties of the staff working in the section.

9.30 He will be jointly responsible for all cash transactions and custody of cash along with the cashier. He will take security from the cashier for adequate amount.

9.31 He will specify the hours of payment and exhibit them prominently.

9.32 He will specify the dates by which he will receive bills for payment. He will not allow any contractor to see any of the staff members in the section. He will deal with them directly.

9.33 He will promptly enquire into the complaints of delay or non-payment of bills or salaries and take appropriate remedial action. He will fix responsibility for avoidable delays in his section and record such instances in the confidential dossier of the individual concerned.

9.34 He will compile budget returns with care and submit the returns on the due dates to the authorities concerned.

9.35 He will prepare conventional and performance budget returns. For this purpose he will get costing of hospital services done.

9.36 He will inform the Hospital administration about the expenditure booked under different "heads" from time to time and also bring to the notice of the Chief of the Hospital any abnormal rise or decline in expenditure booked against budget heads.

9.37 He will ensure that proper sanctions exist for drawing money from the Treasury. He will present the bills to the Treasury, only when he is satisfied that all respects. This is his undivided responsibility.

9.38 He will present the bills to the Treasury by the prescribed dates.

9.39 He will draw a checklist for the guidance of the staff working under him for scrutinising all categories of bills.

9.40 He will devise adequate safeguards to ensure that payments are made to the right person. In case of doubt he will seek legal advice through hospital administration. The responsibility for giving pay order rests solely on him.

9.41 He will give financial advice when needed by hospital administration. He will scrutinise all losses before they are written off. He will scrupulously observe all rules and regulation. In the interest of patient care, he will however interpret them liberally.

9.42 He will in the interest of patient care act in accordance with the directions of the hospital administration.

NURSING ADMINISTRATION

9.43 While preparing the duty roster of nursing staff it will be ensured that as far as possible every member has an equal share of duty hours, days off, holiday and night duty.

9.44 No one should proceed on leave without sanction. No one should absent herself from place of duty under any circumstances. If the nursing staffs are ill, she will inform the Nursing Superintendent and admit herself in the nurse's sick room of the hospital.

9.45 The officer in charge nursing administration will issue detailed instruction to the nursing staff regarding nursing care procedures, reporting of missing patients, control and management of communicable diseases, isolation techniques, control and administration of narcotics, hypnotics, poisons, radioactive materials, use of restraints, etc.

9.46 She will supervise safety control measures for preventing accidents, fire hazards in anaesthesia, oxygen and therapy gas equipment, electrical appliances, heating pads, hot-water bottles, etc.

9.47 Nursing staff in the Hospital will normally not be rotated from one area to another without consulting the unit medical chiefs. They will be given leave with the consent of the concerned officer in charge.

9.48 The officer in charge will coordinate food and house-keeping services in the interest of patient care.

9.49 Distribution of food is the responsibility of the nursing staff. Distribution of therapeutic diet is however the responsibility of dieticians.

9.50 The officer in charge will ensure that patients' relations do not interfere or hinder the medical or nursing care. Only sister in-charge of wards and departments will issue admission or food passes to patients' relations, during visiting hours.

9.51 The Nursing Superintendent will lay down policies regarding the engagement of private nurses and Ayahs for patients.

9.52 The Nursing Superintendent will arrange training programmes for specialized nursing.

SCHOOL OF NURSING

9.53 Admission to the School of Nursing will be through open competition.

9.54 Withdrawal of students during the course of training to be allowed only on extreme compassionate grounds, by the Chief of the Hospital.

9.55 Parents of students will be informed of their progress from time to time.

9.56 Student nurses will live only in the hostel attached to the hospital. They will not be permitted to live outside.

9.57 Designated tutor will keep a friendly watch over the student nurses outside their duty or school hours and encourage them to take part in extra curricular activities.

9.58 Student nurses will observe the rules of the hostel in the matter of entertaining their guest, taking their meals, staying outside, etc.

9.59 Hospital administration will nominate a medical officer to look after the health of student nurses.

9.60 Officer in-charge School of Nursing will inform the Chief of the Hospital, of students who are ill and admitted to the hospital.

9.61 Curriculum prescribed for the course is to be strictly observed by the students, the students should fulfil percentage of attendance required.

9.62 Principal/Tutor in charge of the school should ensure that the facilities laid down by the Indian Nursing Council are met and the school get recognition regularly.

9.63 Care taker/ Warden of the student hostel should ensure proper maintenance of hygiene and sanitary condition in the hospital. Routine rounds at regular intervals should be taken.

9.64 All the students should be got properly vaccinated against Tetanus, Hepatitis B before induction into the hospital.

SECURITY

9.65 The Chief of the Hospital should issue detailed instruction for the security of hospital property and documents.

9.66 Attention will be paid to secure doors and windows firmly. Good quality locks will be provided. Keys of all locks in the wards and departments will be in the custody of designated official concerned. Duplicate keys will be lodged in the hospital locker. Keys of departments like laboratory, X-ray, OPD, Hospital Administration offices will be kept centrally in secure place guarded by a literate chowkidar round the clock.

9.67 If the original or duplicate key is lost, the lock should be replaced immediately.

9.68 Each department should nominate an official by rotation for closing and opening duty. He should clearly be informed in writing of his responsibilities and his acknowledgement be recorded by the officer in charge of the department.

9.69 Duty roster of chowkidars and security guard should be prepared to ensure that the same person is not given the same duty all through.

9.70 The security personnel should be given clear instruction regarding the pass system for allowing the visitors inside the hospital premises and this should

also be publicised widely so that misunderstanding in the minds of the visitors and patients is dispelled.

9.71 Maximum lighting should be provided in the Hospital premises consistent with economy. The security personnel should take frequent beats in the dark corners of the hospital. Only limited number of gates should be opened in the night.

9.72 Head security guard and security officer should do surprise checks at night and submit reports to the Chief of the Hospital about security lapses.

9.73 All medical equipment like, microscopes, ophthalmoscopes, endoscopic instrument, stethoscope, office equipment like type writers, calculating machines, etc., should be locked up in admirals when not in use. The officer concerned should fix responsibility for their safe custody on the users.

DOCUMENTS

9.74 Confidential papers and files should be stored in steel admirals by the officer concerned. Classified documents when sent by post should be enclosed in double cover. The inner cover should be sealed and addressed by name to the officer for whom it is intended and the number and particulars of the enclosure should be intentioned on that cover. The outer cover should bear the name and official designation of the addressee and the franking of the dispatching office.

9.75 Confidential papers should be typed or cyclostyled by stenographers and clerks known for their integrity and carried from one place to another in the hospital by the officer concerned.

9.76 Loss of confidential papers or files should be promptly looked into and responsibility fixed

OFFICE MANAGEMENT

9.77 The office superintendent or the head clerk of the office is responsible for efficient office management.

9.78 All dak received should be properly entered in diary and distributed to the dealing assistants within 24 hours of receipt.

9.79 Officers who dispose of the dak directly on receipt may be entered in diary subsequently.

9.80 Routine letters are to be disposed of by the dealing assistants within a week of their receipt.

9.81 Noting will be done on non-routine letters and put up to officer concerned within a week of their receipt.

9.82 Immediate letters will be replied within 24 hours of their receipt if this is not possible appropriate note will be submitted to the officer concerned explaining the likely delay.

9.83 Weekly out Standing report of letters not replied will be submitted by the office superintendent or head clerk to the officer concerned who will record his directions to the dealing assistants. This will among other things be the basis for the officer to write confidential reports about the staff working under him.

9.84 Reminders received will be marked by the office superintendent or head clerk as warranted or unwarranted. List of warranted reminders will be prepared weekly and submitted to the officer concerned who will call the dealing assistant and ask for his oral explanation. If he is not satisfied with the explanation, he will record his remarks on the list. This also will figure in the confidential record of the individual concerned.

9.85 Master files, correspondence files, confidential files and personal files should be separately maintained. Master files will contain all letters relating to policy matters. Correspondence files will contain routine matters. Confidential files will be for all confidential correspondence and personal files relate to hospital staff.

9.86 File number should be simple. The section abbreviation, the classification of the file and number of the file should alone be recorded, e.g., Estt. MF- 12-F.S-Cor-15 -This means Establishment Section Master File Number 12, Financial Section correspondence File Number 15 M.S.-Con-20-This means medical stores confidential file Number 20. Estt. - Per-1-This means establishment section personal file Number 1.

9.87 Each section should maintain a file index register. File number should be given either by the office superintendent or the head clerk.

9.88 All letters should be promptly filed, page numbered, linked and cross-linked by the dealing assistants.

9.89 Administration will prescribe the period of retention of each type of record; Records beyond this period will be produced before the Condemnation Board and destroyed in their presence.

9.90 Master files, hospital orders, pay bills and service documents will be neatly bound and retained.

CHAPTER X PLANNING, ORGANISATION AND MANAGEMENT TECHNIQUES

PLANNING

10.1 Each hospital should prepare a prospective master plan. This should be broken into phases. The plan should include physical structures, building, equipment, furniture, manpower and consumables needed. Wherever needed, assistance of experts in hospital planning should be taken.

10.2 The plans should be flexible in nature and costing including escalation should be done.

10.3 The annual plan prepared by the hospital each year should be based upon the master plan and submitted to competent authorities for approval. Adhoc planning or project should be avoided.

ORGANIZATION

10.4 A hospital is a complex organization where people ranging from illiterate to highly qualified specialist work together. They all have different motivation level and qualities. A hospital needs the coordinated working of all such people. It is thus a challenging task for the administration to run it as a well-knit organization where all groups work in harmony to each other. Strategies should be developed to have different level of incentives or incentives to make the different groups work efficiently. The leadership should be result oriented.

10.5 The leader should be one who can visualize the situation in the organization, take corrective steps in time, if needed, rather than resorting to crisis management.

10.6 The administration should set up practices, frame rules and regulations where responsibilities are clearly defined and lapses can be pinpointed.

10.7 A System of feed back from patients/Staff should be developed so that suggestion can be received for imprudent of hospital's functioning.

10.8 Training of staff in psychosocial behaviour should be adapted to his maximum extent.

10.9 The computerization should be adapted to maximum extent in department where work is large and repetitive. Modern information technology tools like Internet, Email, Fax etc. Should be made available.

MODERN MANAGEMENT TECHNIQUES

10.10 Being a complex organization, modern management techniques should be adopted.

10.11 Network analysis for project planning, inventory control methods for stores management, work-study operational research, are effective tools of management.

10.12 The use of computers, Internet, E-mail, etc should be introduced in a phased manner in every department of the hospital to make its working efficient and transparent.

10.13 Built in surveys should be developed for each department and outcome analysed to improve the functioning.

10.14 Costing of all services offered should be done periodically and cost should be recovered, if permitted by the Government.

CHAPTER - XI MATERIALS MANAGEMENT

11.1 The hospital should have separate Stores and Purchase Sections under this department, each one headed by separate officers of a suitable rank. Both these sections should function under the supervision of a Additional Medical Superintendent, who in turn should report to Medical Superintendent/ Principal.

11.2 The Purchase Section to be directly supervised by an Office Superintendent/Head Clerk as the case may be. This section is responsible for compilation of all the demands, finalization of specifications, floating of tender enquiry, placement of indents to GMSD/DGS&D, issue of expenditure sanction, supply orders, monitoring of liabilities, record keeping regarding payment of bills, audit reports and Parliament Questions, etc. The Section will ensure that all the GFR, delegation of financial power rules and other instructions issued by the Government from time to time are followed in purchase practices.

11.3 The Store section should be supervised by a Store Officer (in case the post exists) and under the control of an officer equal to the rank of Chief Medical Officer/ Associate Professor/ DMS. One or two officers depending upon the workload may assist the CMO. The storekeepers and other staff will function under this section. This section is responsible for initiation and compilation of demands, receipt of goods, testing and quality control, record keeping in stock ledgers, issue of goods bill verification, maintaining continuous and uninterrupted supply (avoiding stock out position). This section should formulate the own standard operating procedures to make the functions smooth and uniform. A model SOP's are enclosed as per Appendix-III which can be modified by the individual hospitals depending upon their local circumstances and requirements. The inventory of the hospital should be computerized to the extent feasible.

11.4 The officers/officials posted in the Purchase & Store department should be periodically shifted and no one person should preferably stay on one seat for

more than two years. The personnel posted there should be frequently sent on training in materials management.

DIETARY STORE

- 11.5 As the requirement for the dietary item of a different nature, a separate set up should exist for its procurement, storage and issue under the charge of Dietician.
- 11.6 As in the main store, there should be separate personnel dealing with procurement and storage of these Items.
- 11.7 All the supplies received to be inspected for quantity and quality by the dietician i/c of the respective hospitals and the relevant entries to this effect should be made in inspection/quality control register.
- 11.8 All the supplies received should be entered in stock register and the dietician should countersign each entry.
- 11.9 All bills of dietary department to be verified by the Dietician I/C.

EQUIPMENT MAINTENANCE AND REPAIR

- 11.10 A separate section or desk should exist in each hospital to deal with all matters relating to maintenance and repair of equipments. An officer of suitable level, preferably a Bio-Medical Engineer (If the post exist), should be designated to supervise this Important activity.
- 11.11 A maintenance & repair committee should be constituted in each hospital to finalize the contracts for repair and maintenance of all equipments. The tenders for the maintenance contract should preferably be invited by "Double Bid system". Efforts should be made to bring all the sophisticated equipment under annual maintenance contract to the extent feasible.
- 11.12 A history sheet of all expensive and hi-tech. equipments should be maintained in each department indicating the cost of equipment, date of purchase, source of purchase, details of repairs done, cost incurred on repairs/spares/consumable, period when the equipment remained out of orders etc.

- 11.13 A periodic review of status of functioning of all equipments in the hospital should be done at the highest level. Prompt action should be taken so that equipments are in functional status optimally. The status of all-important equipments should be displayed prominently in the hospital.

- 11.14 HOD of concerned Department should be responsible for the repair of the equipment in a reasonable period of time.

ANNUAL PHYSICAL STOCK VERIFICATION

- 11.15 An annual stock verification of all the stores, wards, departments, units, etc., to be got done by deputing various officers within the hospital.
- 11.16 The ground balance should be checked with the balance in stock ledger of the stores/wards/departments and the entries checked and initialed.
- 11.17 Major losses and heavy surplus should be noted and informed to the head of the institutions who in turn should take appropriate action to fix the responsibilities.
- 11.18 The responsibility of getting the annual physical verification done rests with the head of the organisations.

CONDEMNATION OF MATERIALS

- 11.19 A condemnation board should be constituted to condemn the non-consumable items in the hospital. This board should meet at frequent intervals so that timely condemnation of unserviceable goods can be done.

11.20 This board should declare items condemned after proper scrutiny of records, physical inspection, unserviceable report, etc. The board will issue a proper condemnation certificate as prescribed in the GFR.

11.21 Each department will maintain proper records of all the items condemned in their departments and will make proper entries in their stock ledgers.

11.22 The condemned items will be stored separately under lock and key and should be disposed of by auction as early as possible. The infected linen and other infected articles should be disposed off separately as per standard guidelines. Adequate precautions should be taken to prevent the recycling of condemned articles.

CHAPTER XII

MEDICAL RECORD SERVICES

12.1 Medical Record keeping has importance in efficient patient health care.

12.2 In India, Medical Record keeping has not developed to the same extent as that in the western countries hospitals. Bhole Committee (1946) first stressed the importance of keeping adequate medical record which was also reiterated by Mudaliar Committee in 1962.

12.3 Subsequent health and Hospital Review Committee (Jain Committee, Rao Committee) noticed the poor state of medical record in the Hospitals and recommended establishment of proper medical record section in each hospital

12.4 Safdarjang Hospital and J.I.P.M.E.R, Pondicherry are running Medical Record Technician Training (6 Months) and Medical Record Officers Training (1 Year duration) since 1968 and 1973 respectively on a regular basis sponsored by Central Bureau of Health Information and DGRS, Ministry of Health & F.W, New Delhi

12.5 C.M.C. Vellore is also conducting similar-training programmes.

INDOOR PATENTS RECORD

12.6 This department is to be headed by a trained Medical Record Officer.

12.7 The organization of this department will be divided into various desks as follows:

- Central Admitting and Enquiry Services and preparation patients name index cards
- Census of in-patients
- Assembly of records

- Typing out discharge list for internal use
- Admission and discharge statistical analysis
- Completing of records
- Coding of diseases and operative procedures
- Indexing- Diagnostic and operations coding
- Filing

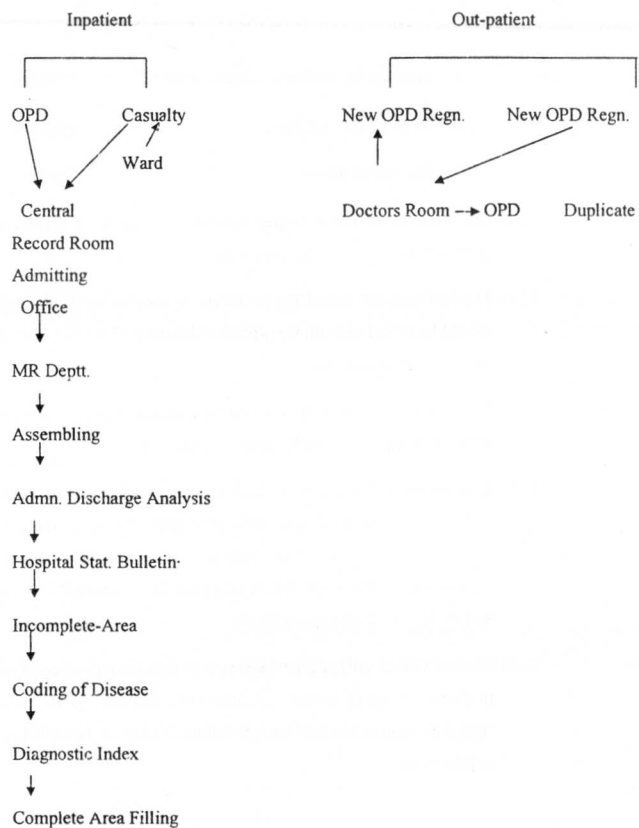
- 12.8 It is the personal responsibility of Medical Record Officer to keep records pertaining to medico-legal cases in safe custody.
- 12.9 This department should never allow medical records to be incomplete. Regular drill should be prescribed by this department to ensure that doctors complete the case records as soon as the patient is seen or discharged.
- 12.10 It is desirable that this department locates its technicians in OPO and accident and emergency department to see to the prompt completion and safe custody of records
- 12.11 It is the responsibility of Unit Chief to see that the case records of in-patients are complete in all respects and sent to Medical Record Department by 10:00 AM., the day following the discharge of the patients.
- 12.12 Loss of medical records should be promptly enquired into by the medical records officer and brought to the notice of the hospital administration.
- 12.13 Court summons for production of medical records should be honoured. This is the personal responsibility of the technician concerned.
- 12.14 The department will compile a monthly report of medical statistics required by hospital administration.
- 12.15 The department will assist the medical staff in their research work when needed.
- 12.16 There should be a regular task force for weeding out old records. The minimum recommended period of retention is ten years except MLC record which is

pending in court: The retention period for medical record is stated in DGHS letter No.10-3/68-MH dated 31.8.68

- | | |
|------------------------------------------|----------|
| 1. Inpatient Medical Record (case sheet) | 10 years |
| 2. Medico legal Registers | 10 years |
| 3. Out patient record | 5 years |

- 12.17 This department should not part with their records to any outside agency without permission of hospital administration.
- 12.18 Medical Records should not be issued to hospital staff indiscriminately. They should be issued only on the written requisition of the Heads of the Department or hospital administration.
- 12.19 This department should not divulge the contents of any medical record to anyone without the permission of hospital administration.
- 12.20 Completion of forms sent by Life Insurance agencies and disability certificates with reference to medical records of patients should be done with speed and promptness. Fees for this purpose should be laid down by Hospital administration. The recommended fees are Rs.8/- for each Life Insurance report and Rs.32/- for disability certificate.
- 12.21 Medical Officer only will be competent to sign the reports/certificates referred to in above. All other routine certificates like birth and death certificate may be signed by trained Medical Record Officer if they do not infringe any statutory requirement.

12.22 The Medical Record can be managed through the following Flow Chart of Medical Record



12.23 It is desirable that Medical Record Department & Admission Office should be computerized for quick retrieval of information whenever demanded by the office.

OUTPATIENT RECORD

12.24 In the Outpatient department, every patient is given a registration number in the form of a card/ticket. This is returned to the patient with the history, examination finding, provisional diagnosis and treatment written on it. For attending special clinics, proper follow up record file to be kept in OPD.

MEDICO LEGAL CASES

12.25 All medico-legal case record registers should be sent to Medical Record Department and a Medical Record Officer/Technician should be made responsible for safe custody of the record

12.26 It is to be prepared in duplicate on a medical legal register where columns for entry are already printed

12.27 One carbon copy is kept as hospital record and first copy is given to Investigating Officer from Police Station of the respective area

GUIDELINES TO BE FOLLOWED WHILE MAKING RECORD OF MEDICO LEGAL CASE

12.28 Be sure that notes are legible.

12.29 All aspects are complete ego history, examination, diagnosis, Lab. test results, treatment and disposition.

12.30 All entries to be signed with date and time by the person recoding the entry and his/her name and designation should be written in capital letters.

12.31 Document disposition, advice and referral for further care to be noted

12.32 Note the time of discharge and patients' condition at discharge.

12.33 Avoid vague and unsubstantiated statements.

12.34 Obtain written consent prior to examination.

12.35 Release original records only with court's order

FORMS

12.36 Design of forms should be with reference to the use it is put to it is desirable that outside agencies specializing in the field are associated with hospital administration for designing forms that are used in the hospital.

12.37 It should be the aim of the hospital administration to provide adequate quantities of forms needed for hospital's working.

12.38 When forms are out of stock, for reasons beyond the control of hospital administration, substitutes should be procured and supplied to the indenters.

12.39 Medical and nursing staff should use the forms with utmost economy.

CHAPTER XIII

GRIEVANCE REDRESSAL AND CITIZEN'S CHARTER

13.1 Each Hospital should have effective Grievance Redressal machinery for Patients.

13.2 A Grievance Redressal Officer should be designated in each hospital. The name of this Officer, location of office, timings, phone numbers etc. should be prominently displayed in important locations of the hospital.

13.3 A number of Complaint boxes should be placed at strategic locations for collection of complaints from the patients and their relatives. These should be opened regularly at least once in a month and ail complaints should be duly registered and action taken thereof.

13.4 The follow up action on the complaints registered by the patients should be prompt and disposed off in a time bound manner, AU complaints by patients should be duly acknowledged.

13.5 A Committee headed by Chief of Hospital should monitor the complaints received and follow up action taken.

13.6 A Grievance Redressal Committee also exists in the Directorate General of Health Services and cases are examined in this Committee periodically.

13.7 Preferably, a Citizen's Charter should be prepared and adopted by each hospital. This Charter should be the guiding force in providing -the services with a customer focus in view. The Citizen's Charter should enlist the level of services being pledged by hospital towards patients. The copies of the Citizen's Charter should be made available to patients on request.

13.8 The copy of Citizen Charter already adopted by Central Government Hospital like Dr. R.M.L. Hospital is placed at Appendix VII. The other hospital should follow the same. These Charters should be periodically reviewed and updated. A nodal officer should be designated to monitor the implementation of the Charter.

CHAPTER XIV
HOSPITAL INFECTION CONTROL
INFECTION CONTROL ORGANIZATION IN A HOSPITAL

Each Hospital should have the following organization for the prevention and control of Hospital Associated Infection (HAI):

14.1 Infection Control Committee

This committee formulates the policies for control of infection. Head of Hospital/Health Care Facility should be the chairman of this committee. The secretary should be Infection Control Officer. Members are representative of medical/surgical (HODs of all units), nursing, engineering, administrative, domestic, pharmacy, CSSD Departments. Committee should meet every 3 months or earlier if required.

A separate sub-committee chaired by the Medical Superintendent should deal specifically with Hospital Waste Management

14.2 Functions

Polymaking regarding:

- a) Provision of adequate, building, equipment, isolation facilities etc.
- b) Ventilation of operation theatre, wards and other units.
- c) Standardization of procedures for operation theatre, wards, housekeeping, kitchen, laundry and CSSD.
- d) Preparation of manuals for procedures like preparative skin preparation, I/V Infusions, and catheterisation, lumbar puncture, wound dressing.
- e) Formulation of disinfection policy.
- f) Antibiotic policy for rational use of antibiotic in therapy and prophylaxis.
- g) Implementation of bio Medical Waste Management Rules in the hospital

14.3 Infection Control Team

Its Member should be Infection Control Officer and Infection Control nurse. The team can also include the in charge of CSSD. In charge ICU Operation Theatre. The team carries' out day-to-day measures for the control of infection.

Infection Control Officer is usually a Microbiologist.

14.4 Functions of Inspection Control Team.

- a) Surveillance of infection to give base line information about the level of endemic infection in the hospital.
 - b) Investigation of outbreaks of infection, including detection of sources' of infection with the help of typing procedures and epidemiological information.
 - c) Controlling the outbreak by rectifying technical lapses if any.
 - d) Monitoring of procedures (Wound dressings, I/V injections etc.) sterilization and disinfection processes. Bacteriological monitoring of environment and hazardous equipment.
 - e) Monitoring of hospital staff carriers.
 - f) Training of staff in control of hospital infection.
 - g) To ensure implementation of Universal Precautions in the hospital
- (i) Infection Control Officer (ICG)

Functions:

- Secretary of Infection Control Committee (ICC).
- Identification and reporting of pathogens and their antibiotic sensitivity.
- Regular analysis and dissemination of antibiotic resistance data, emerging pathogens and unusual laboratory findings.
- Initiating surveillance of hospital infections and detection of outbreaks.

- Investigation of outbreaks.
- Training and education in infection control procedures and practice.

(ii) Infection Control Nurse (ICN)

Functions:

- Liaison between microbiology department and clinical departments for detection and control of hospital infection.
- Surveillance of infection and detection of outbreaks.
- Collection of specimens and preliminary processing.
- Training and education of staff in infection control procedures - and practice under supervision of ICG.
- Awareness among patients and visitors about infection control.

Universal Precautions

14.5 Universal precautions are essential while dealing with all patients irrespective of the diagnosis.

14.6 Practicing universal precautions is the most effective and efficient method of preventing hospital-acquired infections.

14.7 Basic principles:-

- Consider all patients as potentially infective.
- Use appropriate barrier precautions routinely (gloves, masks, aprons and eye protection)

14.8 Universal precautions should be applied to all patients, all patients all samples

14.9 Procedures:

- (i) Hands should be washed before and after all patient or specimen contact

(ii) Blood of all patients should be handled as potentially infectious.

(iii) Gloves should be worn for potential contact with blood and body fluids.

(iv) Used syringes should be immediately placed in nearby impermeable container; do NOT recap or manipulate needle in any way by hand; use syringe and needle destroyers.

(v) Protective eyewear and mask should be worn if splatter with blood or body fluids is possible (e.g. bronchoscopy, oral surgery).

(vi) Gowns should be worn when splash with blood or body fluids is anticipated.

(vii) All linen soiled with blood and/or body secretions should be handled as potentially infectious.

(viii) All laboratory specimens should be processed as potentially infectious.

(ix) Mask should be worn when handling patients of TB and other respiratory organisms.

PROTECTION AGAINST BLOOD BORNE INFECTIONS (HBV AND HDV)

14.10 Specific measures in laboratories:

(i) Mechanical pipetting aids should be used.

(ii) Spills and breakage should be immediately decontaminated

(iii) Gloves should be worn during handling of blood, blood products and body fluids.

(iv) All open wounds on hands and arms should be covered with watertight dressing.

(v) Hands should be washed with soap and water immediately after exposure to specimens.

(vi) Working surfaces should be made of non-penetrative material that is easy to Clean. Use sodium hypochlorite 1% to decontaminate surface.

(vii) Specimens should be decontaminated with 1% sodium hypochlorite before disposal.

14.11 Specific measures in Hospital Wards.

A injection:

- (i) By sterile disposable needles and syringe or autoclaved glass syringes.
- (ii) Used needles and syringes should be discarded in disinfectant (1% hypochlorite, bleaching powder 14 g/L).
- (iii) Disposable and reusable needles and syringes should be collected in separate puncture proof containers.
- (iv) Disposable syringes and needles should be disinfected and shredded/mutilated.
- (v) Reusable syringe should be disinfected, cleaned and autoclaved.

B. Surgical procedures:

- (i) All instruments, equipment and material used must be sterile.
- (ii) Used instruments, equipments should be cleaned and sterilized according to specific recommendation for each.

14.13 Spillage or surface contaminated by blood product:

- (i) Spillage should be covered with absorbent material after which disinfectant should be (1% hypo Chlorite/bleaching powder 14g/L) poured over it and left for 30 minutes. Waste disposal to be dealt with separately.
- (ii) Tissues, organs, or limbs removed during surgery should be incinerated or buried deep with bleaching powder/lime.

CHAPTER XV AUTOPSY & MORTUARY MANAGEMENT:

- 15.1 Mortuary and cold storage section should be headed by HOD of Forensic Medicine/Forensic Medicine' Expert or in their absence by Pathologist
- 15.2 This section should be responsible for storage of dead bodies and conduct of medico-legal autopsies wherever permitted.
- 15.3 Trained and educated para-medical staff should as far as possible be posted in the mortuary.

MORTUARY

- 15.4 This section should receive dead bodies during hospital hours. In exceptional circumstances mortuary can receive the dead bodies after office hours with prior permission.
- 15.5 This section should normally receive dead bodies from associated hospitals and dead bodies sent by designated police station for post mortem. Dead bodies other than those mentioned above should not be collected without permission of Mortuary In-charge/hospital administration.
- 15.6 Without any identity tags, no dead body should be received and stored in the cold storage.
- 15.7 Details of the case i.e. C.R No., MLC/Non-MLC, Ward/Casualty, name, age & address etc. should always be mentioned in the request for storing dead bodies, with signature and designation of the Nursing Staff.
- 15.8 Mortuary in-charge should authorize mortuary technician to be responsible for handing over the dead bodies (Non-MLC) after proper identification.
- 15.9 Dead bodies normally should not be retained in the cold storage for more than 72 hours. Hospital administration/hospital social worker should take appropriate action for disposal/handing over the dead body (non-MLC) to its relatives.

- 15.10 Dead bodies of medico-legal cases in cold storage shall remain under the custody of police and only handed over to them.
- 15.11 This section should be responsible for conducting medico-legal autopsy work wherever permitted.
- 15.12 Medico-legal autopsy should be conducted during office hours on all working days and on public holidays as well on special request.
- 15.13 Medico-legal autopsy should be carried out only at the behest of appropriate legal authority (Police or Magistrate).
- 15.14 The request for medico-legal autopsy should also be accompanied by inquest and other relevant documents.
- 15.15 Post-mortem should be conducted after the dead body has been properly identified by the I.O. of the case and relatives.
- 15.16 Autopsy should preferably be conducted under natural light.
- 15.17 Autopsy should always be conducted by a authorized Medical Personnel only
- 15.18 No unauthorized person should be allowed to be present at the time of medico-legal autopsy.
- 15.19 Complete autopsy should be conducted in all cases.
- 15.20 Autopsy Surgeon should undertake relevant investigations required to facilitate forming an opinion. The hospital authority should ensure proper co-ordination from other investigative departments.
- 15.21 Dead body after postmortem examination should be handed over to the Investigating officer (LO.) of the case.
- 15.22 Postmortem report, inquest papers duly signed by the autopsy surgeon along with preserved items, if any, sealed properly should be handed over to the I.O. of the case as early as possible, in accordance with the instructions issued vide office memorandum No.F.131/11192-M &PH/ Vol. II dated 22.7.94

from Department of Medical & public health Government of National Capital Territory of Delhi and other competent authority of other State.

- 15.23 Proper records should be maintained in the mortuary by the mortuary technician.

CHAPTER XVI
HOSPITAL WASTE MANAGEMENT

- 16.1 Every hospital should make all efforts to implement the Bio-Medical Waste (Management & Handling) Rules 1998 notified under the Environment Protection Act. (Appendix IV).
- 16.2 Each hospital should take appropriate authorization from the competent authority for the different activities connected with the Waste Management. It may be noted that it is punishable under the act to run the hospital without such authorization and Chief of hospital is responsible for it.
- 16.3 A Hospital Waste Management Committee, chaired by the head of the institute should be constituted and this committee should make detailed hospital specific action plan for Waste Management detailing each activity like segregation, collection, transportation, treatment, disposal, safety precautions and training of staff within the ambit of the Waste Management Handling Rules. A detailed model guideline in this regard may be followed.
- 16.4 The hospital will make all arrangement to prevent recycling of disposable items like syringes, needles, catheters etc.
- 16.5 The reports/returns needed to be filed as per rules should be complied with.
- 16.6 In case, the waste needs to be transported outside the hospital for treatment, adequate precautions as mentioned in the rules should be taken.

GUIDELINES FOR HOSPITAL WASTEMANAGEMENT

16.7 OBJECTIVES

- (i) To enable each hospital to smoothly implement the Bio-Medical Waste (Management & Handling) Rules 1998, notified under the Environment Protection Act by the Ministry of Environment & Forest (Government of India).

- (ii) To help hospitals to develop their own comprehensive plan for Hospital Waste Management in terms of segregation, collection, transportation and disposal of hospital waste.

16.8 SEGREGATION OF WASTE

- (i) It should be done at the source of generation of Bio-medical Waste e.g. all patient care activity areas; diagnostic services areas, operation theatres, labour rooms, treatment rooms etc.
- (ii) The responsibility of segregation should be with the generator of Bio-medical Waste i.e. Doctors, Nurses, Technician etc. (Medical & Paramedical personnel).
- (iii) The bio-medical waste should be segregated as per categories applicable mentioned in the rules.

(iv) Categories of waste for segregation

hazardous, toxic and Biomedical waste should be segregated into following categories for the purpose of its safe transportation to a specific site for specific treatment. Certain specific categories of toxic and hazardous waste require specific treatment (disinfection/decontamination) before transportation for treatment, which can also be done if we follow the categorization as mentioned below:

Category No.1

Human Anatomical Waste:

This contains human tissues, organs, body parts etc.

Category No.2

Animal Waste:

Animal tissues, organs, body parts, carcasses, bleeding parts, fluid.
Blood and experimental animals used in research.

Category No.3

Microbiology and Bio-technology Waste:

Waste from laboratory cultures, stocks or specimens of micro organism, live or attenuated vaccines, human and animal cell culture used in research and infectious

agents from research laboratories, Waste from production of biological, toxins, dishes and devices used for transfer of cultures.

Category No.4

Sharps Waste:

Needles, syringes, scalpels, blades, glass etc. that may cause puncture and cuts.

Category No.5

Discarded Medicines and Cytotoxic Waste

Waste comprising of outdated medicines, contaminated and discarded medicines.

Category No.6

Solid Waste:

Items contaminated with blood, body fluids, including cotton, dressing, soiled plaster casts, lints, bedding, and other material contaminated with blood.

Category No.7

Solid Waste (Disposable and Plastic):

Waste generated from disposable items, other than the waste sharp such as tubing, catheters, UV sets etc.

Category No.8

Liquid Waste

Waste generated from laboratory and washing, cleaning, housekeeping and disinfecting agents.

Category No.9

Incineration Waste

Ash from incineration of any biomedical waste.

Category No.10

Chemical Waste

Chemicals used in production of biological, chemical used in disinfection as insecticides etc.

16.9 COLLECTION OF BIOMEDICAL WASTE

Collection of Biomedical Waste should be done as per Biomedical Waste (Management and handling) Rules 1998. (Schedule ii)

CAIEGORY	TYPE OF CONTAINER	COLOUR
1 2	3	4
1. Human Anatomical Waste	Plastic	Yellow
2. Animal Waste	Do	Do
3. Microbiology & Biotechnology Waste	do	Yellow/Red
4. Waste sharp	Plastic bag Puncture proof container	Blue/White translucent
5. Discarded medicines & cytotoxic waste	Plastic bag	Black
6. Solid (Biomedical Waste)	Do	Yellow
7. Solid (Plastic)	Plastic bag Puncture proof container	Blue/White Translucent
8. Incineration waste	Plastic bag	Black
9. Chemical waste (Solid)	Do	do

(ii) All the items sent to incinerator/burial (Cat 1,2, 3, 6) should be placed in Yellow coloured bags.

(iii) All the Biomedical waste to be sent for Microwave/Autoclave/Chemical Treatment should be placed in Red coloured bags.

(iv) Any waste, which is sent to shredder after Autoclaving/ Microwaving /Chemical treatment, is to be packed in Blue/White translucent bag.

(v) Location of containers

All containers, having different coloured polythene bags should be located at the point of generation of waste i.e. near OT tables, injection rooms, diagnostic service areas. The colour of containers/plastic bags used for collection of segregated Biomedical waste should be identifiable.

(vi) **Labelling**

All the bags/containers must be labelled according to the rules (Schedule III of Biomedical Waste Rules 1998).

(vii) **Bags/Containers**

It should be ensured that waste bags/containers are effectively secured and filled up to only ¾ capacity and removed from site of generation regularly and timely.

(viii) Certain categories of waste, which may need pre-treatment (decontamination/disinfection) at the site of generation such as plastic and sharp materials etc. should be removed from the site of generation only after treatment.

16.10 TRANSPORTATION WITHIN THE HOSPITAL

- (i) Within hospital, waste routes must be designated to avoid the passages of waste through patient care areas.
- (ii) Separate time should be earmarked for transportation of Bio-medical waste to reduce chances of its mixing with general waste.
- (iii) Dedicated covered wheeled containers, trolleys or carts should be used to transport the waste bins/plastic bags to the site of storage/treatment.
- (iv) Trolleys or carts should be thoroughly cleaned and disinfected in the event of any spillage.
- (v) The wheeled containers should be so designed that the waste can be easily loaded, remains secured during transportation, does not have any sharp edges and is easy to clean and disinfect.

16.11 TRANSPORT OF CLINICAL WASTE TO TREATMENT/ DISPOSAL UNIT OUTSIDE THE HOSPITAL

- (i) If the hospital waste is to be transported outside the hospital for final treatment and disposal in a shared facility, guidelines as per the rules should be followed.
- (ii) Large hospitals having their own treatment facility in their campus may not need to transport their waste over long distances. Smaller establishments may need to transport waste over some distance, hence road transport must be provided.
- (iii) Hazardous Biomedical Waste needing transport to a long distance should be kept in container and should have labels prescribed in schedule (iii) of Biomedical Waste (Management and Handling) Rules 1998 and also carry information as prescribed in schedule (iv).
- (iv) The transport is to be done through a dedicated vehicle specially constructed for the purpose having a fully enclosed body, lined internally with Stainless Steel or aluminum to provide a smooth and impervious surface, which can be cleaned. The driver's compartment should be separated from the load compartment with a bulkhead. The load compartment should be provided with roof vents for ventilation.
- (v) The containers for transportation must be labeled as given in schedule III and IV of BMW, 1998.

16.12 TREATMENT OF HOSPITAL WASTE

- (i) **General Waste (Non hazardous, non toxic, non infectious) :**

90% of the waste generated in the hospital belongs to this category. The safe disposal of this waste is the responsibility of the local authority.

16.13 BIO-MEDICAL WASTE

- (i) **Incineration:**

The incinerator should be installed and made operational as per specifications under the BMW rules 1998 and a certificate may be taken from CPCB/State Pollution Control Board. Specific requirements regarding the incinerator and norms of

combustion efficiency and emission levels etc. have been defined in the Biomedical Waste (Management and handling) Rules 1998. In case of small hospitals, facilities can be secured. The waste under category 1, 2, 3, 5, 6 can be incinerated depending upon the local policies of the hospital and feasibility. The polythene bags made of chlorinated plastics should not be incinerated.

(ii) Deep burial

Standards for deep burial are also mentioned in the Biomedical Waste (Management and handling) Rules 1998. The waste under category 1 and 2 only can be accorded deep burial and only in cities having less than 5 lakh populations.

(iii) Autoclave and Microwave treatment:

Standards for the autoclaving and micro waving are also mentioned in the Biomedical Waste (Management & handling) Rules 1998. All equipment installed/shared should meet these specifications. The waste under category 3, 4, 6, & 7 can be treated by these techniques.

(iv) Shredding

The plastics (IV bottles, IV sets, syringes, catheters etc.), sharps (needles, blades, glass etc.) should be shredded but only after either chemical treatment/Micro waving/Autoclaving. Needle destroyers can be used for disposal of needles directly without chemical treatment.

(v) Secured landfill:

The incinerator ash, discarded medicines, cytotoxic substances and solid chemical waste should be treated by this option.

(vi) It may be noted that there are multiple options available for disposal of certain categories of waste. The individual hospital can choose the best option depending upon the facilities available and financial resources. However, it may be noted that depending upon the option chosen, correct colour of the bag needs to be used for that treatment technology.

16.14 SAFETY MEASURES

- (i) All the sanitation workers engaged in the handling and transporting should be made aware of the risks involved in handling the biomedical waste.
- (ii) All the generators of biomedical waste should adapt universal precautions and appropriate safety measures while doing therapeutic and diagnostic activities and also while handling the Biomedical Waste.
- (iii) It should be ensured that:
 - (a) Drivers, collectors and other handlers are aware of the nature and risk of the waste.
 - (b) Written instructions are provided regarding the procedures to be adopted in the event of spillage/ accidents.
 - (c) Protective gears are provided and instruction regarding their use given.
 - (d) Workers are protected by vaccination against tetanus and hepatitis-B.

16.15 TEACHING

- (i) Each and every hospital must have well planned awareness and training programme for all categories of personnel including administrators (medical, paramedical and administrative).
- (ii) All the medical professionals must be made aware of Biomedical Waste (Management and handling) Rules 1998.
- (iii) To make aware all other categories of staff, the provisions of Biomedical Waste (management and handling) Rules 1998, and the responsibilities of different categories of personnel therein.
- (iv) To make aware about safe hospital waste management practices.
- (v) Training should be conducted category wise and more emphasis should be given in training modules as per category of personnel.

(vi) Training should be conducted in appropriate language/medium and in an acceptable manner.

(vii) Where possible audio-visual material and experienced trainers should be used.

16.16 MANAGEMENT AND ADMINISTRATION

(i) Heads of each hospital will have to take authorization for generation of waste from appropriate authorities as notified by the concerned state/U.T. Government well in time and get it renewed as per time schedule laid in the rules. The application is to be made as per format given in form I of BMW Rules.

(ii) Each hospital should constitute a hospital waste management committee, chaired by the head of the institute and having wide representation from all major departments this committee should be responsible for making hospital specific action plan for hospital waste management and its supervision, monitoring and implementation.

(iii) The annual reports, accident reporting, as required under BMW rules should be submitted to the concerned authorities as per BMW rules format (Form II and Form III respectively).

16.17 MEASURES FOR WASTE MINIMIZATION

(i) As far as possible, purchase of reusable items made of glass and metal should be encouraged.

(ii) Select non-PVC plastic items.

(iii) Effective sterilization procedures, quality assurance, proper monitoring and validation of cleaning, disinfection and sterilization of reusable items for patient care, Will go a long way in increasing confidence in reusable items and reduce reliance on presterilised single use Items.

(iv) Adopt procedures and polices for proper management of waste generated, the mainstay of which is segregation to reduce the quantity of waste to be treated.]

(v) Establish effective and sound recycling policy. For plastic recycling, get in touch with authorized manufacturers.

(vi) Special efforts should be made to minimize chemical hazardous waste as given in the Annexure- IV of the Bio-medical Waste (Management and handling) Rules 1998.

16.18 COORDINATION BETWEEN HOSPITAL AND OUTSIDE AGENCIES

(i) Municipal authorities

As quite a large percentage of waste (in India up to 90%) generated in Indian hospitals belong to general category (nontoxic and non-hazardous), hospital should have constant interaction with municipal authorities so that this category of waste is regularly taken out of the hospital premises for land fill or other treatment.

(ii) Coordinated efforts should be made by health authorities and municipal authorities to develop norms and practices for transport of biomedical waste outside the hospital for treatment.

(iii) Coordinated efforts should be made by health authorities and municipal authorities to involve private sector/NGO's for creation of common facilities for treatment.

(iv) Efforts will also be required for training of waste generator of small units.

(v) Health authorities in coordination with municipal authorities should play leading role in utilizing excess capacity or providing alternative for short-fall in capacity.

(vi) Co-ordination with Pollution Control Board

Search for better methods technology, provision of facilities for testing, approval of certain models for hospital use in conformity with standards laid down.

(vii) Co-ordination with NGO's and ES1ential Group: For public awareness, education and training of hospital employees.

(viii) Sharing of facility :

Hospitals, which are not in possession of their own facility for treatment, may get their waste, treated in a shared facility. The hospitals having excess capacity for treatment should extend the capacity to nearby smaller hospital or health care units.

16.19 RESEARCH AND DEVELOPMENT

Regarding cost effective and comprehensive waste management practices, adequate research activities should be conducted by institutions/departments of Environment/Environmental Engineering/Health and Hygiene. The main purpose of the research should be:

- (i) To search for cost effective and environmental friendly technology for treatment of Bio-medical and hazardous waste.
- (ii) To search for suitable materials to be used containers for Bio-medical waste requiring incineration/autoclaving/micro waving.
- (iii) Development of shredders for POP cast and technology for disposal of rubber mattresses.
- (iv) Development of non-PVC plastics to substitute the plastic, which is used for manufacture of disposable items.
- (v) Incentive should be given to Indian industries for development, of indigenous technology & maternal etc. for cost effective and eco-friendly management of hospital waste.

CHAPTER XVII

TRANSPLANTATION OF HUMAN ORGAN ACT, 1994 (THOA)

(Appendix VIII)

17.1 The transplantation of human organ act! 1994 was promulgated (enacted) by Parliament on 8th July 1994. It is an act to provide for the regulation, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs and for matters connected there with or incidental thereto. It applies, in the first instance, to the whole of the states of Goa, Himachal Pradesh and Maharashtra and to all the Union Territories and it shall also apply t'l such other state, which adopts this act.

17.2 The THOA contains 7 chapters detailing various issues in the matter.

These are as follows:-

1. Preliminary
2. Authority for removal of Organs
3. Regulation of Hospitals
4. Appropriate authority
5. Registration of hospitals
6. Offences and penalties
7. Miscellaneous

17.3 The THOA has been enacted to curb the malpractices, which existed in the transplantation of human organs. The malpractices included sale of organs, insufficient facilities in terms of trained personnel, equipments for organ transplantation etc. There ate severe penalties including the imprisonment up to five years for violations under the THOA.

17.4 The THOA provides framework/guidelines as to who can donate, where, by whom etc. Even there are guidelines for certifying brain death. Under

the rules, no institution can perform organ transplant unless they take approval from the competent source defined in the act. e.g. DGHS and/or Addl .DG (dealing with hospital) have been designated as Appropriate Authority for U.Ts' and Delhi. The state where the act IS adopted, the Appropriate Authority is notified separately for the State Any institution/hospital should apply to the Appropriate Authority for registration in the relevant form with the prescribed application fee. The appropriate authority gets the place inspected and If satisfied issues a registration certificate for organ transplantation of a particular organ. The certificate is valid for 5 years, which can be renewed on further application.

- 17.5 There are several documentation required to be kept by each institution, which are mandatory under the act.

**CHAPTER XVIII
MISCELLANEOUS
(Public Relations, Library, Hostel Rules, Maintenance of
Building, Horticulture)**

PUBLICRELATIONS

- 18.1 An officer should be nominated for doing public relations work.
- 18.2 He should have a flair and demonstrable ability for the work.
- 18.3 His duties will involve wide contact with mass communication media
- 18.4 He will have a day earmarked for inviting correspondents of news agencies, T.V., Radio, leading social workers and politicians and showing them the good and bad points of the hospital working.
- 18.5 He will function as the spokesman of the hospital.
- 18.6 In times of strikes, disasters, etc., he will organize work round the dock.
- 18.7 His office will be located near the accident and emergency department
- 18.8 His system of working will be officer-oriented.
- 18.9 His concern will be to develop effective-communication between the hospital and community.

LIBRARY

- 18.10 Library of the hospital will be divided into two sections recreational and educational.
- 18.11 Under recreational section light literature and journals will be stocked. Under educational section books and journals on medicine, nursing and administration will be procured.
- 18.12 Recreational section will remain open during normal hospital hours.

- 18.13 Educational section will be kept open outside normal hospital hours also.
- 18.14 Each section to be headed by a qualified librarian.
- 18.15 The librarian should have adequate number of assistants to provide efficient service.
- 18.16 Whether the library should only function as a reference library or as an issue, library should be decided by hospital administration.
- 18.17 If departmental libraries are built up, the main hospital library should function only as a reference library.
- 18.18 Detailed rules to facilitate day-to-day working of the library should be framed by hospital administration.
- 18.19 Acquisition of new books and journals to be done normally by a Committee appointed for this purpose by hospital administration. In emergencies the librarian should be authorized to act using his discretion.
- 18.20 Inter-library loans should be encouraged.
- 18.21 The library should be situated in a quiet corner of the hospital as far as possible.

HOSTEL RULES

- 18.22 Hospital administration will lay down policies of the hospital's hostel as far as possible.
- 18.23 A responsible officer should be designated as warden of each hostel i.e. Resident Doctors and Nurses hostel etc.
- 18.24 Each hostel's mess should, as a general rule, be run by the members themselves on a no profit, no loss' basis.
- 18.25 Running the hostel's mess by private contractors should be the last alternative.

- 18.26 Aid in the form of accommodation, staff and equipment should be provided by hospital administration for the mess.
- 18.27 Timing and place, tariff of bed tea, breakfast, lunch, evening tea and dinner should be prominently exhibited in the hostel.
- 18.28 Detailed rules for the day-to-day working of the hostel to be prescribed by a warden in consultation with the members.

MAINTENANCE OF BUILDINGS

- 18.29 A designated authority should be made responsible for maintaining hospital buildings including electricity, air conditioning and fire fighting measures.
- 18.30 A time schedule for this purpose to be prepared by the authority, in consultation with hospital administration.
- 18.31 Emergency arrangements particularly for attending the sewerage repairs round the clock should be well organized by the authority.
- 18.32 Minor repair works to be done by this authority on its own initiative.
- 18.33 Special repair works, minor works and major works will be done on the express sanction of the appropriate authority.

HORTICULTURE

- 18.34 A master plan for development of horticultural surroundings should be prepared in consultation with the authorities concerned.
- 18.35 It should be executed in phases.
- 18.36 Maintenance of garden, flowerbeds, trees, and meadows should be the concern of hospital administration. For this purpose sufficient number of gardeners and supervisors should be employed either by the hospital or the concerned authority. The motto of 'Clean and Green' environment should be followed.

- 18.37 Felling of trees should be avoided. Tree planting should be regular annual feature.
- 18.38 An organization for developing horticulture on a scientific basis in the hospital should be established by hospital administration' were necessary.

**DUTIES AND RESPONSIBILITIES OF
STAFF IN HOSPITAL
HOSPITAL ADMINISTRATION
MEDICAL SUPERINTENDENT**

1. Overall supervision of the working of the hospital.
2. Coordination and interaction with the Ministries, NDMC, Police, Directorate of Estates, and other departments.
3. Planning, Development and Budget monitoring of the Hospital.
4. Exercise of financial and Administrative power delegated to him as Head of the Department.
5. Manpower planning.
6. Appointing and Disciplinary Authority of Group C & D employees.
7. Interaction and assigning duties to immediate subordinate officers and Head of clinical Departments so as to ensure smooth functioning of the hospital.
8. Official spokesperson of the hospital.
9. To institute an effective grievance redressed system both for the employees and the patients.
10. The repository of the information pertaining to the hospital.
11. To discharge legal responsibilities, if any, as Head of the Institution under various Acts and Court orders.
12. Any other responsibility given by DGHS/Ministry of Health from time to time.

ADDITIONAL MEDICAL SUPERINTENDENT

1. Day to day administration of the area/department assigned by the Medical Superintendent from time to time.
2. To take decisions pertaining to their area as per delegated powers to them, under the policy and guidelines issued by the Medical Superintendent. They will consult or have approval of Medical Superintendent on all policy issues or important matters or where it is obligatory under rules.
3. They will be responsible for all the officers working under them, day to day working of the area/department assigned to them and will ensure that department assigned to them is run smoothly and efficiently. They will keep the M.S. informed about important events in these departments.
4. The Addl. M.S. who is designated as Head of the office will also discharge the function of Head of the Office under the rules.
5. They will attend all the meetings taken by M.S. on various administrative issues.
6. They will keep liaison with Min. of Health & EW., Directorate General of Health Services and other agencies, in respect of work assigned to them with the approval of the M.S.
7. Any other work assigned by the Medical Superintendent from time to time.
8. All the Additional M.S. 's will report to Medical Superintendent:

DEPUTY DIRECTOR (ADMN.)

1. All establishment matters including unions.
2. Sanction of leave except casual leave to Group C & D staff.
3. Supervision and monitoring of deployment of all group C & D staff in the hospital.

4. Monitoring the recruitment, filling up of posts of category of Group C & D employees.
5. Maintaining the liaison and doing correspondence with the Dte. GHS/Min. of Health on all establishment matters including filling up to posts.
6. All legal matters relating to hospital.
7. Supervision of all the officers and staff working in the establishment section and accounts section.
8. Any other work assigned by the Medical Superintendent.
9. DDA will report to the Head of Office.

WELFARE OFFICER/LABOUR OFFICER/PUBLIC RELATIONS OFFICER STATUTORY FUNCTIONS

Staff welfare and Reconciliation comprising inter alia.

1. Establishing contacts and holding consultation for maintaining harmonious relations between hospital management and its staff.
2. Projecting before the management the individual and collective grievances of staff for securing expeditious redressal.
3. Acting as a negotiating officer with association and trade unions of staff and workers.
4. Assisting management in formulating labour policies and interpreting these policies to the workers.
5. Exercising restraining influence over staff going on illegal strikes and help in peaceful settlement of legal strikes.
6. Helping workers to adjust and adapt themselves.
7. Ameliorating their working conditions.

8. Promoting management- staff relations, which will ensure productivity and efficiency.
9. Securing provision of staff amenities like canteen, drinking water facilities, etc.
10. Personnel matters relating to Class IV staff.

OTHER FUNCTIONS

1. Complaints redressal and assistance to patients.
2. Complaints against employees.
3. Liaison with police, N.D.M.C., etc.
4. Personal problems and other difficulties of the staff.
5. TV shows, sports activities and get-to-gether.
6. Cali duty after office hours.
7. Any other duty as maybe specified by Medical Superintendent from time to time.

ACCOUNTS OFFICER

1. Preparation of Hospital Budget
2. Drawing & Disbursing officer for Pay & Allowance of the hospital establishment.
3. Processing of all cases of drawl, advances admissible and claimed by staff.
4. Maintenance of financial accounts.
5. Deduction of income tax at source and maintaining all accounts, filing of return to the respective authorities in time.

6. Detailed scrutiny of all fives, bills pertaining to Purchase/Store Department as per GFR.
7. Maintenance of accounts relating to Government funds.
8. Pension Cases.
9. Joint custody of cash with the cashier.
10. Endorsement of service books of staff in token of having checked with the pay bills.
11. Financial advice to M.S., Addl. M.S.'s, Head of Office and other officers.
12. Financial member in the joint Purchase Committee, Maintenance Committee and other committees constituted by the Medical Superintendent.
13. Maintenance of accounts relating to Non-Government funds.
14. Any other work assigned by the Medical Superintendent.
15. Accounts officer will report to DDA/Head of Office.

DIETICIAN

1. Management of dietetic department.
2. Management of therapeutic kitchen.
3. Standardization of recipes and supervision of cooking.
4. Teaching dietetic trainees, nursing staff and others.
5. Maintaining duty roster of kitchen staff, leave record, six monthly health record of Class IV employees and other records required for personnel management.
6. Running nutrition clinic and to attend to Dietetic Clinic.
7. Taking surprise visits to ensure proper distribution of food to patient's particularly therapeutic diets.

8. Ordering dietary articles (dry and fresh) and supervising the receipts and issues of all supplies.
9. Checking of purchase bills relating to dietary articles with regard to their specification, quantity and rates and passing them on to Accounts Section.
10. Maintenance of proper accounts for all dietary articles and inventory for dead stock articles.
11. Sanitation and cleanliness of kitchen areas.
12. Supervision of fire precautions in the department.
13. Any other duty that may be specified by the Medical Superintendent.

MEDICAL STAFF

HEADS OF CLINICAL DEPARTMENT

1. They will be responsible for the smooth and efficient functioning of their respective departments. They will be responsible for all the medical staff working in their respective departments.
2. They will be responsible for the deployment and utilization of services of medical and clerical staff working under them. They will keep the Medical Superintendent informed/take his approval in important matters in this regard.
3. They will be responsible for maintaining the functional status of all equipments under their department and will promptly ensure that these equipments function smoothly/repared, and without lengthy downtime. They will keep liaison with the company maintaining the machine, officer incharge of M & R, officer incharge of purchase in this regard.
4. They will be responsible for the proper segregation and collection of hospital waste in their respective departments as per the guidelines issued by CPCB and other authorities from time to time. A proper record is to be kept by them in this regard.

5. They will be responsible for sanction of casual leave of staff working under them and will keep a record of leave. They will make alternative arrangement in case an official proceeds on leave or their application is forwarded by them.
6. They will assign duties to the various Heads of Units working under them from time to time.
7. They will ensure that all serious patients/M.P.s/VIP admitted in their department are well attended and will keep Medical Superintendent informed about any event which may affect the attention of press, higher administration authorities or Parliament.
8. They will ensure that all records relating to patients especially the MLC cases are in order, complete and is kept in safe custody.
9. They will be responsible for the general upkeep, sanitation, cleanliness and availability of essential supplies in their respective departments.
10. They will be the designated authority on behalf of M.S. for issuing condemnation certificate to declare unserviceable, old & non functionary equipment/furniture etc., where all other sources of condemnation certification is not possible or available.
11. Organizing teaching/training of P.G. Students/other staff, of the department.
12. Any other duty assigned by M.S.

HEADS OF CLINICAL UNITS/OTHERSPECIALISTGRADEOFFICERS

1. They will be responsible for the proper medical care and due attention to all patients admitted in their units (Indoor, Emergency Wards and ICU).
2. They will be responsible for the smooth and efficient working in their units.
3. They will be responsible for the deployment and utilization of services of medical & clerical staff working under them. They will keep their Head of Department Informed about important issues.

4. The Head of Units must see all patients as soon as possible after admission. Due attention should be given to all serious patients admitted under them. They will ensure that all serious patients/MPs/VIPs are well attended and keep their superiors informed about them.
5. Heads of Units should be easily available for consultation in case of need of patients in their units. No patient should ordinarily be discharged from the hospital except a clear cut instruction from the Head of tile Unit.
6. They will ensure that patients records especially of the MLC cases are up to date, complete and kept in safe custody. It should be true and faithfully record various events in connection with treatment, referrals and progress of patients in the hospital.
7. They will be responsible for the general upkeep of their wards/ unit, sanitation, maintenance & functioning of equipments under their charge, adequate availability of essential supplies in their respective wards. They will keep regular liaison with the officer incharge of maintenance & repair, sanitation purchase, stores in this regard.
8. They will be responsible for the proper segregation and collection of hospital waste in their respective wards as per guidelines issued by CPCB and toper authorities issued from time to time. They will also keep the necessary records.
9. Any other duty assigned by the Head of Department/Medical Superintendent.

GENERAL DUTIES CADRE MEDICAL OFFICERS

1. The GDMO Cadre Medical Officer of the unit will work in collaboration with the Registrar/Senior Resident of the unit and supervise the day to day work of Jr. Resident/House surgeon and interns.
2. He will accompany the physician/surgeon incharge for ward rounds.

3. On the day the physician/surgeon incharge is not available for ward rounds, the Medical Officer will, take rounds of his own ward. It would be his sole responsibility to contact the physician/surgeon and discuss about the serious cases in the ward and if necessary to show these cases to the physician/surgeon.
4. He will scrutinise the clinical documents completed by the house staff and make corrections where necessary.
5. The senior-most M.O. will allocate night duties by rotation to house staff in consultation with the respective registrars/Senior Resident of different units and will ensure that the respective staff is available for duty. The duty roster will be hung up in the duty rooms on the board indicating the name and unit. The next on duty will be shown in the same .list In case the duty officer is not available for urgent reasons, the next on duty will act for him.
6. On day of admission he will be available in the afternoon and evening till relieved by the Registrar/Senior Resident by 19.00 hours, He v.:111 ensure that all patients have received attention and necessary discharges from Accident and Emergency Department have been effected. He will report to the physician/surgeon incharge by phone wherever available.
7. He will also attend to referred cases till the evening. Thereafter Registrar/Senior Resident will take the responsibility of referred cases.
8. Any other duties assigned by the Competent Authority.

SENIOR RESIDENTS

1. The Senior Resident will be directly responsible for supervision of patient care in his unit with the assistance of Junior Residents specially the emergency cases.
2. He will be contacted by the Junior Resident on duty in case of emergency. If he thinks necessary, he should consult the physician/surgeon incharge of the unit or specialist when available.

3. He will go through all the case notes written by Junior Resident and will make corrections where necessary.
4. Besides taking rounds in the wards during day time, he will daily take round late in the evening, with the Junior Resident on call.
5. On admission days, he will attend to cases referred for medical, opinion from other wards. If necessary, he may contact the physician/surgeon incharge for necessary advice.
6. In case of death, it is his responsibility to scrutinize that case documentation is complete in every respect and will write a brief summary of the case, before it is sent to the Medical Records Section.
7. He will maintain a book to indicate the patients in his charge who would need attention after the night rounds and he will apprise the junior resident of such cases.
8. He will maintain a register to indicate that the relatives of seriously ill patients have been informed through the central registration office of the hospital. This is applicable in case of patients absconding from the ward and also in case of death.
9. He will oversee the general upkeep and sanitation of the wards earmarked to him with the help of nursing staff.
10. Sr. Residents will certify death.
11. They will conduct teaching session for undergraduate, post graduate and Junior Residents. He will assist the HOD/HOU in research work.
12. When Junior Residents are not available, he will carry all the duties of a Junior Resident.
13. Any other duty given by HOD.

JUNIORRESIDENT (NON-PG)

1. He will take advice from Sr. Resident for guidance and efficient execution of professional care of his patients.
2. In OPD, Junior Resident will refer the case to the Senior Resident with a short history and physical findings of the case written on the OPD card, if required.
3. Junior Resident is primarily responsible for the case allotted to him. Besides, he would have a general idea of all the cases in the ward. As soon as a case is admitted, patient will be examined by the Junior Resident who will complete the case sheet in all details. He will then show the case to the Senior Resident. He will see that all necessary investigations are done to time, and entered in the case sheet.
4. In case of acutely ill patients, it is his responsibility to show the case immediately to the Senior Resident/GDMO or Specialist for advice.
5. He will enter the daily follow up of the case in case-sheet. In case of any seriously ill patients, the progress of the case will be recorded every time the patient is examined.
6. On admission days, Junior Residents will be physically present on duty In Emergency Department as per duty roster and will not leave the deptt. unless permitted by the Senior Resident/GDMO/Specialist on duty In the emergency deptt. And his/her substitute has arrived for attending to cases admitted there.
7. On other days the Junior Resident on duty should be present in the wards allotted to them.
8. On Sundays and gazetted holidays Junior Residents will perform the duty according to roster prepared by the Unit or sister unit
9. Night Emergency duty in ward (From 21.00 to 9.00 next days) Junior Resident from each unit/sub-unit will be on emergency duty in the night for the respective unit's ion addition to one Junior Resident staying in Emergency department. The Junior Resident on night call will apprise himself by direct contact with the Senior Resident who need special attention.
10. Requisite forms for laboratory and X ray investigations should be filled in the previous evening with full clinical notes for routine cases. In emergency it should be done immediately. The reports of investigations should be collected in time to be useful.
11. To carry out any other duties as assigned by the Senior Resident/Head of the Unit.

POSTGRADUATESTUDENTS

1. They will attend the OPD on the scheduled OPD days of the unit to which they are attached.

2. They will go through and examine all the cases admitted in their respective unit's attached review of the case on a separate sheet of paper. They will go through the recent medical literature available on all aspects of the case and add it to the review of the case. During ward rounds they will discuss the case with the physician/surgeon.
3. They will attend the clinical meetings and present cases for the same.
4. For other purposes they will work in collaboration with the senior resident.
5. They will not certify 'death' and will not discharge a medico legal case.
6. They will assist in arranging duties and carrying out duty with Jr. Resident/Sr. Resident.

INTERNS

1. They will work in collaboration with the house surgeon/Jr. Resident.
2. They will attend O.P.D. on the admission days of the units to which they are attached.
3. In the wards they will be allotted beds. They will examine the patients on the beds under them and complete their case sheets.
4. They will work in the clinical side-room and do routine blood, urine, stool and sputum examination of the cases under their care.
5. They will be on emergency duty in Accident and Emergency Department according to the duty roster prepared by the Department.
6. They will attend special clinics, run by their units on the respective days.
7. Interns will neither prescribe treatment nor certify deaths.

NURSING STAFF

CHIEF NURSING OFFICER

1. Maintain discipline among nursing personnel.
2. Enforce implementation of the rules, regulations and policies.
3. Participate in hospital and inter-hospital meetings/conferences
4. Recruitment & training of nursing staff.
5. Attend to the general correspondence.

6. Investigate complaints and takes necessary steps.
7. Evaluate confidential staff reports and recommend for promotion or higher studies.
8. Plan staff development programmes and arranges for in service education and orientation programmes etc.
9. Co-operate with Nursing College for organizing nursing examination.
10. Function as a member of the condemnation board for linen and other hospital or nursing home equipments
11. Give counseling and guidance to the subordinate staff.
12. Initiate and participate in nursing research.
13. Participate in professional and community activities.
14. Maintain cordial relations with public and volunteer workers
15. Prepare budgets for the Nursing Services Departments.
16. She will report to the Head of Office and Medical Superintendent.

NURSING SUPERINTENDENT

1. Participation in the formulation of the philosophy/policy of the hospital in general and those specific to the nursing service.
2. Determine goals, objectives and policies of the Nursing Services.
3. Implement hospital policies and rules through various nursing units.
4. Decide and recommend personnel and material requirement for running various Nursing Service department of the hospital.
5. Interviews and recruitment of Nursing Staff and its effective deployment.
6. Ensure the safe and efficient care rendered in the various Nursing Departments of the hospital/centers.
7. Make regular hospital rounds in hospital/centers.

8. Frequent checks to ensure that the standards of care are maintained and patients are nursed in a clean, orderly, and safe environment. She will ensure that hospital waste is disposed off as per the guidelines of CPCB and other authorities issued from time to time
9. Take hospital rounds with Medical Superintendent.
10. Select and secure proper equipment needed for the hospital.
11. Look after the welfare of the patients, their relatives and the Nursing Staff.
12. Give counseling and guidance to the subordinate staff.
13. Maintain discipline among Nursing Staff of the Hospital/Centres.
14. Participate in Hospital and Inter-Hospital meetings/conferences.
15. Arranging the continuing Medical Education Programme for the Nursing Personnel.
16. Any other duly assigned by the Medical Superintendent.

DEPUTYNURSINGSUPERINTENDENT

1. Look after the duties of the nursing supdt. In her absence.
2. Participate in the formulation and review of Nursing service philosophies, objectives, policies, rules and regulations, Job description etc.
3. Assist in the recruitment of the Nursing staff and students.
4. Assist in making the master duty roster of the Nursing Staff.
5. Assist in allocating Nursing personnel to various nursing services departments.
6. Maintain the records and reports of nursing personnel and keep the Nursing Services up-to-date.
7. Assist in putting up files connected to promotion, confirmation, study leave, vigilance cases etc.
8. Assist in planning and organizing the new units in the hospital. eg. ICU, CCU etc.

9. Provide over all supervision of Nursing care delivery in order to ensure that a high standard is maintained at all times.
10. Take regular hospital rounds, supervise and inspect the wards and departments including evening and night surprise rounds.
11. Assisting the Nursing Supdt. In preparing the budget for the Nursing Deptt.
12. Guide the ANS/Nursing Sister in maintaining inventory of equipments and supplies of departments and wards.
13. Participate in condemnation and replacement of the stock from lime to time.
14. Ensure the equipments and supplies to the wards and departments are according to the standard and quality.
15. Assist the Nursing Supdt. In the supervision and guidance of nurses and students in the hostel.
16. Orienting all members of the health team in disaster nursing.
17. Encouraging staff development programme.
18. Writing confidential reports of the Group 'D' Staff and maintaining reports for the purpose.
19. Any other duties assigned by the senior personnel from time to time.

ASSISTANT NURSING SUPERINTENDENT

1. Guide planning, implementing and evaluating the total patient care.
2. Maintain the standard of patient care with accepted objectives and policies of the hospital.
3. Provide direct nursing care to the difficult and serious patients.
4. Analyse and evaluate the kind and amount of nursing service required in each nursing unit.
5. Maintain safe environment and implement hospital infective control policy.
6. Make schedule of duty of staff nurses & Group 'D' and plan for rotation of nursing staff in her department to ensure good nursing care.

7. Check attendance register of staff nurse, nursing sister and receive evening and night reports from the deptt.
8. Making recommendation and arrangements for adequate flow of supply of surgical supplies, equipments. Stationery, diets etc.
9. Make an arrangement for adequate flow of supply of drugs and linen and maintenance of their accounts.
10. Custody of poisonous drugs record and their administration.
11. Report about any medico legal cases.
12. Assist in verification of ward stock, their indents, maintenance and condemnation etc.
13. Compile and submit statistics/census to the concerned authority.
14. Organise staff meeting with departmental and inter-departmental staff.
15. Act as liaison between Nursing Supdt., Nursing Staff. Public and other departments.
16. Keep the Nursing Supdt. /DY. Nursing Supdt. Office informed of the needs of the Nursing units/ward under her/his supervision and of any special problem.
17. Deals with problems, complaints of nurses, nursing students, patients and relatives and of Group 'D' staff of her/his unit and solve them.
18. Supervise all the nursing functions listed in the duties and responsibilities of staff Nurse and Nursing Sister posted in nursing units/ward which are under her/his charge.
19. Write confidential reports of staff nurse of her/his unit.
20. Arrange classes and clinical teaching of Nursing Students in the ward.
21. Arrange and conduct staff development programme of her/his ward
22. Organise planned teaching of Nursing In the ward.
23. Organise orientation programme for new staff of ward.
24. Provide counseling and guidance of Nursing staff and students.

25. Conduct clinical research.
26. Escort Nursing Supdt. And chief Nursing Officer and special visitors in the ward.
27. Participate in various professional activities. eg. Staff education and staff meetings etc.
28. Any other duties assigned by the seniors from time to time.
29. Helping Nursing Supdt. In the office work if necessary.
30. Review the monthly report and send it to the N.s.office.

SISTERTUTOR

The sister Tutor is responsible to the Nursing Superintendent/Asst. Nursing Superintendent for organizing and conduct of the teaching programme in the School of Nursing. In a large school, a Senior Nursing Tutor will be assisted by one or more tutors and Public Health Nurses to whom she would delegate appropriate duties. The following responsibilities and duties pertain to the Sister Tutor.

TEACHING

1. Planning of the teaching programme including an orientation programme in consultation with the Nursing Superintendent/Asstt. Nursing Superintendent and the medical and nursing teachers.
2. Planning for students" practical experience, ward assignments and vacations in - consultation with the Asstt. Nursing Superintendent.
3. Planning of ward teaching programme with the cooperation and collaboration of ward sisters.
4. Preparation for classes and demonstrations, display of educational material on notice board.
5. Teaching of all nursing subject with assistance from other members of the staff.
6. Guidance to students in methods of study and use of reference books and library. Individual attention to students when necessary, including individual assignments.
7. Conduct of periodical and terminal tests.

8. Organization of seminars, panel discussion, debates etc.
9. Assuring that students who go in for examinations fulfill all requirements.
10. Regular visits to the hospital ward~ and departments and other practice fields.
11. Writing of annual reports pertaining to school.

RECORDS OF STUDENTS

She will maintain the following records:

1. Register of attendance at classes. Demonstration, visits, etc.
2. Record of practical experience.
3. Marks of terminal tests and examinations.
4. Leave account of students.
5. Records of classes given by nursing, medical and other teacher.

STUDENTS HEALTH

1. Arrangement for initial and periodical health examinations and maintenance of health records.
2. Periodical visits to students rooms to make sure that they practice personal hygiene.
3. Organising recreation and social programmes.

GENERAL

1. Participating in the selection of students
2. Supplying of time tables of classes want sisters.
3. Maintenance of library, requisition for new books and journals.
4. Inventory of class room supplies
5. Inventory of class room equipment.

6. Arrangements for functions for prize distribution, capping, etc.
7. Any other duty that may be assigned to her from time to time relating to nursing education.

PUBLIC HEALT NURSE

The Public Health, Nurse is a member of the staff of the school of Nursing and is responsible to the sister Tutor. She may also be directly responsible to the Asstt. Nursing Superintendent for the conduct of any Public Health Nursing services. Which are established in relation to the training programme.

TEACHING

1. Planning the Public Health Nursing part of the course in consultation with the Sister tutor including planning and arrangements for Observation visits,
2. Consultation with the Tutors and Sister to plan and effect integration of Public Health in the entire curriculum.
3. Teaching of health subject, i.e., hygiene, public health nursing and nutrition in collaboration with other teachers.
4. Personal guidance and supervision of students in their practice of health teaching in the hospital and in all aspects of training in the public health field.

STUENTS HEALTH

1. Taking special responsibility for the students health programme including immunization.
2. Guidance and supervision of students individually for developing good health habits.

GENERAL

1. Development of a field for experience for students in public health nursing.
2. Maintenance of records and registers of the public health nursing service.
3. Records of students experience.
4. Reports on students.

5. Help to promote health practice and health education in the hospital wards and departments.
6. Any other duty that may be assigned to her from time to time.

HOME SISTER/HOUSEKEEPER (NURSFHOSTEL)

1. Keeping the premises neat and tidy.
2. Making the common rooms attractive and comfortable.
3. Receiving and distribution of nurses mail, telegrams, parcels, etc.
4. Requisitioning of hostel linen, cleaning materials, furniture crockery, cutlery, etc., and maintaining records relating to these items.
5. Rechecking the maintenance of building. Fixtures, etc., of the hostel.
6. Duty Roll call of inmates of the hostel and their general welfare.
7. Management of the hostel mess and control of the domestic staff attached to the hostel.
8. Any other duty that may be assigned from time to time relating the hostel.

WARDEN

1. Maintaining the discipline of the hostel and the inmates.
2. Allotment of rooms to the members
3. Arranging for an appetizing and balanced diet, proper and timely service of meals.
4. Supervising the service of meals with the help of Home Sister/House Keeper or other designated nursing staff.
5. Organising guidance, counseling and recreational activities.
6. Arranging medical care and examination of the inmates and staff of the hostel.
7. Ensuring proper maintenance of accounts of the hostel.
8. Allocating duties to the staff working in the hostel.

9. Supervising the work of Home Sister/House Keeper.
10. Any other duty that may be specified from time to time.

NURSING SISTER

1. Responsible for overall planning of nursing care of patients and for assignment of patients to nurses working in the ward.
2. Rendering direct nursing care to the ill patients & directly assisting the surgeons in major operations.
3. Ensuring that total health needs of patients are met.
4. Ensuring nursing standards are maintained throughout the day.
5. Participating in ward rounds with physician, nursing personnel.
6. Coordination of patient care with other departments of the hospital.
7. Taking over the patients in each shift and reporting to the senior if anything significant.
8. Ensuring safe environment in the ward.
9. Reporting regarding defective equipments and gadgets which are not in working condition.
10. Reporting failure of supply of electricity, water etc. to the Asst. Nursing Supdt.
11. Taking prompt action in any emergency situation arising in the ward and reporting to the appropriate authority.
12. Ensuring that ward statistics are regularly maintained and submitted.
13. Interpreting hospital policies and regulation and observing the same.
14. Coordinating and facilitating students teaching programme for new staff.
15. Participating in service education programme:
16. Providing incidental teaching to patients relatives. staff nurses student nurse and other Group D staff.

17. Assisting Asstt. Nursing Supdt. in organizing orientation programme for new staff.
18. Ensure that arrangements are made to assign nurses in emergencies where ever they occur.
19. Ensure welfare of all patients and provisions of special care wherever and whenever it is necessary.
20. Participate in evaluation activities related to the Nursing personnel.
21. Guide her subordinates to maintain a good Inter Personal Relationship with in the Nursing and other departments.
22. Act as a liaison officer between the Nursing Supdt. and other Nursing personnel.
23. Organise staff meeting for ANS, Sisters and Staff Nurses from time to time (eg. how to take care of the legal aspects, how to take care of a dead body, any change in rules and regulations etc.)
24. Help the warden to maintain the nurses mess and direct her how to take care of the sick nursing personnel.
25. Assist in physical verification of stock of hospital and department as required.
26. Deal with the problems and complaints of the Nursing Staff the public and Grade D staff.
27. Attend the emergency calls of hospital and 'nursing duties in the' evening and night.

Educational Activities:

28. Assist in planning and implement staff development programme. eg. short term course in medical specialties CCU, ICU, neonatal OT etc.
29. a) In service education programme.
b) Encouraging and collecting Nursing personnel for further studies.
30. Guide and counsel Nursing Staff from time to time.
31. Arrange orientation programme for the new staff.

32. Ensure clinical experience facilities for student nurses in various departments.
33. Organise experience programmes, facilities to the Nursing staff and postgraduate students from different hospitals and colleges,
34. Assisting ANS/Nursing Sister to arrange clinical teaching for staff and students and health teaching to the patients.

General Activities:

35. Escort special visitors. MS, CNO, NS for hospitals rounds.
36. Arrange and participate-in professional and social functions of the staff and students.
37. Assist in welfare activities of nursing personnel in the Hospital.
38. Assist in conducting physical check up for the entire Nursing Staff at least once in a year.
39. Conduct inter-departmental meeting of the Nursing personnel. eg. with doctors. X-Ray, Lab. and Pharmacy incharges etc.
40. Any other duties assigned by the senior from time to time.
41. Writing of confidential reports for the staff nurses.
42. Preparing monthly report and submit to the ANS (OT cases, deliveries. death etc.).

NURSING STAFF

1. She will attend to the patients with utmost sincerity and devotion.
2. Safai karmachari and Nursing Orderlies will provide full cooperation to Nursing Staff by providing bed pan and urine pot to the patient.
3. Nursing Orderlies will assist nursing personnel in making the bed, reeding the patient, administration of injection, medicine etc. and arrange for investigation and diagnostic procedure to the patients.
4. She will carry out administration of Oxygen, catheterization, dressing and toileting of patients.
5. She will maintain record of pulse, B.P., Intake/output, medicines and injections administered with date and time.
6. She should be polite and sympathetic to the patient.

MEDICAL RECORD STAFF

MEDICAL RECORD OFFICER

1. Management of Medical Record Department (including Central Admitting and Enquiry Office).
2. Development, analysis and technical evaluation of clinical record.
3. Development of secondary records (i.e. indexes of various types).

4. Preservation of medical records.
5. Development of statistics.
6. Assistance to the medical staff
7. Co-operation with all other departments in the matter of records.
8. Participation in educational and training programme.

STATISTICAL ASSISTANT (OR ASSISTANT MEDICAL RECORD OFFICER)

1. Disposal of all letters received in the department
2. Maintenance of files for different subjects dealt within the department
3. Scrutiny of Statistical returns compiled by the Admission and Discharge Analysis Desk and the Medical Statistics Desk.
4. Forwarding of statistical returns to the D.G.H.S. and other agencies.
5. Control of furniture, linen and stationery items through proper inventory, preparation of monthly indents for these items.
6. Supervision of the department work in the absence of Medical Record Officer.
7. Participation in the training programmes of the department.

MEDICAL RECORD TECHNICIAN

1. Compilation of data for research from records.
2. Preparation of statistical reports.
3. Review of medical records to ensure presence of all component.
4. Coding diseases and operations according to the accepted classifications.
5. Maintenance of indexes according to the planned procedure.
6. Preparation of Daily Hospital Census.
7. Analysis of records of discharged patients.

8. Analysis of admissions.
9. Compilation of monthly and annual statistical reports.
10. Computation of rates percentages, etc.
11. Maintenance of Birth Registers.
12. Maintenance of Death Registers.
13. Scrutiny of Birth and Death Reports received from the wards.
14. Supervision of Incomplete Records Control Desk.
15. Supervision of Filing Area.
16. Instructing new employees in the procedures of their jobs.
17. Checking the work of employees directly under his Supervision
18. Taking records to courts.
19. Attending to medico legal works while working in the Medical Record Department, as under
 - (a) Receiving medico legal registers from the Casualty Medical Officer when such registers are complete:
 - (b) Getting those medico-legal reports-which are left incomplete by the doctors, duly completed in all respects.
 - (c) Preparing a list of all those medico-legal reports which are not completed in spite of personal efforts, doctor-wise and submitting the same to DMS for necessary action.
 - (d) Controlling issue of medico-legal registers by maintaining a register.
 - (e) Issuing medico legal reports to the police authorities as and when required.
 - (f) Providing assistance to police officials in obtaining X-ray films and other documents required by them.
 - (g) Supply of blank medico-legal registers to the Casualty Medical Officer, on request, after numbering it with the automatic numbering machine.

(h) Attending courts and producing records there, as and when summons are received.

(i) Keeping all the medico-legal documents in safe custody.

20. Participation in the training programmes of the department.

RECEPTIONIST (CENTRAL ADMISSIONS AND ENQUIRIES)

1. Guiding patients to various O.P.Ds/clinics/Departments in relation to their diseases.
2. Preparation of Admission Records of all patient to be admitted.
3. Attending to enquiries.
4. Maintenance of Index Cards of patients and Medical Officers.
5. Maintenance of Central Admission Register.
6. Arranging funeral vans on request.
7. Sending messages to patient's relatives and doctors and phonograms.
8. Maintenance of furniture, equipment, stationery medical record forms, etc., lying in the Central Admitting and Enquiry Office.
9. Announcement on paging system.
10. Supervision of the staff working in the Central Admitting and Enquiry Office.

JUNIOR MEDICAL RECORD TECHNICIAN

1. Typing of patients name index cards.
2. All the duties performed by the Receptionist on the Central Admission Counter as well as Enquiry Counter during the night and in the absence of a Receptionist.
3. Hospital Census work. viz.:
 - (a) Collection of daily ward census reports prepared by night nursing staff.
 - (b) Tallying number of admissions recorded in the wards with the duplicate copies of admission advice.

(c) Collection of records of discharged patients.

(d) To remove patients Name Index Cards of discharge patients from 'In-the-House' cabinets kept in the enquiry office.

(c) Preparation of consolidated Hospital Census Report.

4. Assembling of Medical Records of discharged patients according to a specific order.
5. Typing of daily discharge list.
6. Proper filing and maintenance of patients name Index cards of discharged patients.
7. Typing work of the department.
8. Assisting the Medical Record Technicians working in the incomplete as well as completed records control areas.
9. Attending courts for production of medico-legal registers and medical records, etc.
10. Assisting Medical Record Technician in admission and Discharge Analysis.
11. Registration of out-patients in various O.P.Ds and Clinics.
12. Assisting the Medical Records Technician Incharge of out-patient Statistics in the collection and compilation of data on attendances and diseases.

MEDICALRECORDAITENDANTS

1. Filing of medical records of discharged patients.
2. Retrieval of medical records.
3. Checking medical records for missing files.
4. Proper maintenance of medical record files in the incomplete as well as completed records areas.

LABORATORY STAFF LABORATORY SUPERVISOR

1. Deployment of Technical staff (Sr. Lab Technician, Lab Tech. And Lab. Assistant working in the laboratory).

2. To work and supervise working of technical staff in laboratory investigation.
3. To perform all sophisticated investigations in the field of clinical laboratory medicine and to maintain quality control and standardisation of procedures.
4. To perform blood test by modern automatic instrument (Auto analyser) under the guidance of Officer Incharge/HOD.
5. To maintain discipline and working schedule under guidance of Medical Officer Incharge of the laboratory.
6. Preparation and keeping records of daily/monthly statistics all types of investigations.
7. Maintenance of all types of instruments including maintenance of catalogue in store for each equipment Used.
8. Maintenance of substore for day to day need for reagents, chemicals, kits-equipment under Supervision of officer I/C of the lab.
9. Preparing the annual indent of stores, indenting and receipt of stores and their maintenance.
10. To provide training on Hospital Waste Management for safe disposal of Bio-medical waste and universal precautions to be taken while handling blood.

SENIOR LABORATORY TECHNICIAN (CLINICAL LABORATORY, BIOCHEMISTRY, HAEMATOLOGY)

1. To carry out micro-analytical biochemical or and clinical laboratory investigations for research and routine analysis of blood and urine, stool and CSF etc.
2. To carry out Laboratory tests in auto analyzer if facility is available.
3. To maintain and look after the equipment used in the laboratory:
4. To maintain stores/stock of laboratory & maintenance of ledger/Inventory register.
5. To work in emergency laboratory and perform shift duties.
6. To assist lab. Technician.
7. To be deputed for duty as and when required by the duty officer.

LABORATORY TECHNICIAN

1. Collection of sample.
2. Preparation of blood smears.
3. To perform clinical laboratory tests like blood, urine, stool, liver function tests, kidney function tests etc.
4. To follow the Hospital waste management guidelines in disposal of left over blood and sample bottles.
5. To maintain record of all investigations done on a register.
6. To prepare despatch/distribute report of outdoor and indoor patients.
7. To observe courteous behavior, with patients.
8. To perform emergency rotational duties.
9. To supervise the work of subordinate staff.

LABORATORY ASSISTANT

1. To assist laboratory technician.
2. To keep the laboratory table clean.
3. To wash glassware in the laboratory area.
4. To assist laboratory supervisor in bringing the laboratory reagent, equipment etc, from stores.
5. To learn procedures of doing routine blood, urine and stool under supervision of laboratory technician and to undergo in service laboratory technician training.

LABORATORY SUPERVISOR (HISTOPATHIOLOGY)

1. To supervise the working of subordinate technical staff in Histopathology laboratory work.
2. Processing specimens i.e. dehydrating, cleaning and embedding.
3. Preparing and cutting paraffin block.

4. Fixing the blocks in objective holders.
5. To sharpen the instruments used for cutting of samples.
6. Doing staining of slides by eosin and haematoxylin.
7. Doing special staining, if required.
8. Screening of cytological smears for malignant cells under the supervision of Doctor Incharge.
9. To conduct training programme on Hospital Waste Management for subordinate staff.
10. To ensure that all universal precautions are taken by all the staff while handling tissue or body fluid.
11. To keep record of stock of all chemicals and equipments.
12. To indent the stores and-all receipts to be kept safely.
13. To keep inventory register of the department upto date.

LABORATORY TECHNICIAN (HISTOPATHOLOGY)

1. To receive specimens from stores.
2. Proper labeling of the specimens and entry in the register.
3. Processing specimens received from the operation theatre.
4. Preparing and cutting paraffin block.
5. Fixing the block in objective holders.
6. Doing staining of slides.
7. Cytological screening of slides for malignant cell with the assistance of Doctor Incharge/HOD.
8. To keep record of report.
9. To assist laboratory supervisor in administrative work.
10. To assist in post mortem examination.

LABORATORY ASSISTANT (HISTOPATHOLOGY)

1. Maintenance of cleanliness of laboratory.
2. Safe disposal of specimens as per guidelines of Hospital Waste Management.
3. To keep the equipment and glass wares clean and functional.
4. To learn technique of preparing slide under the guidance of laboratory technician.
5. To undergo in service training on Medical laboratory technician, if facility available.
6. To assist laboratory supervisor in getting the indent from stores.

LABORATORY TECHNICIAN (MICROBIOLOGY)

1. To collect specimen.
2. To prepare smear for examination.
3. Centrifugation and preparation of urine deposits for smear examination and culture and sensitivity to pathogenic organism.
4. Taking weight of chemicals for preparing standard solution and preparation of stock mediator bacteriological work.
5. To autoclave used blood culture bottles and dishes.
6. Sterilising and maintaining glassware by autoclaving.
7. To perform serological tests for various isolated organisms.
8. Bacteriological tests to prevent hospital acquired infection.
9. To check efficiency of autoclaving of instruments, linen etc. in CSSD.
10. To take universal precautions while handling blood and body fluids and to follow guidelines on Hospital Waste Management for safe disposal of samples left.
11. To keep account of stores related to department.
12. To prepare monthly statistics of investigations done.

MUSEUM CURATOR (HISTOPATHOLOGY LABORATORY)

1. Receiving the specimens and preparation of corresponding histological sections.
2. Preparing surgical specimens for display -mounting and labeling.
3. Helping in photo micrographic work.
4. Indexing surgical specimens.
5. Compiling Statistical data.
6. Maintenance and furnishing of museum.
7. To maintain stores related to task assigned.

BLOOD BANK

SENIOR BLOOD BANK TECHNICIAN

1. To supervise the cleanliness of whole department through Gr. D staff.
2. To get the glassware, equipments, table etc. cleaned by laboratory attendant.
3. To monitor the work of Blood Bank Technician and to guide them In performing blood test through newer techniques.
4. Grouping of all voluntary donors and to perform test for HIV STS, HBs Ag., etc.
5. To perform HIV test on blood to be transfused, received from private hospitals if it is a recognized Zonal center declared by the authority.
6. To collect the blood of all antenatal mothers mostly primi or with bad obstetric history referred form OT for blood grouping and Rh factor. Coomb's test for mother and new born babies if required.
7. To maintain equipment and cold storage in functional condition.
8. To maintain stores and ledger register of chemicals, equipment and Inventory of all items in the department.
9. To prepare monthly/annual indent.
10. To prepare monthly report.
11. To assist officer-in-charge in administrative work of the department.

BLOOD BANK TECHNICIAN

1. To receive blood samples for grouping and cross matching along with requisition forms from wards/OT/labour room and others.
2. To perform emergency duty on rotational basis.
3. To perform grouping of all donors (voluntary), bleeding of donors, labeling, documenting, storing and issuing blood.
4. Grouping and cross matching of all blood samples for routine and emergency demand from ward, operation theatre etc. and issuing and matched blood as and when required.
5. Doing Rh factor and Coomb's test wherever required and to maintain the record in the register.
6. To issue infusion sets to all the depts., of hospital as demanded.
7. To supervise laboratory attendant in performing his duties.

BLOOD BANK ASSISTANT

1. To assist laboratory technician in his work.
2. To maintain cleanliness of table, washing of glassware in the laboratory area.
3. To obtain in-service training in Medical Laboratory Technician programme if facility available.

OPERATION THEATRE

OPERATION THEATRE SUPERVISOR

1. Mainly general administrative responsibility.
2. Deployment of technical staff (Sr. Technician/OT Technician /OT Asstt.) under their respective area (routing & emergency OTS.)
3. Supervision of the work of OT Technicians working under respective OT.
4. Checking the function of different equipment apparatus to ensure smooth functioning.
5. Checking and supervision of the essential daily use articles and drugs in respective areas.

6. Arrangement for regular sterilisation of anaesthetic circuit, endotracheal tubes etc.
7. Daily checking of OT tables, lights, gas supply system, suction bottle and electric socket for proper functioning.
8. Supervising cleanliness and maintenance of operation theatre.
9. To ensure that instruments are properly sterilised.
10. To take adequate precaution against fire and other hazards.
11. Keeping the emergency outfit up to date and in good working order in the theatre.
12. Helping in arranging patient's trolley and transferring to and from the operation theatre.
13. To ensure that tables are thoroughly cleaned with Savlon and carbolised before the next patient is put up for surgery.
14. In case of emergency, sterilization of gloves/linen/instrument in high speed autoclave in the operation theatre is needed.
15. Reporting of any problem with functioning of operation theatre equipment, apparatus and drugs etc. to Anaesthetist Incharge or OT.
16. The following registers will be maintained by OT Supervisor:-
 - (i) Stock register of different items.
 - (ii) Inventory register of operation theatre.
 - (iii) Ledger register
 - (iv) Duty roster and attendance register etc.
 - (v) AMC register.
 - (vi) Catalogue of instruments and high-tech equipments.
 - (vii) Anaesthesia drug consumption.
17. Any other duty assigned by Anaesthesia Incharge of operation theatre.

SENIOR OPERATION THEATRE TECHNICIAN/SR.PLASTER TECHNICIAN

1. To assist senior operation theatre supervisor in administrative work.
2. To maintain discipline in attendance, punctuality and performance of duties in respect of OT technicians and Gr. D staff.
3. To maintain cleanliness of the operation theatre and ensure complete asepsis on the basis of regular taking up of swab for microbial flora.
4. To prepare monthly and annual indent of operation theatre.
5. To store and maintain all instruments, apparatus and other appliances belonging to the main operation theatre, recovery room and emergency operation theatre.
6. To see that all emergency outfit is kept functioning in functional order at all times.
7. To supervise the subordinate staff.
8. To prepare monthly statistics of operation (Major+Minor) performed.

OPERATION THEATRE TECHNICIAN/PLASTER TECHNICIAN

1. To be incharge of all anaesthetic instruments and equipments of
2. To ensure that all are functional at any time required.
3. To assist doctor in 'induction and reversal of anaesthesia.
4. To get the patient transferred to recovery room.
5. To get operation table thoroughly cleaned before the next patient is put on the table.
6. All universal precautions to be taken while handling patient's blood, body fluid or tissue.
7. All equipment, instrument and linen and gloves to be safely disposed off as per guidelines on Hospital Waste Management.

OPERATION THEATRE ASSISTANT

1. To be responsible that the theatre to which they are posted is in fit condition i.e. cleaned and sterilised.

2. To assist" OT technician in making position of the patient on the table.
3. To assist doctor in starting I.V.drip.
4. To change the gas cylinder.
5. To ensure that anaesthesia trolley has all the instruments equipments, drugs, syringes etc.
6. To guide N/A in transfer of patient from QT table to trolley and to recovery room.
7. To wash instruments, endotracheal tube etc; thoroughly as per instructions
8. To take universal precaution while handling soiled aesthesia instruments.

**RESPIRATORY MEDICINE
RESPIRATORYTECHNICIAN**

1. He will be responsible for the maintenance, upkeep and repair of all equipments used for respiratory and oxygen therapy.
2. He will be incharge of the Central Oxygen supply at the paediatric block at the central console. He will however check the ward flow meters and suction points as to their state of repair and function.
3. Any misuse of gas or the equipment will be brought to the notice of the Asstt. Nursing Superintendent (Paediatric).

RESPIRATORY LAB. TECHNICIAN

1. Must be able to clean and sterilise fiberoptic bronchoscope.
2. To assist the doctor in various procedures such as Bronchoscopy, Intercoastal intrabronchy, Transthoracic FNACs, pleural biopsy etc.
3. Cleaning and maintenance of various lung function test machines.
4. Must be able to perform various non invasive lung function test independently.
5. Cleaning and sterilisation of masks and tubings.
6. Exposure to handling the computers.

7. Change of various reagents in machine and preparation of various mixtures and disinfectants.
8. Maintenance of log books and liaison with various stores.

RESPIRATORY LAB. ASSISTANT

1. Must be able to clean and sterilise fiberoptic bronchoscope
2. Cleaning and maintenance of IUII g function test machine.
3. To assist the technician in various procedures.
4. Cleaning and sterilization of mask and tubings
5. Should be able to assist in performance of bronchoscopy and other diagnostic procedures in the respiratory laboratory.

**CARDIO THORACVASCULARSURGERY
TECHNICIAN CARDIAC CATHERISATION**

1. To help in cardiac catheterisation
2. To take E.C.Gs of emergent cases.
3. To do G.T.T. of myocardial infarction, ischaemia and hypertensive cases to rule out diabetes.

TECHNICIAN FOR OPERATING THE PUMP FOR CARDIAC SURGERY

1. To look after the cardio pulmonary bypass apparatus and its accessories.
2. Sterilisation and thorough cleaning and proper storage of the apparatus after use.
3. To assist the cardiac surgeon in running the pump and for any other allied work required by the cardiac surgeon.
4. To get ready all the ancillary drugs and equipments necessary for cardiac surgery.

MONITORING TECHNICIAN

1. To be incharge of all monitoring equipments used in the cardiac thoracic unit and in the L.C.U. of the hospital.

2. To be present during all cardiac thoracic operations and keep the monitors and cardiac resuscitators ready for use.
3. To help the cardiac surgeon in his diagnostic procedures.

TECHNICAL ASSISTANT (MICRO VASCULAR SURGERY/ PLASTIC SURGERY)

1. He has to work in Operation Theatre where plastic surgery/ transplant surgery, micro vascular surgery is undertaken.

CARDIOLOGY DEPARTMENT ECHO CARDIOGRAPHY TECHNICIAN

1. Handling of Echocardiographic machine/ECG machines and other duties assigned by the Medical Officer in charge.
2. To assist the surgeon in the operation of the machine.
3. To keep the transducer sterile, clean to be used in patients.
4. To maintain the ledger and store register.
5. Any other duty assigned by the medical officer in charge of cardiology department.

ELECTROCARDIOGRAPHY TECHNICIAN

1. Handling and maintenance of ECG Machines.
2. To take E.C.G. of patients as advised by the doctor.
3. To maintain record of ECG done and compilation of monthly report.
4. To take ECG of seriously ill patients at bed side whenever called by ward doctor.
5. Any other duty assigned by Medical Officer in charge.

CENTRAL STERILE SERVICE DEPARTMENT (CS.S.D) SENIOR TECHNICIAN (CSSD)

1. Incharge of the CSSB department.
2. Responsible for store/departmental complaints.
3. To supervise the dept., allocation of duties of CSR Asstt./CSR Tech, etc.
4. To be responsible for maintenance, repair of all high power electrical and mechanical machines.

5. All type of documentations for the benefit of the deptt. and full supervision, duty arrangement of duties/call duties etc.
6. Responsible for complete sterility of equipments to the entire hospital including operation theatres, culture etc.

CSSDTECHNICIAN

1. All articles for sterilization by autoclaves have to brought from the respective deptt.
2. Daily care of cleaning the sterilizer.
3. Loading and unloading of the sterilizers, of setting up the articles at the proper place, to and from, clean work area to sterile storage area.
4. Maintenance of complete records of sterilized material.
5. Sharping and unlocking of needles preparation of Pot. Dichromate sol.

CSSD ASSISTANT

1. Packing of syringes, instruments and special trays.
2. Washing and cleaning of gloves, instruments, needles and syringes etc.
3. Maintaining the cleanliness of the deptt. and dusting of issuing area, sterilization area.
4. Messenger service to the wards and deptt.
5. Supply of cylinders from gas room to wards and deptt.
6. Report shortages etc.

DEPARTMENT OF E.N.T. SENIOR AUDIOMETRY TECHNICIAN

1. Supervision of duty assigned/work of Audiometry Technician.
2. Framing the duties/responsibilities of Audiometry technician.
3. Supervision of audiometry set up.

4. Performing the Tympanometry tests.
5. Performing of the Tone Decay test.
6. Performing of S.S.S.T. test.
7. Performing of the Malingerer's tests.
8. Hearing aid trials with different hearing aids.
9. Fitting of all types of Hearing aids-advice.
10. Advising the type and models of the hearing aids.
11. Maintenance of audiometry machines.
12. Maintenance of Tympanometry machines.
13. Maintenance of Hearing aids-amplifiers and speakers.
14. In the absence of Audiometry technician to perform all tests.
15. Overall Incharge of all equipment in the Audiometry set up.
16. Any other duty/duties entrusted by the HOD/MS from time to time.

DEPARTME OF NEUROLOGY E.E.G.TECHNICIAN

1. To record the electro-encephalo-graph of patients on the advice of doctor.
2. To check the impedance of electrodes taking E.E.G.
3. Marking of montague and other clinical detailsi in the EEG for the purpose of interpretation by the senior staff and Neurologist.
4. To check the working of the machine every day.
5. To eliminate minor troubles which may arise in the EEG and checking of electrodes, impedance etc.
6. To maintain the records of EEG tracing, EEG reports etc.
7. To repair the electrodes, testing them daily and rechloriding them for recording of brain potentials.

8. To make bentonite paste for the application of electrodes on the scalp for the BEG recording.
9. Regular cleaning of ink wells and recording pens, removing ink clogs if any, filtering of ink etc.
10. Special EEG studies during sleep (natural and drug induced), sphenoidal and Nasopharyngial electrodes If any.
11. To attend emergency EEGs when and if they are required.

SIEREOTAXYTECHNICIAN

1. Handling of stereotaxy machine (Echo-encephlographic machine) and other duties assigned by the M.O. Incharge.
2. To keep the instruments ready for experiments.
3. Prepare animals and look after them after stereotaxic operation.
4. To assist the Neuro Surgeon during the experiments.

E.M.G. TECHNICIAN

1. Record the E.M.G. of patients.
2. To check the machine, keep all the electrodes ready for test.
3. Maintenance the record of EMG done.
4. Preparation of reports.
5. Photographic recording of EMG to be done and processed for permanent record.

DENTAL AND MAXILL OF ACIAL DEPARTMENT SENIOR TECHNICIAN (MAXILL-OF ACIAL PROSTHFSIS)

1. To assist in maxillofacial prosthesis techniques and in keeping up standard of prosthetic work.
2. To be responsible for maintenance of all the equipment used in maxillofacial laboratory including cephalometry x-ray.

3. To be responsible for keeping proper accounts of all the stores items both expendable and non-expendable.
4. To assist the Head of Deptt. in research work, if any regarding maxillofacial prosthetic problem.
5. Any other duty assigned by the Head of Deptt. from time to time.

DENTALHYGIENISST

1. He is responsible to maintain and guide the oral hygiene aspect of dentistry. This includes removal of debris, prophylactic elimination of suppurative pockets and doing temporary filing of teeth.
2. He does pre and post operative dressing as well following surgical dental procedure in the oral cavity. .
3. He is responsible for proper maintenance, functioning of electro-medical and non-electric machinery used in dental department.

DENTALMECHANIC

1. To make denture and other prosthetic appliances in accordance with directions of the dental surgeon.
2. Proper maintenance of fill laboratory equipment and machinery.
3. To maintain account of expendable and non expendable items.

SENIORDENTALTECHNICIAN

1. Looking after the Medical/General stores.
2. Maintenance of cleanliness in the deptt.
3. During the absence of Dental hygienist looking after the job of dental hygienist also.
4. Maintenance of the building/sanitation/electrical fittings.
5. Inspecting the work/attendance/discipline/upkeep of the class IV employees in the department
6. Any other duties assigned by the Head of the department from time to time.

DENTAL TECHNICIAN

1. To assist the surgeon in Dental Surgery.
2. To be fully Conversant with instruments, equipments and drugs used in Dental Surgery.

3. To maintain stock register of the equipment and dental stores.

X-RAY DEPARTMENT

JUNIOR TECHNICAL OFFICER (JTO) IMAGING SERVICES

To look after the following administrative work.

1. Maintenance of x-ray machines.
2. To prepare duty roster of all subordinate staff.
3. To maintain discipline in the department.
4. To supervise and guide the junior staff in performing their work.
5. To prepare monthly statistics of the department.
6. To maintain stores, stock and ledger register of various equipments and machinery.

RADIOGRAPHER SUPERVISOR

1. To assist JTO in day to day work.
2. To share responsibility of administrative work.
3. Maintenance of machinery and equipment in functional order.
4. To supervise the work of subordinate staff in emergency deptt. orthopaedic deptt.
5. To carry out the responsibilities of J.T.O. in his absence.

SENIOR RADIOGRAPHER

1. To assist the doctor in special diagnostic radiographic investigation.
2. To supervise the work of radiographer and guide him whenever required.
3. Proper storing of x-ray films of all medico-legal cases and to produce it in court when demanded.
4. Maintenance of record of x-ray reports of patients referred.
5. To maintain discipline in the department.

RADIOGRAPHER

1. To take diagnostic radiographs of patients required by doctors.
2. Proper storing of unexposed x-ray films.
3. Keeping account of x-ray films supplied, used and balance in hand.
4. To wear the film badge to assess exposure to x-ray radiation.

5. To perform duty in emergency department and orthopaedic department in rotation.
6. To carry out the portable x-ray of seriously ill patients.
7. To keep record of all x-rays taken in the register.
8. To maintain the cleanliness of the x-ray room.
9. To keep record of paid/unpaid radiological investigations done for patients.

X-RAY ASSISTANT

1. To assist senior radiographer.
2. To take simple x-rays under the supervision of radiographer.
3. To assist radiographer in carrying out portable x-ray by mobilising the x-ray machine from the department.
4. To keep machines and room dust free.
5. To keep record of x-ray films taken.

DARK ROOM ASSISTANTS

1. To receive x-ray film.
2. To develop the film by dipping in chemical in dark room.
3. To dry the films.
4. To make detailed entry of the film in the register and hand it over to reporting doctor.
5. To dispatch the reports to various wards/handing over urgent x-ray to patients with signature of persons receiving it.
6. To develop CT scan films/USG films.

RADIOTHERAPY DEPARTMENT

JR. TECHNICAL OFFICER

1. To supervise and coordinate work of all radio therapeutic techniques and equipments.
2. To maintain liaison with companies/suppliers for maintenance of Radio therapeutic equipments.
3. To look into service contract etc. with companies for repair and maintenance.
4. Any other duty that may be assigned by the concerned head of the department/Medical Superintendent.

SR.RADIOTHERAPYTECHNICIAN (SUPERVISOR)

1. To supervise all the Radiotherapy technicians.
2. To work in various Radiotherapy Units and mammography x-ray unit treatment planning.
3. To be overall responsible for administrative work in relation to maintenance of all the sophisticated teletherapy and x-ray units.
4. To contact the respective companies for repair and maintenance of all the units in the department.
5. Any other radio therapeutic work assigned by the Head of Department.

SR.RADIOTHERAPY TECHNICIAN

1. To work in each unit of the Radiotherapy department.
2. To carry out the treatment of cancer patients, checking the treatment planning calculations, dose, field, markings, checking the position on patients during treatment.
3. To check brachytherapy patients undergoing intracavity implants.
4. To keep a liaison between the patients and doctor.
5. Any radio therapeutic work assigned by the Head of the Department.

RADIUM CURATOR

1. To handle radioactive sources for Brachytherapy.
2. To work in the radium/other radioactive sources room and record all material to be maintained.
3. To maintain storage supply and safe movement and return sources.
4. All duty assigned to Sr. Radiotherapy technician from time to time.
5. Any radiotherapeutic work assigned by Head of the Department.

MOULD ROOM TECHNICIAN

1. To carry out and supervise the Mould Room work.
2. To work on simulator for Radiotherapy Technician.
3. To work in Radiotherapy centre as and when necessary.
4. Any other duty assigned by the HOD/Medical Superintendent.

RADIOTHERAPYTECHNICIAN

1. To carry out Radiation treatment on Radiotherapy Medicine for cancer patients.
2. To help the Radiotherapist and Physicist in Brachytherapy work in cancer patients in Radium room, Radium OT and ward of the department.
3. To help in treatment, planning of patients with dosage calculation, check films, mould room work and radiation dosimetry.
4. To maintain the stock of radioactive source and other radioactive equipment with their accessories in the department.
5. Any other duty assigned by Head of the Department in public interest.

PHARMACY

PHARMACIST

1. Compounding and dispensing prescriptions according to the hospital formulary or prescriptions of doctors in the hospital.
2. Being responsible for initiating the indents, storage and maintenance of stocks and accounting of medical supplies and appliances under his charge.
3. Providing first-aid to the injured and repeat prescriptions of physicians when ordered.
4. Compiling statistics of hospital in accordance with the instructions of the hospital authorities.
5. Attending to the work of the clinical side room and doing the routine tests of urine, faeces and blood, provided he has undergone adequate training.
6. Performing such other duties as may be assigned by the hospital authorities.

SANITATION STAFF/DOMESTIC STAFF

CHIEFSANITARY SUPERINTENDENT

1. Overall responsible for supervision of subordinate staff in maintenance of cleanliness in Hospital.
2. Preparation of duty roster of Sanitary Supdt., Sanitary Inspector and Sanitary Supervisors.
3. Deployment of Nursing Attendant and Safai Karmachari taken as casual labours and to supervise their work.

4. To certify the work done during contract period and preparing payment bills for daily wages.
5. To take regular rounds of wards/departments to ensure proper sanitation.
6. Liaison with CPWD Civil for opening of blocked sewage lines, drains, W.C. etc.
7. To organise pest control programme in the hospital at regular interval.
8. Liaison with NDMC:
 - a) Daily removal of garbage by NDMC truck.
 - b) Opening of main sewage lines.
 - c) Removal of stray dogs, monkeys and cattle in the premises of the hospital.
9. I.E.C.- To educate sanitary staff on Hospital Waste Management and it must be stressed that Safai karamchari follow guidelines on Hospital Waste Management rules and take universal precautions while handling bio-medical waste.
10. Stores- Indenting, maintenance of sanitation item and inventories of expandable and non-expandable items.
11. Any other duty assigned by senior officer/Medical Supdt.

SANITARY SUPERINTENDENT

1. To supervise the work of sanitary inspectors working in the area assigned to sanitary superintendents.
2. To take regular round of the area for cleanliness.
3. To assist Chief Sanitary Supdt. in administrative work.
4. To take responsibility of Chief Sanitary Supdt. in his absence.
5. To maintain discipline amongst the sanitation staff.
6. Any other duty assigned by senior officer incharge of Sanitation.

SANITARY INSPECTOR

1. He is incharge of Sanitation of the area assigned.
2. To supervise and guide sanitary supervisors in their work.

3. To report to Sanitary Supdt. regarding administrative constraint faced by Safai karamchari's of the area.
4. To take surprise round of ward/OT etc. for cleanliness of floor and toilet etc.
5. Any other responsibility assigned by Sanitary Superintendent.

SANITARY SUPERVISOR

1. To supervise the work of Safai karmacharis.
2. To provide replacement of Safai Karmacharis if regular Safai Karmacharis is on leave.
3. To maintain the cleanliness and proper sanitation of the area under his/her supervision.

CARETAKER

1. To look after the maintenance of building including Hostel and Dharmashala.
2. To maintain proper record of furniture and other items in Hostel & Dharmashala.
3. Allotment of accommodation in consultation with Hostel Warden.
4. To ensure fire protection and security arrangement in building.

STEWARD

1. He will receive indents from the wards compile them and make consolidated indent for daily requirements of food articles.
2. He will indent, receive, store, issue and account for bulk supplies of food articles when store keeper is not provided.
3. He will receive the daily supplies of raw food from the contractor issue it to Head cook of the kitchen according to scale and keep proper accounts when store keeper is not provided.
4. He will check the monthly bills of the contractor regarding the correctness of the supplies made with reference to ledgers and other documents.
5. He will arrange for local purchases of food articles not supplied by the contractor.
6. He will supervise the cooking to see that food is cooked as required by the Dietician/Catering Officer.

7. He will see that the cooked food is stored temporarily under hygienic conditions till it is distributed to wards.
8. He will supervise the distribution of food to the wards.
9. He will supervise the proper cleaning of utensils, maintain the cooking appliances in good condition and see to the general cleanliness of the kitchen.
10. He will supervise the disposal of food wastes.
11. He will report to the Dietician/Catering Officer or other higher authorities regarding:
 - (a) Problems of food service;
 - (b) Problems of maintenance of buildings and appliance, and
 - (c) Problem of staffing of the department.
12. He will do any other duty assigned to him.

STOREKEEPER

1. He will receive, store and supplies according to scales whenever prescribed or with reference to orders issued by the officer incharge kitchen.
2. He will report to the officer incharge kitchen about inadequacy or delay in supplies.
3. He will show all supplies received to the officer incharge of the kitchen for approval.
4. He will maintain stock registers satisfactorily.
5. He will verify supplier's bills.
6. He will properly arrange his stores and to physical checking of store every week or month and submit his report regarding surpluses losses, etc.
7. He will perform such other duties as may be specified by the officer incharge kitchen.

HEAD COOKS

1. He will supervise the work of kitchen staff working under him.
2. He will see to the care and maintenance of the equipment.
3. He will see to the sanitation and cleanliness of the department.
4. He will open and close the kitchen.

5. He will maintain and improve standards of food preparation and service.
6. He will represent kitchen staff to the dietician.
7. He will supervise the food service.
8. He will check wastage, spoilage of food, etc.
9. He will assign duties of the kitchen staff whenever necessary.
10. He will report about gas requirements to the store keeper.
11. He will do any other duty that may be assigned to him from time to time.
12. The Head Cook and Cooks should see that the various meals are supplied to the hospital according to the following timings:

Morning Tea	6.30 to 7.30 A.M.
Breakfast	8.00 to 9.30 A.M.
Lunch	12.00(Noon) to 2 P.M.
Evening Tea	3.00 to 4.30 P.M.
Dinner	6.00 to 7.30 P.M.

COOK

1. He will receive food articles according to indents from the steward/store keeper.
2. He will prepare food as required by the Dietician and according to the menu.
3. He will store cooked food properly till distribution.
4. He will distribute the food to the various wards for further distribution by the ward staff and prevent wastage of food.
5. He will maintain the cooking ranges and other cooking appliances in good condition.
6. He will supervise the duties of other auxiliaries working in the kitchen and in their training.
7. He will observe personal hygiene and use the special clothing of aprons provided while performing his duties.
8. He will maintain cleanliness of the kitchen and utensils.
9. He will take safety precautions to prevent fire and injuries to those working in the kitchen
10. He will perform such other duties as may be assigned to him from them to time.

MATE, BEARER AND KHIDMATGAR

1. He will clean grains, wash and cut vegetables, make dough and balls for chapaties.
2. He will help cooks in the filling of water.
3. He will do dusting and arrange equipment in the kitchen.
4. He will give a helping hand to the cooks while cooking.
5. He will bring back food trolleys, cans, etc., from wards.
6. He will serve food to the patients, doctors and nurses.
7. He will do any other duty that may be assigned by the Head cook.

MASALCHIES

1. He will wash pots, pans and all other kitchen utensils.
2. He will do any other duty that may be assigned to him by the Head Cook.

PEON

1. He will be on duty half an hour before the working hours of the office in which he works and leave half an hour after the office hours.
2. He will attend to dusting of the tables and walls, and furniture in the area of the office allotted to him and see that the stationery items kept on the desk are always ready for use.
3. He will see that the sweeper allotted to the area cleans floors, walls, toilet, etc., daily before the office hours.
4. He will be on call during the allotted time.
5. He will announce the arrival of visitors to the officer concerned and help them to the officer concerned in an orderly manner.
6. He will attend to the telephone calls when the officer is not in his seat.
7. He will carry 'IN' correspondence and files from the main office to the officer's desk and carry the 'OUT' correspondence to the main office from the officer's desk.
8. He will run errands on official business within the hospital and outside, if necessary.
9. He will bring tea and other refreshments from the Canteen to the officer concerned whenever required.

10. He will expeditiously deliver the outgoing mail to the addresses and post office and bring the incoming mail from the post office and other officers.
11. He will assist in moving stores from one place to another within the hospital when ordered by responsible personnel. He will move stores from and to the hospital or go to bank for cash/cheques, etc.
12. He will assist in packing parcels, closing and stamping of letters.
13. Whenever necessary and authorized by the responsible personnel, he will also do the duties of a chowkidar or a gate peon.

NURSING ATTENDANT

1. He will be doing dusting of the department and will also assist Nursing Personnel for dis-infection of the rooms.
2. He will assist Nursing Personnel in patient care.
3. He will get the indent from stores and also bring sterilised items from C.S.S.D.
4. He will take referred call to various departments.
5. He will provide first-aid to patients when required.
6. He will transfer patient from ward to other supportive departments for investigations and diagnostic procedure.
7. He will assist Nursing Staff in packing the dead body & their transportation to mortuary.
8. He should be courteous and polite to patients and their attendants.

SECURITY GUARD

1. He should be polite, sympathetic, courteous, honest under all circumstances.
2. He will perform his duty as per roster prepared by Security Officer with a copy endorsed to CMO Casualty.
3. He will allow one attendant with one patient. He will perform his duty with patience and will give no room for complaint.
4. He will be responsible for security of the area under his charge and is answerable to Officer Incharge Security/CMO Incharge Casualty for any untoward incidence.
5. He will perform any other duty as required by his supervisor/security officer.

STRETCHER BEARER

1. He will be on duty round the clock as per duty roster.
2. He will assist in transferring the patient from ambulance/car to the stretcher or wheel chair or from one ward to the other.
3. He will be prompt in carrying out his duties while transferring the patient.
4. He should be trained in first aid treatment.
5. He will do any other duty as assigned by Doctor/Sister Incharge of the Ward.
6. He should be polite and sympathetic to patients.

SAFAI KARAMCHARI

1. He will keep the area neat and clean.
2. he will give urinals and bedpans as and when-required by patient after thoroughly cleaning with antiseptic lotion.
3. He will carry stool, urine samples, blood and other body fluid and tissues samples to respective laboratories and bring back reports from there.
4. He will transport dead bodies to mortuary and dispose off dead fetus and amputated limbs or other parts of body to incinerator as final disposal.
5. He will be cleaning the soiled linen with water and after treatment with 1% bleach solution or Sodium Hypochloride, he will send it to laundry for further washing of linen.
6. He will take all personal precautions while handling infectious bio-medical waste of the hospital.
7. He will be courteous to patients and their attendants.
8. Any other duty assigned by the officer incharge.

STANDARD OPERATING PROCEDURES (SOP'S) FOR I.V. FLUIDS PROCUREMENT, HANDLING, STORAGE, TESTING, ADVERSE REPORTS.

1. ITEMS COVERED UNDER THESE SOP'S:-

- (i) Dextrose 5%
- (ii) Dextrose 10%
- (iii) D.N.S.
- (iv) Normal Saline
- (v) Ringer Lactate
- (vi) Mannitol
- (vii) N/2 Saline
- (viii) N/3 Saline
- (ix) N/4 Saline
- (x) Isolyte P
- (xi) Isolyte G
- (xii) Isolyte M

It does not cover other medicaments given by IV route.

2. PROCUREMENT OF IV FLUIDS:-

- i) These items should be procured as per pattern of past consumption, based upon demands given by store keeper/pharmacists and approved by officer in charge stores.
- ii) In case of annual indents to GMSD for supply of IV fluids, the annual indents must be placed to GMSD at least 3 months in advance and given proper scheduling of supply dates.
- iii) In other cases, in case of non-supply of IV fluids from the GMSD, the concerned store keeper/pharmacist should initiate the demand when he/she has a stock of at least 3 months in hand, keeping mind the external and internal lead times, to avoid its stock out.

- iv) The purchase Section will initiate the purchase process and place the supply orders at least two months before the total exhaust of stores of that variety of IV fluid.
- v) The procurement of IV fluids should be done from the firms approved by the Ministry of Health & Family Welfare and a comparative statement of the rates may be prepared to facilitate the issue of supply order.
- vi) Emergency purchases of IV fluid should also be restricted to IV fluids manufactured by these approved firms only.

3. RECEIPT OF IV FLUIDS:-

- i) The pharmacist/store keeper will receive goods against a proper indent/supply order and with the permission of officer I/e stores/store officer only.
- ii) The goods should be purchased from manufacturers approved by the Ministry of health & Family Welfare as mentioned in point Number 2 (v).
- iii) The goods received from MSD are pre-tested by the GMSD and a proper statement to this effect should be recorded on the body of the delivery challan. Only tested goods and declared of standard quality are to be accepted by the store keeper/pharmacist.
- iv) In case of supply received from other sources, the samples for testing of goods are to be sent in all cases to the Government approved testing laboratories before taking them in stock, issue and passing of bills. The samples for testing should invariably be sent immediately but not later than 4 working days, to the labs approved by the hospital for this purpose. The samples should be taken on a random sampling basis. Each batch should be got accordingly tested separately. In case, due to some unforeseen circumstances. Emergency procurement of limited supply is resorted to when there is total stock out of particular items, it may not be feasible to get the material pre-tested before issue. In such circumstances. officer in charge (Store) may use his discretion to issue such store

without test at the hospital level as the manufacturing firm before marketing has already tested these materials.

However, every effort should be done to avoid such situation.

- v) The quantity of stores received should be tallied with the indent/supply order, delivery challan. The batch number, date of manufacturing, date of expiry should be thoroughly checked and recorded in the respective ledgers/inspection registers.
- vi) The inspecting officer should also check the quantity, batch number, DOM, DOE, etc., before giving clearance for acceptance of goods. The inspections should be completed immediately but not later than 4 working days after the receipt of goods.

4. STORAGE:

- i) All the IV fluids should be stored at a dry, cool place, free from humidity and moisture.
- ii) The fluids should be stored in proper shelves, batch wide, and a way from direct sunlight and arranged according to the principle of FIFO.
- iii) The IV fluids cartons should be placed in upright direction with easily visible batch number, DOM, DOE. The number of cartons should not be more than three over the bottom most layer to avoid development of minor cracks due to pressure.
- iv) Proper pesticide control and anti rodent measures should be taken to avoid destruction/damage of IV fluid bottles.
- v) IV fluids, which are under test, should be stored separately.
- vi) The expired items/IV fluids declared not of standard quality/items reported to have adverse reaction or having particulate matter, defective and deformed bottles should be kept in a separate enclosure. Labelling them accordingly ensures a proper identification of such material to avoid its use for patients.
- vii) An expiry date register of all items should be maintained.

5. ISSUE:

- i) Only items declared of standard quality on testing should be issued except in case of emergency and with the approval of officer In charge store (Reference point Number3 (iv).
- ii) Each and every bottle should be checked against light with white and black background, for any particulate matter present in the bottle before issue. No bottle, having such matter should be issued in any circumstances. This should be properly recorded on the issue vouchers by the storekeepers/pharmacists.
- iii) All the issue of material should be made against a proper indent from the concerned department with relevant entries of batch number, DOM, DOE, quantity issued, made in each indent.

6. TRANSPORTATION OF BOTTLES:

- i) The indenter will ensure that cartons of IV fluids are transported in proper position and care fully to avoid any breakage/cracks due to fall/overpressure.

7. STORAGE IN WARDS/OTHER USER AREAS:

- i) The user department should stock the optimum quantity of stores only at a time and in any case not more than the estimated consumption in 2 weeks.
- ii) The storage should be done in racks in upright position, in a cool and dark place, away from sunlight and having minimum moisture/humidity. The cartons should not have more than three layers on top of the bottom most layers to avoid development of pressure cracks.
- iii) Before using IV fluid on patients, each and every bottle of IV fluid should be re-checked against light by the user and no bottles should be used for patients if it contains any particulate matter/fungus/the shape of bottle is deformed.

- iv) The sister in charges of the ward should keep a record of all the IV fluids received in their wards with details of batch Number, DOM, DOE, Name of manufacturer, etc.

8. REPORTING AND FOLLOW UP ACTIONS ON REPORTS OF POOR QUALITY OF IV FLUIDS, IF ANY.

- i) Any user, if finds any particulate matter in a bottle while rechecking it before infusion, the use of that batch of bottles should be stopped immediately and a written complaint, in the Prescribed proforma, along with the unused bottles having particulate matter, should be sent to the officer in charge store, immediately, without any delay.
- ii) The store in charge will get a circular issued for return of the IV fluid of that batch number from all the users for exchange of fluids of other batch.
- iii) All the bottles received back should be got rechecked physically against light for any particulate matter. The number of bottles found defective should be noted down.
- iv) The officer in charge store will inform the Drug Controller authorities to draw the samples out of defective batch to test for suitability of use. The information will also be sent to the manufacturing firm and DGHS for information and necessary action at their end.
- v) The further use/disposal of this material will be based upon the advice of the Drug Controller Authorities.
- vi) In case of replacement from supplier, the fresh batch should be taken.

9. FOLLOW UP ACTION ON REPORTS OF ADVERSE REACTION/POOR QUALITY OF I.V. FLUIDS.

The following procedure is to be adopted by all concerned when an adverse reaction is reported due to administration of I.V. fluids/other drugs in the wards/other areas of the hospital.

- (i) The use of I.V. Fluid (or any drug) which has caused adverse reaction in a patient should be stopped forthwith and the Doctor In charge should be informed immediately.
- (ii) Immediate steps should be taken to manage the patient against the observed drug reaction.
- (iii) After noting the label details of I.V. Fluid/drug which has/have caused adverse reaction, empty/unused bottle and used vial/ampoule, etc., should be sealed and kept in safe custody.
- (iv) A proforma attached should be filled by the reporting physician and sent to the Head of the Department of the ward. This should be sent immediately to the A.M.S. Office Cyclostyled proforma can be obtained from his office.
- (v) The Medical Superintendent/Store In charge should issue immediate instruction to various wards so as to recall the unused stock of drugs if any lying with the ward and order immediate stoppage of the drug from circulation in the hospital.
- (vi) Immediate steps should be taken to report the matter to the State Drug Control Authorities along with the Information in the Proforma for further investigations by them.

10 PROFORMA FOR I. V. FLUID ADVERSE REACTION REPORT.

Date:

Place of reaction
(Ward/O.T./Emergency)

Name of Officer reporting:

Designation:

Details of IV Fluid, which caused adverse reaction:

Name of IV Fluid Batch Number DOM DOE Manufacturer

Date of adverse reaction Name of Patient:
Reg. Number

Type of reaction noticed:

How the adverse reaction was managed:

State of the patient now:

Further details of the IV Fluid under reporting:

Name of IV Fluid	Qty. indented	Date of Indent	Qty. Con- sumed	Balance Qty. in hand
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I certify that use of the above batch of IV Fluid has been stopped in my department and quantity left has been kept separately under safe custody.

Signature Head of Department

Signature of Complainant

APPENDIX-III

**STANDARD OPERATING PROCEDURES (SOP'S)
FOR MATERIALS MANAGEMENT**

1. ITEMS COVERED UNDER THESE SOP'S.

- (i) Disposable & Rubber goods, Instruments, Equipments, furniture.
- (ii) Injections
- (iii) Tablets & Capsules
- (iv) Surgical Stores
- (v) Syrups & Ointments
- (vi) Linen, Liveries & Contingency Store
- (vii) Stationary Items
- (viii) X-ray films & Chemicals
- (ix) There is a Separate SOP for IV Fluid Store (Appendix II).

2. DEMAND FORECASTING

- (i) The demand should be placed as per pattern of past consumption and based upon demands given by user department /store keeper/pharmacists duly approved by the officer in charge stores. All the demands of the user department should be routed through concerned store keeper/pharmacists and officer in charge stores. Annual demand should be prepared by each store keeper and put up to officer in charge stores at least four months before the start of new financial year so that the annual, indents may be placed to GMSD at least three months in advance by the purchase section and given proper scheduling of supply dates.
- (ii) In rest of the cases demand should be put up at least 3 months in advance, keeping in mind the time taken for placement of purchase order and supply of goods, to avoid its stock out.
- (iii) The purchase section should initiate the purchase process well in time and place the supply orders at least two months before the total exhaust of stores.

- (iv) The store keeper will give urgent reminder to the purchase section when he is left with stock of one month consumption and also bring it to the knowledge of CMO Stores for follow up with the Officer in charge purchase.
- (v) Each storekeeper will maintain a list of essential and critical items stocked by them and will make every effort to make it available without interruption by keeping constant liaison with the purchase section, user department and suppliers.

3. RECEIPT OF STORES

- (i) A copy of supply order placed by purchase section should invariably be endorsed to the CMO Store who would mark it to the individual store keeper/pharmacist.
- (ii) The store keepers/pharmacists will receive goods against a proper indent/supply orders and with the authorization of CMO stores.
- (iii) The quantity of stores received should be tallied with the indent/supply orders and delivery challans. The batch number, date of manufacturing, date of expiry should be thoroughly checked and recorded in the respective ledgers/inspection registers.
- (iv) The inspecting officer detailed for each store, should be informed in writing about the receipt of goods at the earliest but not later than two working days.
- (v) The inspecting officer should verify the goods in the stores only. They should check the Quantity, Quality, Batch number, DOM, DOE. Comparison with approved sample, if available, before giving clearance for acceptance of goods. The inspection should be completed immediately but not later than two working days after the receipt of intimation.
- (vi) A copy of delivery challans would be sent to the purchase section by store keepers/pharmacists through CMO stores, duly recorded by LDC posted in stores, who would maintain a master register for all such records.

4. TESTING OF GOODS

- (i) The goods received from GMSD are got pre-tested by the GMSD before supply to hospitals and a proper statement to this effect should be recorded on the body of delivery challan of GMSD. Only tested goods and declared of standard quality are to be accepted by the store keepers/pharmacists.
- (ii) In case of all drugs supply received from other sources, the samples for testing of goods are to be sent in all cases to be Government approved testing labs, before taking them into stock, issue and passing the bills. The samples for testing should invariably be sent immediately but not later than four working days, to the labs approved by the hospital for this purpose. The samples should be taken on a random sampling basis. Each batch should be got accordingly tested separately.
- (iii) In case, due to some unforeseen circumstances, emergency procurement of limited supply is resorted to or local purchases when there is total stock out of a particular items, it may not be feasible to get the material pre-tested before issue. In such circumstances, CMO stores may use his discretion to allow issue of such store without getting tested at the hospital level as these materials are already got tested once by the manufacturing firm before marketing. However, every effort should be made to avoid such situations.

5. VERIFICATION OF BILLS

- (i) The bills of the goods received, shall be received directly by the LDC of stores, who would enter them in a register & will put up to the Officer in charge stores, who would then forward these to the store keepers/pharmacists for verification.
- (ii) The storekeeper/pharmacist would verify the bills and put up to the CMO in charge stores for signatures as early as possible but not later than seven working days from the date of receipt of bills/receipt of test reports, whichever the case may be, would then be entered in the master register and sent to the account section by the LDC.

- (iii) Those bills for which formal sanction have not been issued, should be sent to purchase section for sanctions/re- validation.

6. ISSUE

- (i) Only items declared of standard quality on testing should be issued except in case of emergency and with the approval of CMO stores [also refer to 4(ii), 4(iii)].
- (ii) All the issue of material should be made against a proper indent from the concerned department. Duly signed by and officer working in the stores. The relevant entries of batch number, DOM, DOE, quantity issued should be made in each indent by the store keepers/pharmacists.

7. REPORTING AND FOLLOW UP ACTIONS ON REPORTS OF POOR QUALITY GOODS.

- (i) In case of any complaint from the user regarding adverse reactions by any of the drug items, CMO stores will inform the Drug Controller Authorities to draw the samples out of the reported defective batch to test for suitability of use. The information will also be sent to the manufacturing firm. The use of the above said batch of drug will be stopped immediately and all issued stocks withdrawn. The further use/disposal of this material will be based upon- the advice of the Drug Controller Authorities. In case of replacement from supplier, the fresh batch should be taken against the defective lot.
- (ii) In case of non-drug items the reported poor quality items should be got re-checked by inspecting officer/any other authority for taking appropriate and relevant decision in the case, in consultation with Officer in charge purchase section.

8. RECORD KEEPING

Expiry Date Register

- (i) An expiry date register should be maintained and periodically reviewed by all store keeper/pharmacists for all items having a life. The format should be as follows, month wise.

MONTH OF EXPIRY.....YEAR.....

Date of Expiry	Name of Items	Quantity Received	Supplier's name P.S.O. Number
----------------	---------------	-------------------	-------------------------------

Stock Ledger Register

- (ii) The stock ledgers should be maintained by all store keepers/ pharmacist. All pages should be numbered and certified from the officer in charge of stores in the beginning of the register.
- (iii) All the entries in this ledger should be initialed by store keeper/ pharmacist and same should be checked and verified by gazetted officer working in store. All cutting should be similarly got initialed and attested.
- (iv) All the bills verified should be entered in the stock ledger register after making due entries in the relevant pages, preferably with red ink.
- (v) No new stock ledger should be opened without prior permission and approval of officer working in store. In case a new register is opened, all entries should be carried forward to the new register and should be certified by store keeper/pharmacist and countersigned by officer in charge stores.

9. MISCELLANEOUS

- (i) All the individual stores have to be sealed by the individual seal of store keeper/pharmacists and the main gates to be sealed by the hospital seal in custody of the CMO Stores/Officer working in stores at the closure time.
- (ii) Duplicate keys of all the stores are to be kept (in sealed envelope) in custody of the Additional Medical Superintendent stores, to be used in exigencies of services. Such events are to be entered in an Events Register to be maintained by CMO Store/Officer working in store. In such case, stores should be opened in the presence of at least two gazetted officers.

- (iii) All the administrative matters pertaining to stores will be decided by the CMO Stores, who in turn will keep informed the Additional Medical Superintendent stores about any important matters.
- (iv) All leaves will be sanctioned by the CMO stores or Additional Medical Superintendent (stores & purchase). The record of leave to be maintained by the LDC (stores).
- (v) All correspondence outside the stores should be through the office of CMO stores only.



भारत का राजपत्र

The gazette of India

असाधारण

EXTRAORDINARY

भाग II-खण्ड 3-उप-खण्ड (ii)

PART II-Section 3-Sub-Section (ii)

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

सं. 460, नई दिल्ली, सोमवार, जुलाई 27, 1998/श्रावण 5, 1920
No. 460 New Delhi, Monday, July 27, 1998/SRAVANA 5, 1920

MINISTRY OF ENVIRONMENT AND FORESTS

NOTIFICATION

New Delhi, 20th July, 1998

S.O. 630 (E). - Whereas a notification in exercise of the powers conferred by Sections 6,8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986) was published in the Gazette vide S.O. 746 (E) dated 16 October, 1997 inviting objections from the public within 60 days from the date of the publication of the said notification on the Bio-Medical Wastes (Management and handling) rules, 1998 and whereas all objections received were duly considered.

Now, therefore, in exercise of the powers conferred by section 6, 8 and 25 of the Environment (Protection) Act, 1986 the Central Government hereby notifies the rules for the management and handling of bio-medical waste

1. SHORT TITLE AND COMMENCEMENT:

- (1) These rules may be called the bio-medical waste (management and handling) rules, 1998
- (2) They shall come into force on the date of their publication in the official Gazette.

2. APPLICATION

These rules apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio-medical waste in any form.

3. DEFINITIONS: in these rules unless the context otherwise requires:-

- (1) "Act" means the Environment (Protection) Act, 1986 (29 of 1986);
- (2) "Animal House" means a place where animals are reared/kept for experiments or testing purposes;
- (3) "Authorisation" means permission granted by the prescribed authority for the generation, collection, reception, storage, transportation, treatment, disposal and/or any other form of handling of bio-medical waste in accordance with these rules and any guidelines issued by the Central Government.
- (4) "Authorised person" means an occupier or operator authorised by the prescribed authority to generate, collect, receive, store, transport, treat, dispose and/or handle biomedical waste in accordance with these rules and any guidelines issued by the Central Government.
- (5) "Bio-medical waste" means any waste, which is generated during the diagnosis, treatment or immunisation of human beings or animals or in research activities pertaining there to or in the production or testing of biologicals, and including categories mentioned in Schedule I;
- (6) "Biologicals" means any preparation made from organisms or micro-organisms or product of metabolism and biochemical reactions intended for use in the diagnosis, immunisation or the treatment of human beings or animals or in research activities pertaining thereto;

- (7) "Bio-medical waste treatment facility" means any facility wherein treatment, disposal of bio-medical waste or processes incidental to such treatment or disposal is carried out;
- (8) "Occupier" in relation to any institution generating bio-medical waste, which includes a hospital, nursing home, clinic dispensary, veterinary institution, animal house, pathological laboratory, blood bank, by whatever name called, mean a person who has control over that initiation and/or its premises;
- (9) "Operator of a bio-medical waste facility" means a person who, owns or controls or operates a facility for the collection, reception, storage, transport, treatment, disposal or any other form of handling of bio-medical waste;
- (10) "Schedule" means schedule appended to these rules;

4. DUTY OF OCCUPIER:

It shall be the duty of every occupier of an institution generating bio-medical waste which includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank by whatever name called to take all steps to ensure that such waste is handled without any adverse effect to human health and the environment.

5. TREATMENT AND DISPOSAL

- (1) Bio-medical waste shall be treated and disposed of in accordance with Schedule I, and in compliance with the standards prescribed in Schedule V.
- (2) Every occupier, where required, shall set up in accordance with time-schedule in Schedule VI, requisite bio-medical waste treatment facilities like "incinerator, autoclave, microwave system for the treatment or waste, or, ensure requisite treatment or waste at a common waste treatment facility or any other waste treatment facility.

6. SEGREGATION, PACKAGING, TRANSPORTATION AND STORAGE

- (1) Bio-medical waste shall not be mixed with other wastes.
- (2) Bio-medical waste shall be segregated into containers/bags at the point of generation in accordance with Schedule II prior to its storage,

transportation, treatment and disposal. The containers shall be labeled according to Schedule III.

- (3) If a container is transported from the premises where bio-medical waste is generated to any waste treatment facility outside the premises, the container shall, apart from the label prescribed in Schedule III, also carry information prescribed in Schedule IV.
- (4) Notwithstanding anything contained in the Motor Vehicles Act, 1988, or rules there under, untreated bio-medical waste shall be transported only in such vehicle as may be authorized for the purpose by the competent authority as specified by the government.
- (5) No untreated bio-medical waste shall be kept stored beyond a period of 48 hours:

Provided that if for any reason it becomes necessary to store the waste beyond" such period, the authorized person must take permission of the prescribed authority and take measures to ensure that the waste does not adversely affect human health and the environment.

7. PRESCRIBED AUTHORITY

- (1) The government of every State and Union Territory shall establish a prescribed authority with such members as may be specified for granting authorization and implementing these rules. If the prescribed authority comprises of more than one member, a chairperson for the authority shall be designated.
- (2) The prescribed authority for the State or Union Territory shall be appointed within one month of the coming into force of these rules.
- (3) The prescribed authority shall function under the supervision and control of the respective government of the State or Union Territory.
- (4) The prescribed authority shall on receipt of Form I make such enquiry as it deems fit and if it is satisfied that the applicant possesses the necessary capacity to handle bio-medical waste in accordance with these rules, grant or renews an authorization as the case may be.

- (5) An authorization shall be granted for period of three years, including an initial trial period of one year from the date of issue. Thereafter, an application shall be made by the occupier/operator for renewal. All such subsequent authorization shall be for a period of three years. A provisional authorization will be granted for the trial period, to enable the occupier/operator to demonstrate the capacity of the facility.
- (6) The prescribed authority may after giving reasonable opportunity of being heard to the applicant and for reasons thereof to be recorded in writing, refuse to grant of renew authorization.
- (7) Every application for authorization shall be disposed of by the prescribed authority within ninety day from the date of receipt of the application.
- (8) The prescribed authority may cancel or suspend an authorization, if for reason, to be recorded in writing the occupier/operator has failed to comply with any provision of the Act or these rules:
Provided that no authorization shall be cancelled or suspended without giving a reasonable opportunity to the occupier/operator of being heard.

8. AUTHORISATION

- (1) Every occupier of an institution generating, collecting, receiving, storing, transporting, treating, disposing and/or handling bio-medical waste in any other manner, except such occupier of clinics, dispensaries, pathological laboratories, blood banks providing treatment/service to less than 1000 (one thousand) patients per month, shall make an application in Form I to the prescribed authority for grant of authorization.
- (2) Every operator of a bio-medical waste facility shall make an application in Form I to the prescribed authority for grant of authorization
- (3) Every application in Form I for grant of authorization shall be accompanied by a fee as may be prescribed by the government of the State of Union Territory

9. ADVISORY COMMITTEE

The government of every State/Union Territory shall constitute an advisory committee. The committee will include experts in the field of medical and health, animal husbandry and veterinary sciences, environmental management, municipal administration, and any other related department or organization including non-governmental organizations, The State Pollution Control Board/Pollution Control Committee shall be represented. As and when required, the committee shall advise the Government of the State/Union Territory and the prescribed authority on matters related to the implementation of these rules.

10. ANNUAL REPORT

Every occupier/operator shall submit an annual report to the prescribed authority in Form II by 31 January every year to include information about the categories and quantities of bio-medical wastes handled during the preceding year. The prescribed authority shall send this information in a compiled form to the central pollution control board by 31st March every year.

11. MAINTENANCE OF RECORDS

- (1) Every authorized person shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of bio-medical. Waste in accordance with these rules and any guidelines issued.
- (2) All records shall be subject to inspection and verification by the prescribed authority at any time.

12. ACCIDENT REPORTING.

When any accident occurs at any institution or facility or any other site where bio-medical waste is handled or during transportation of such waste,

the authorized person shall report the accident in Form HI to the prescribed authority forthwith.

13. APPEAL

Any person aggrieved by an order made by the prescribed authority under these rules may, within thirty days from the date on which the order is communicated to him, prefer an appeal to such authority as the Government of State Union Territory may think fit to constitute:

Provided that the authority may entertain the appeal after the expiry of the said period of thirty days if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal in time.

SCHEDULE I
(See Rule 5)

CATEGORIES OF BIO-MEDICAL WASTE

Option	Waste Category	Treatment & Disposal
Category No. 1	Human Anatomical Waste (human tissues, organs, body part)	Incineration @ / Deep Burial*
Category No. 2	Animal Waste (Animal tissues, organs, body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary from hospitals, animal houses)	Incinerations/deep burial*
Category No. 3	Waste (wastes from Microbiology & Biotechnology or specimens of microorganisms)	Local autoclaving/ micro-waving/ incineration @

laboratory cultures, stocks live or attenuated vaccines, human and animal cell culture used in research and infectious industrial laboratories, waste agents from research and in-

Category No. 4	Waste sharps (needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps)	Disinfection (chemical treatment @ @ / autoclaving/micro-waving and mutilation/ shedding##
Category No. 5	Discarded Medicines and Cytotoxic drugs (wastes contaminated and discarded comprising of outdated, medicines)	Incineration @ / destruction and drugs disposal in secured landfills
Category No. 6	Soiled Waste (Items contaminated with blood, and body fluids including Cotton, dressings, soiled plaster casts, line, beddings, other material contaminated with blood)	Incineration @ auto-claving/microwaving
Category No. 7	Solid Waste (wastes generated from disposable items other than the waste sharps such as tubings, catheters, intravenous sets etc.)	Disinfection by chemical treatment @ @ autoclaving/micro-waving and mutilation/shredding**
Category No. 8	Liquid waste (waste	Disinfection by chemi-

	generated from laboratory and washing, cleaning, housekeeping and disinfecting activities)	cal treatment @@ and discharge into drains.
Category No. 9	Incineration Ash (ash from incineration of any bio-medical waste)	Disposal in municipal landfill
Category No. 10	Chemical Waste (chemicals used in production of biologicals, chemicals used in disinfection, as insecticides, etc.)	Chemical treatment @@ and discharge into drains for liquids and secured landfill for Solids.

@@ Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.

Mutilation/shredding must be such so as to prevent unauthorized reuse.

@ There will be no chemical pretreatment before incineration. Chlorinated plastics shall not be incinerated.

* Deep burial shall be an option available only in towns with

Population less than five lakhs and in rural areas.

SCHEDULE II
(See Rule 6)
COLOUR CODING AND TYPE OF CONTAINER FOR DISPOSAL OF BIO-MEDICAL WASTES

Colour Coding	Type of Container	Waste Category	Treatment options as per Schedule I
Yellow	Plastic bag	Cat. 1, Cat. 2, and Cat. 3, Cat 6.	Incineration/deep burial
Red	Disinfected container/plastic bag	Cat. 3, Cat. 6, Cat. 7.	Autoclaving/ Micro-waving/ Chemical Treatment
Blue/White Translucent	Plastic bag/ puncture proof container	Cat.4, Cat. 7.	Autoclave/Micro- waving/Chemical Treatment and destruction/shredding
Black	Plastic bag	Cat. 5 and Cat 9 and Cat. 10. (solid)	Disposal in secured landfill

Notes:

1. Colour coding of waste categories with multiple treatment options as defined in Schedule I. Shall be selected depending on treatment option chosen, which shall be as specified in Schedule I.
2. Waste collection bags for waste types needing incineration shall not be made of chlorinated plastics
3. Categories 8 and 10 (liquid) do not require containers/bags.
4. Category 3 if disinfected locally need not be put in containers/ bags.

SCHEDULE III

(See Rule 6)

LABEL FOR BIO-MEDICAL WASTE CONTAINERS/BAGS

BIOHAZARD SYMBOL

CYTOTOXICHAZARD SYMBOL



HANDLEWITHCARE



CYTOTOXIC

Note : Label shall be non-washable and prominently visible

SCHEDULE IV

(See Rule 6)

LABEL FOR TRANSPORT OF BIO-MEDICAL WASTE CONTAINERS/BAGS

Day..... Month

Year

Waste category No. Date of generation

Waste class

Waste description

Sender's Name & Address

Receiver's Name & Address

Phone No.

Phone No.

Telex No.

Telex No.

Fax No.

Fax No.

Contact person

Contact person

In case of emergency please contact

Name & Address :-

Phone No.

Note: Label shall be non-washable and prominently visible.

SCHEDULE V

(See Rule 5 and Schedule 1)

STANDARDS FOR TREATMENT AND DISPOSAL OF BIO-MEDICAL WASTES

STANDARDS FOR INCINERATORS:

All incinerators shall meet the following operating and emission standards:

A. Operating Standards

1. Combustion efficiency (CE) shall be at least 99.00%.
2. The combustion efficiency is computed as follows:

$$C.E. = \frac{\%CO_2}{\%CO_2 + \%CO} \times 100$$

3. The temperature of the primary chamber shall be 800±s0 deg. C°
4. The secondary Chamber gas residence time shall be at least I (one) second at 1050± 50C°, with minimum 3% Oxygen in the stack gas.

B. Emission Standards

Parameters	Concentration mg/Nm ³ at (12% CO ₂ correction)
(1) Particulate matter	150
(2) Nitrogen oxides	450
(3) HCl	50
(4) Minimum stack height shall be 30 metres above ground	
(5) Volatile organic compounds ash Shall not be more than 0.01%	

Note:

- Suitably designed pollution control devices should be installed/retrofitted with incinerator to achieve the above emission limits, if necessary.
- Wastes to be incinerated shall not be chemically treated with any chlorinated disinfectants.

- Chlorinated plastics shall not be incinerated.
- Toxic metals in incineration ash shall be limited within the regulatory, quantities as defined under the Hazardous Waste (Management and Handling rules), 1989
- Only low sulphur fuel like L.D.O/L.S.H.S./Diesel shall be used as fuel in the incinerator.

STANDARDS FOR WASTE AUTOCLAVING:

The autoclave should be dedicated for the purposes of disinfecting and treating bio-medical waste,

- (I) When operating a gravity flow autoclave, medical waste shall be subjected to:
 - (i) a temperature of not less than 121 C° and pressure of 15 pounds per square inch (psi) for an autoclave residence time of not less than 60 minutes; or
 - (ii) a temperature of not less than 135 C° and a pressure of 31 psi for an autoclave residence time of not less than 45 minutes; or
 - (iii) a temperature of not less than 149 C° and a pressure of 52 psi for an autoclave residence time of not less than 30 minutes.
- (II) When operating a vacuum autoclave, medical waste shall be subjected to a minimum of one pre-vacuum pull to purge the autoclave of all air. The waste shall be subjected to the following:
 - (i) a temperature of not less than 121 C° and pressure of 15 psi per an autoclave residence time of not less than 45 minutes; or
 - (ii) a temperature of not less than 135 C° and a pressure 31 psi for an autoclave residence time of not less than 30 minutes;
- (III) Medical waste shall not be considered properly treated unless the time, temperature and pressure indicator indicate that the required time,

temperature and pressure were reached during the autoclave process. If for any reason, time, temperature or pressure indicator indicates that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence were achieved.

(IV) Recording of operational parameters

Each autoclave shall have graphic or computer recording devices which will automatically and continuously monitor and record dates, time of day, load identification number and operating parameters throughout the entire length of the autoclave cycle.

(V) Validation test

Spore testing;

The autoclave should completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be Bacillus stearothermophilus spores using vials or spore strips, with at least 1×10^4 spores per milliliter. Under no circumstances will an autoclave have minimum operating parameters less than residence time of 30 minutes, regardless of temperature and pressure, a temperature less than 121 C° or a pressure less than 15 psi.

(VI) A chemical indicator strip/tape that changes colour when a certain

temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package at different location to ensure that the inner content of the package has been adequately autoclaved.

STANDARDS FOR LIQUID WASTE:

The effluent generated from the hospital should conform to the following limits:

PARAMETERS	PERMISSIBLE LIMITS
pH	6.5-9.0
Suspended solids	100mg/l

Oil and grease	10mg/l
BOD	30mg/l
Bio-assay test	90% survival offish after 96 hours in 100% effluent.

these limits are applicable to those hospitals which are either connected with sewers without terminal sewage treatment plant or not connected to public sewers. For discharge into public sewers with terminal facilities. the general standards as notified under the Environment (Protection) Act, 1986 shall be applicable.

STANDARDS OF MICROWAVING:

1. Microwave treatment shall not be used for cytotoxic, hazardous or radioactive wastes, contaminated animal car-cases, body parts and large metal items.
2. The microwave system shall comply with the efficacy test/routine tests and a performance guarantee may be provided by the supplier before operation of the unit.
3. The microwave should completely and consistently kill the bacteria and other pathogenic organisms that is ensured by approved biological indicator at the maximum design capacity of each microwave unit. Biological indicators for microwave shall be Bacillus subtilis spores using vials or spore strips with at least 1×10^4 spores per milliliter.

STANDARDS FOR DEEP BURIAL

1. A pit or trench should be dug about 2 metres deep. It should be half filled with waste, and then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil.
2. It must be ensured that animals do not have any access to burial sites. Covers of galvanized iron/wire meshes may be used.

3. On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.
4. Burial must be performed under close and dedicated supervision.
5. The deep burial site should be relatively impermeable and no shallow well should be close to the site.
6. The pits should be distant from habitation, and sited so as to ensure that no contamination occurs of any surface water or ground water. The area should not be prone to flooding or erosion.
7. The location of the deep burial site will be authorized by the prescribed authority.
8. The institution shall maintain a record of all pits for deep burial

SCHEDULE VI

(See Rule 5)

**Schedule for waste treatment facilities like
Incinerator/autoclave/microwave system**

-
- A. Hospital and nursing homes
in towns with population of
30 lakhs and above By 31st December, 1999 or earlier
- B. Hospital and nursing homes
in towns with population of
below 30 lakhs,
- (a) with 500 beds and above By 31st December, 1999 or earlier
- (b) with 200 beds and above
but less than 500 beds By 31st December, 2000 or earlier
- (c) with 50 beds and above
but less than 200 beds By 31st December, 2001 or earlier
- (d) with less than 50 beds By 31st December, 2002 or earlier
- C. All other institutions gener-
ating bio-medical waste not
included in A and B above By 31st December, 2002 or earlier
-

FORM I

(See rule 8)

APPLICATION FOR AUTHORISATION

(To be submitted in duplicate)

To

The prescribed Authority
(Name of the State Govt./UT Administration)

1. particulars of applicant

- (i) Name of the applicant
(In block letters & in full)
- (ii) Name of the Institution;
Address:
Tele No., Fax No. Telex No.

2. Activity for which authorization is sought:

- (i) Generation
- (ii) Collection
- (iii) Reception
- (iv) Storage
- (v) Transportation
- (vi) Treatment
- (vii) Disposal
- (viii) Any other form of handling

3. Please state whether applying for fresh authorization or for renewal:

(In case of renewal previous authorization-number and date)

4. (i) Address of the institution handling bio-medical wastes:

(ii) Address of the place of the treatment facility:

(iii) Address of the place of disposal of the Waste:

5. (i) Mode of transportation (if any) of bio-medical waste:
(ii) Mode(s) of treatment:
6. Brief description of method of treatment and disposal (attach details):
7. (i) Category (see Schedule I) of waste to be handled
(ii) Quantity of waste (category-wise) to be handled per month
8. Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information...

Date..... Signature of the applicant
Place..... Designation of the application

FORM II

(See rule 10)

ANNUAL REPORT

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant;
 - (i) Name of the authorized person (occupier/operator):
 - (ii) Name of the institution:

Address
Tel. No.
Telex No.
Fax No.
2. Categories of waste generated and quantity on a monthly average basis;
3. Brief details of the treatment facility:
In case of off-site facility;
 - (i) Name of the operator
 - (ii) Name and address of the facility:

Tel. No., Telex No., Fax No.

4. Category-wise quantity of waste treated:
5. Mode treatment with details:
6. Any other information
7. Certified that the above report is for the period from.....

Date..... Signature.....
Place..... Designation.....

FORM III

(See rule 10)

ACCIDENT REPORTING

1. Date and time of accident:
2. Sequence of events leading to accident:
3. The waste involved in accident:
4. Assessment of the effects of the accidents on human health and the environment:
5. Emergency measures taken:
6. Steps taken to alleviate the effects of accidents:
7. Steps taken to prevent the recurrence of such an accident:

Date..... Signature.....
Place..... Designation.....

(F.No.23-2/96-HSMD)

VIJAI SHARMA, Jt. secy.

APPENDIX-V

GUIDELINE FOR MEDICO LEGAL WORK

1. All the cases coming to the casualty shall be entered in the concerned casualty register.
2. Cases of suspected accident, poisoning, burns, comatose or brought dead persons should invariably be made medico legal case. In case where the condition is not serious and the C.M.O. does not suspect any foul play the fact should be recorded in the casualty register with reasons under (Patients') signature. However, detailed findings and treatment administered should always be recorded in the casualty register.
3. All MLC cases should be entertained after they are either registered with the police post of Hospital, or after the police is informed.
4. All medico-legal papers must be stamped MLC.
5. In emergency first aid treatment should promptly be given before documentation or other medico-legal formalities.
6. While giving the number in the MLC register a prefix be added depending upon the casualty handling the case (e.g.MC/No for main casualty, GC/No. for Gynae casualty in Mat. IV& KC/No. for Hospital casualty).
7. All the pages of MLC registers must be numbered and a certificate to that effect must be there from the in-charge of that casualty before starting that MLC register.
8. CMO will keep in his/her custody the current medico-legal register under lock and key and will hand it over to the relieving CMO. Both will make suitable endorsement in register kept for this purpose of their handing over and taking over.
9. Two copies of the MLC report shall be prepared (three in cases of suspected poisoning) original copy will be handed over to the concerned police officer and duplicate will be kept in safe custody.
10. CMO who examines the case first is responsible for completion and handing over the MLC report within 48 hours to the police. Preliminary or interim report should not be given to anyone.
11. All the columns in MLC forms must be properly filled in and mention must be made about proper identification marks, consent. Brief history, general physical

examination, specific comments like nature and. Age of injuries, type of weapon used or nature of poisoning suspected, I investigations advised and material preserved and handed over to the police.

12. The doctor making MLC is responsible for preserving and sealing of vomits, gastric lavage or any-other material preserved.
13. The material preserved for analysis at CFSL should be labeled, sealed and handed over to the concerned police officer along with request for the analysis, sample of seal used and 3rd copy of MLC form(in suspected poisoning cases) in a separate sealed envelope.
14. For radiological examination X-rays forms should be stamped MLC and properly filled in giving name, age address, MLC No., at least two proper identifications marks, brief history, description of injuries, part to be radiologically examined and signed with name and stamp of the medical officer.
15. The radiological report should be attached with the relevant medico-legal papers.
16. Gynae & Obstt. Casualty, in sexual assault cases should also make vaginal smears (at least three). After fixing and sealing these should be handed over to the police.
17. Maintenance of record is equally important in admitted medico- legal cases. Bedside files and related papers must be stamped MLC and kept under lock and key.
18. Before discharge of MLC cases the police must be informed about the same.
19. In cases of person brought dead to the casualty, MLC register must be filled in, and body, after informing the police. With proper identification tags be shifted to mortuary with a request duly signed and stamped by CMO.
20. In case of death, of an admitted MLC case, police is to be informed and body handed over to them.
21. On completion of the MLC register or case sheets after discharge of the patients, should be sent to the Medical Record Section for safekeeping.
22. Medico-legal X-rays should be kept under safe custody.

APPENDIX- VI
GUIDELINES TO BE FOLLOWED FOR
COMPLIANCE IN THE NURSERIES AND
OBSTETRIC & GYNAECOLOGY WARDS IN THE
HOSPITAL

1. Name of the mother, her M.R.D. No. and proper address should be clearly mentioned in the case record.
2. All those working in The Labour Room, their names should be recorded in the monthly duty roster. At the end of the each month a copy of which should be sent to the M.S. Office for record. Any change in the duty roster should only be made with the concurrence of the Head of the Nursery.
3. Date and time of delivery of the baby should be clearly noted in the case file and other registers which are kept and maintained by the nurses and doctors.
4. LABELLING OF THE BABY
 - i. It should be done within the Labour room/O.T. by the staff nurse on duty after the baby has been shown to the mother immediately after birth, revealing its sex to her and take her signatures. The staff nurse should certify that the baby has been shown to the mother and put her signatures and her name, hospital, date and time and get it countersigned by the doctor who conducts the delivery.
 - ii. Foot prints of the left foot after washing it with lukewarm water and rubbing on the stamp-pad should be taken on the baby's and mother's file by the staff nurse on duty.
 - iii. M.R.D. No. of the mother should be written on the Dorsal aspect of the left arm of the baby with some mark. Simultaneously, polythene bracelet with self-locking device should be available (till this is made available by the administration, Leukoplast can be used). It should have written on it mother's and father's name, sex of the baby date and time of delivery and tied to the left wrist of the baby.

- iv. Before transfer of the baby to the Nursery/Post-Natal Ward staff Nurse on duty must ensure the following:
 - a) Match the identification marks and sex of the baby with those recorded in the case-sheet, other records and the transfer book.
 - b) Date and time of transfer from Labour Room/O.T. and the name and signatures of the Aya/Nursing Attendant should clearly be recorded on the transfer book and case sheet.
 - c) Not more than one baby is to be transferred in one trip at a time even if the babies are twins.
 - d) Receiving Staff Nurse in the Nursery/Post-Natal ward should record the date and time of receiving the baby and match properly the sex and other labels on the baby with those written in file and transfer book.
5. The cots in the nursery and beds in the Post-Natal Ward should be properly numbered and should not be changed once the baby is shifted to it till he/she is discharged, unless or until there are specific reasons for doing so and these reasons should be mentioned in the case record and also to which cot or bed the baby has been shifted and by whom. When the baby has to be sent for investigation outside the Nursery/ Post-Natal Ward, it must be entered in the register with the remarks about the date, time, type or investigation and then only sent under the supervision of an Aya/Nursing Attendant and an authority slip/pass Issued to her/him by the staff Nurse on duty for this purpose.
6. All those, doctor, nurses and Ayahs/Nursing Attendant, Safai Karamcharies and other working in the Nurseries and Obstetric & Gynae Wards should wear badges of their identify (It should be issued to them by the Administration.)
7. Other hospital staff that wish to visit nursery/Obstetric & Gynae wards should sign a register kept at the gates under the safe custody of security staff, in which date and time name of the visitors and purpose of Visit should be recorded.

8. Attendants of the patients should have passes issued to them (one pass per patient) by the Administration at the admission counter. Attendants of the patients should have passes issued to them (one pass per patient) by the Administration at the admission counter. The staff Nurse who hands over the discharge slip to the patients at the time of discharge shall cancel this pass. If the pass is lost, another pass should only be issued if the Doctor Incharge (not less than the rank of Senior Resident) of the patients wishes so.
9. Public Address System should be there to call the attendant of a patient to announce about the birth and patient's condition.
10. At the time of discharge, the identification remarks and the sex of the baby should be properly matched as per case record. The Staff Nurse/Sister should sign the case record while handing over and should get the signatures of the person to whom the baby has been handed over.
11. In the event of death of the baby, the Staff Nurse who packs the dead-body-must ensure the sex and other identification marks of the deceased and certify in the case sheet that she has checked it in the presence of the doctor and a relative who will countersign it.
12. Over-writing should be-avoided. If done, it should be written again and signed legibly with full signatures.

CITIZENS' CHARTER

(As of Dr. R.M.L. Hospital)

This charter seeks to provide a framework which enables our users to know:

What services are available in this hospital, the quality of services they are entitled to, the means through which complaints regarding denial or poor quality of service will be redressed.

Standards of Service:

This is a General Hospital.

It provides medical care to all patients who come to the hospital.

Standards are influenced by patient load and availability of resources, which are generally under strain.

Yet we insist that all our users-received courteous and prompt attention.

General information:

This Hospital has

Doctors: 473(including Residents-282)

Nurses: 789, (including supervisory staff)

Beds: 937

Doctors wear white aprons and Nurses are in uniform.

All Staff Members wear identity cards. *

Enquiries:

Location Guide Map is available near the main entrance of the old building of this hospital.

Smaller Sketch Maps are available at the Information Desk.*

Color coded guidelines and directional sign board's arc fixed at strategic point for guidance.

Enquiry counters exist in .the OPO Hall and Nursing home during OPD hours.

A control room functions round the clock.

The control room can also be accessed over phone number 3348200.

Casualty and Emergency Services:

Timings 24 hours all days.

Casualty Medical Officer and Resident available 24 hours all days.

Duty Doctor is available round the clock in Major specialties viz. Medicine, Surgery, Orthopedics and Pediatrics.

Duty Doctor is available on call in Neurosurgery, Anesthesia and Radiology.

Specialists in medicine and Surgery are available round the clock.

In other specialties, they will be available on call.

The decision to call a specialist is that of the treating doctor.

Failure to respond to a call is regularly monitored by the HOD of the concerned discipline.

Emergency cases are attended to promptly.

In serious cases, treatment/management gets priority over paper work like registration and medico legal requirements. The decision rests with the treating doctor.

Emergency Operation Theatre is maintained on a regular basis to ensure that it is usable at all times.

Free telephone is available at the entrance of Casualty for patients and their attendants.

Out Patient Departments:

Timings 9.00 a.m. to 1.00 p.m. (Except Sundays & Holidays)

Every Out Patient seeking treatment at the hospital is registered and issued a Card for recording symptoms, diagnosis and treatment being provided.

Boards indicating unit on duty on various days are displayed at Receptions and in the main hall of OPD.

Special Clinics:

Timings	Mornings 9.00 am. to 1.00 p.m. . Evenings 2.00 a.m. to 4.00 p.m. (Except Sundays & Holidays)
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Special clinics are available for		
Neurology	Neurosurgery	Head Injury
Cardiology	Respiratory Diseases	
Burns & Plastic Leucoderma	Surgery	Antenatal Child Guidance.

There is no facility for organ transplant, laparoscopic surgery, trans urethral resection, cardiac surgery and maternity wards.

Indoor Treatment:

All patients admitted in General Wards of the Hospital are treated free of cost.

Free diet is provided to all patients in the General Wards.

Every patient is given one attendant pass.

Visitors are allowed only at notified visiting hours:

Summer 5 p.m. to 7 p.m.	Winter 4 p.m. to 6 p.m.
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Investigations like CAT Scan, Ultra Sound, Barium-meal, ECHO, TMT etc. are charged for as per govt. approved rates.

For poor patients, these charges can be waived partially or fully on the recommendation of the treating doctor by the Additional Medical Supdt.

A Staff Nurse is on duty round the clock in the ward.

Admitted patients should contact the Staff Nurse for any medical assistance they need.

Laboratory:

Timings:

Emergency Lab	24 hours all days
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Routine Investigations

Miscellaneous Facilities:

Wheel Chairs and stretchers are available on request at the gate of OPD & Casualty for the facility of patients who are not in a position to walk.

Lifts are available for access to higher floors.

Miscellaneous Facilities:

Wheel Chairs and stretchers are available on request at the gate of OPD & Casualty for the facility of patients who are not in a position to walk.

Lifts are available for access to higher floors.

Twelve ambulances are available for use on payment, round the clock on all days (Phone Number 3348200)

One Mortuary Van is available from 9.00 a.m. to 4.00 p.m. (Phone Number 3348200)

There is standby generator to cater to emergency services in case of breakdown of electricity.

Public Telephone Booths are available at various locations in the hospitals.

Adequate drinking water and toilet facilities are available.

Extension counter of the Canteen functions round the clock near the Emergency Deptt. Rates are subsidized.

A chemist shop (Super Bazar) is located in the hospital premises which is open 24 hours on all days.

The hospital does not have any Sarai etc. for attendants.

Complaints and Grievances:

There will be occasions when our services will not be upto your expectations.

Please do not hesitate to register your complaint. It will only help us serve you better.

There is -a designated medical officer whose name and location is displayed in the hospital for attending to all grievances.

Every grievance will be duly acknowledged.

We aim to settle your genuine complaints within 10 working days of its receipt.

Suggestions/Complaint boxes are also provided at various locations in the Hospital.

If cannot, we will explain the reasons and the time we will take to resolve.

The hospital grievances committee meets on the first Monday of every month.

A public grievance committee exists in DGHS for issues which are not resolved within the hospital.

Name, designation and telephone number of the official concerned is duly displayed at the Reception.

Responsibilities of the User:

The success of this charter depends on the support we receive from our users.

Please try to appreciate the various constraints under which the hospital is functioning.

On an average, 3500 patients attend the OPD daily and about 450 patients are attended to daily in the Casualty and Emergency Wards.

Please do not inconvenience other patients.

Please help us in keeping the hospital and its surroundings neat and clean.

Please use the facilities of this hospital with care:

Beware of Touts.

The Hospital Is a No Smoking Zone.

Please refrain from demanding undue favours from the staff and officials.

Please provide useful feedback and constructive suggestions. These may be addressed to the Medical Superintendent of the Hospital.

THIS CHARTER IS OUR FIRST EFFORT

PLEASE HELP US TO HELP YOU



THE TRANSPLANTATION OF HUMAN

ORGANS ACT, 1994

(42 OF 1994)

**GOVERNMENT OF INDIA
MINISTRY OF LAW, JUSTICE AND COMPANY AFFAIRS**

**THE TRANSPLANTATION OF HUMAN
ORGANS ACT, 1994**

ARRANGEMENT OF SECTIONS

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THE TRANSPLANTATION OF HUMAN ORGANS ACT, 1994

No. 42 OF 1994

[8th July, 1994]

An Act to provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs and for matters connected therewith or incidental thereto.

WHEREAS it is expedient to provide for the regulation of removal, storage and transplantation, of human organs for therapeutic purposes and for the prevention of commercial dealing in human organs;

AND WHEREAS Parliament has no power to make laws for the States with respect to any of the matters aforesaid except as provided in articles 249 and 250 of the Constitution;

AND WHEREAS in pursuance of clause (1) of article 252 of the Constitution, resolutions have been passed by all the Houses of the Legislatures of the States of Goa, Himachal Pradesh and Maharashtra to the effect that the matters aforesaid should be regulated in those States by Parliament by law;

BE it enacted by Parliament in the Forty-fifth Year of the Republic of India as follows:-

CHAPTER I PRELIMINARY

1. **Short title, application and commencement.** (1) This Act may be called the Transplantation of Human Organs Act, 1994.

(2) It applies, in the first instance, to the whole of the States of Goa, Himachal Pradesh and Maharashtra and to all the Union territories and it shall also apply to such other State which adopts this Act by resolution passed in that behalf under clause (1) of article 252 of the Constitution.

(3) It shall come into force in the States of Goa, Himachal Pradesh and Maharashtra and in all the Union territories on such date as the Central Government may, by notification, appoint and in any other State which adopts this Act under clause (1) of article 252 of the Constitution, on the Date of such adoption; and any reference in this Act to the commencement of this Act shall, in relation to any State or Union Territory, mean the date on which this Act comes into force in such State or Union, territory.

2. **Definitions.** In this Act, unless the context otherwise requires,-

- (a) "advertisement" includes any form of advertising whether to the public generally or to any section of the public or individually to selected persons;
- (b) "Appropriate Authority" means the Appropriate Authority appointed under section 3;
- (c) "Authorization Committee" means the committee constituted under clause (a) or clause (b) of sub-section (4) of section 9;

(d) "brain-stem death" means the stage at which all functions of the brain-stem have permanently and irreversibly ceased and is so certified under sub-section (6) of section 3;

(e) "deceased person" means a person in whom permanent disappearance of all evidence of life occurs, by reason of brain-stem death or in a cardio pulmonary sense, at any time after live birth has taken place;

(f) "donor" means any person, not less than eighteen years of age, who voluntarily authorises the removal of any of his human organs for therapeutic purposes under sub-section (1) or subsection (2) of section 3; -

(g) "hospital" includes a nursing home, clinic, medical centre, medical or teaching institution for therapeutic purposes and other like institution;

(h) "human organ" means any part of a human body consisting of a structured arrangement of tissues which, if wholly removed, cannot be replicated by the body;

(i) "near relative" means spouse, son, daughter, father, mother, brother or sister;

(j) "notification" means a notification published in the Official Gazette;

(k) "Payment" means payment in money or money's worth but does not include any payment for defraying or reimbursing-

(i) The cost of removing, transporting or preserving the human organ to be supplied; or

(ii) any expenses or loss of earnings incurred by a person so far as reasonably and directly attributable to his supplying any human organ from his body;

(l) "prescribed" means prescribed by rules made under this Act;

(m) "recipient" means a person into whom any human organ is, or is proposed to be, transplanted;

(n) 102 of 1956. "registered medical practitioner" means a medical practitioner who possesses any recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956, and who is enrolled on a State Medical Register as defined in clause (k) of that section;

(o) "therapeutic purposes" means systematic treatment of any disease or tile measures to improve health according to any particular method or modality; and

(p) "transplantation" means the grafting of any human organ from any living person or deceased person to some other living person for therapeutic purposes,

CHAPTER II

AUTHORITY FOR THE REMOVAL OF MUMAN ORGANS

1. **Authority for removal of human organs.** (1) Any donor may, in such manner and subject to such conditions as may be prescribed, authorize the removal, before his death, of any human organ of his body for therapeutic purposes.

2. If any donor had, in writing and in the presence of two or more witnesses (at least one of whom is a near relative of such person), unequivocally authorized at any time before his death, the removal of any human organ of his body, after his death, for therapeutic purposes, the person lawfully in possession of the dead body of the donor shall unless he has any reason to believe that the donor had subsequently revoked the authority aforesaid, grant to a registered medical practitioner all reasonable facilities for the removal, for therapeutic purposes, of that human organ from the dead body of the donor.

3. Where no such authority as is referred to in sub section (2), was made by any person before his death but no objection was also expressed by such person to any of his human organs being used after his death for therapeutic purposes, the person lawfully in possession of the dead body of such person may, unless he has reason to believe that any near relative of the deceased person has objection to any of the deceased person's human organs being used for therapeutic purposes, authorize the

removal of any human organ of the deceased person for its use for therapeutic purposes.

4. The authority given under sub-section (2) or sub section (2) or, as the case may be, sub-section (3) shall be sufficient warrant for the removal, for therapeutic purposes, of the human organ; but no such removal shall be made by any person other than the registered medical practitioner.

5. Where any human organ is to be removed from the body of a deceased person, the registered medical practitioner shall satisfy himself, before such removal, by a personal examination of the body form which any human organ is to be removed, that life is extinct in such body or, where it appears to be a case of brain-stem death, that such death has been certified under sub section(6)

6. Where any human organ is to be removed from the body of a person in the event of his brain-stem death, no such removal shall be undertaken unless such death is certified, in such form and in such manner and on satisfaction of such conditions and requirements as may be prescribed, by a Board of medical experts consisting of the following, namely:—

- (i) The registered medical practitioner in charge of the hospital in which brain-stem death has occurred;
- (ii) An independent registered medical practitioner, being a specialist, to be nominated by the registered medical practitioner specified in clause (i), from the panel of names approved by the Appropriate Authority;
- (iii) A neurologist or a neurosurgeon to be nominated by the registered medical practitioner specified in clause (i), from the panel of names approved by the Appropriate Authority; and
- (iv) The registered medical practitioner treating the person whose brain-stem death has occurred.

7. Notwithstanding anything contained in sub-section (5), where brain-stem death of any person, less than eighteen years of age, occurs and is certified under sub-section (6), any of the parents of the deceased person may give authority, in

such form and in such manner as may be prescribed, for the removal of any human organ from the body of the deceased person

(4) Removal of human and organs not to be authorized in certain cases.

- (1) No facilities shall be granted under sub-section (2) of section 3 and no authority shall be given under sub-section (3) of that section for the removal of any human organ from the body of a deceased person, if the person required to grant such facilities, or empowered to give such authority, has reason to believe that an inquest may be required to be held in relation to such body in pursuance of the provisions of any law for the time being in force.
- (2) No authority for the removal of any human organ from the body of a deceased person shall be given by a person to whom such body has been entrusted solely for the purpose of interment, cremation or other disposal.

(5) Authority for removal of human organs in case of unclaimed bodies in hospital or prison.

1. In the case of a dead body lying in a hospital or prison and not claimed by any of the near relatives of the deceased person within forty-eight hours from the time of the death of the concerned person, the authority for the removal of any human organ from the dead body which so remains unclaimed may be given, in the prescribed form, by the person in charge, for the time being, of the management or control of the hospital or prison, or by an employee of such hospital or prison authorized in this behalf by the person in charge of the management or control thereof.
2. No authority shall be given under sub-section (7) if the person empowered to give such authority has reason to believe that any near relative of the deceased person is likely to claim the dead body even though such near relative has not come forward to claim the body of the deceased person within the time specified in sub-section (1).

(6) Authority for removal of human organs from bodies sent for post-mortem examination for medico-legal or pathological purposes.

Where the body of a person has been sent for post mortem examination-

- (a) for medico-legal purposes by reason of the death of such person having been caused by accident or any other unnatural cause; or
- (b) For pathological purposes, the person competent under this Act to give authority for the removal of any human organ from such dead body may, if he has reason to believe that such human organ will not be required for the purpose

for which such body has been sent for post-mortem examination, authorize the removal, for therapeutic purposes, of that human organ of the deceased person provided that he is satisfied that the deceased person had not expressed, before his death, any objection to any of his human organs being used, for therapeutic purposes after his death or, where he had granted an authority for the use of any of his human organs for therapeutic purposes' after his death, such authority had not been revoked by him before his death.

- (7) **Preservation of human organs.** After the removal of any human organ from the body of any person, the registered medical practitioner shall take such steps for the preservation of the human organ so removed as may be prescribed.
- (8) **Savings.** (1) nothing in the foregoing provisions of this Act shall be construed as rendering unlawful any dealing with the body or with any part of the body of a deceased person if such dealing would have been lawful if this Act had not been passed.

(2) Neither the grant of any facility or authority for the removal of any human organ from the body of a deceased person in accordance with the provisions of this Act nor the removal of any human organ from the body of a deceased person in pursuance of such authority shall be deemed to be an offence punishable under section 297 of the Indian penal Code, 45 of 1860.

(9) Restrictions on removal and Transplantation of human organs.

- (1) Save as otherwise provided in sub-section (3), no human organ removed from the body of a donor before his death shall be transplanted into a recipient unless the donor is a near relative of the recipient.
- (2) Where any donor authorizes the removal of any of his human organs after his death under sub section (2) of section 3, or any person competent or empowered to give authority for the removal of any human organ from the body of any deceased person authorizes such removal, the human organ may be removed and transplanted into the body of any recipient who may be in need of such human organ.
- (3) If any donor authorizes the removal of any of his human organs before his death under sub-section (1) of section 3 for transplantation into the body of such recipient, not being a near relative, as is specified by the donor by reason of affection or attachment towards the recipient or for any other special reasons, such human organ shall not be removed and transplanted without the prior approval of the Authorization Committee.
- (4) (a) The Central Government shall constitute, by notification, one or more Authorization Committees consisting of such members as may be nominated by the Central Government on such terms and conditions as may be specified

in the notification for each of the Union territories for the purposes of this section.

- (b) The State Government shall constitute, by notification, one or more Authorization Committees consisting of such members as may be nominated by the State Government on such terms and condition as may be specified in the notification for the purposes of this section.
- (5) On an application jointly made, in such form and in such manner, as may be prescribed, by the donor and the recipient, the Authorization Committee shall, after holding an inquiry and after satisfying itself that the applicants have complied with all the requirements of this Act and the rules made hereunder, grant to the applicants approval for the removal and transplantation of the human organ.
- (6) If, after the inquiry and after giving an opportunity to the applicants of being heard, the Authorization Committee is satisfied that the applicants have not complied with the requirements of this Act and the rules made hereunder, it shall, for reasons to be recorded in writing, reject the application for approval.

CHAPTER III

REGULATION OF HOSPITALS

10. **Regulation of hospitals conduction the removal, storage or transplantation of human organs.** (1) On and from the commencement of this Act,-

- (a) No hospital, unless registered under this Act, shall conduct, or associate with, or help in, the removal, storage or transplantation of any human organ;
- (b) No medical practitioner or any other person shall conduct, or cause to be conducted, or aid in conduction by himself or through any other person, any activity relating to the removal, storage or transplantation of any human organ at a place other than a place registered under this Act; and
- (c) no place including a hospital registered under sub-section
- (1) Of section 15 shall be used or cause to be used by any person for the removal, storage or transplantation of any human organ except for therapeutic purposes.
- (2) Notwithstanding anything contained in sub-section (1), the eyes or the ears may be removed at any place from the dead body of any donor, for therapeutic purposes, by a registered medical practitioner.

Explanation- For the purposes of this sub-section, "ears" includes ear drums and ear bones.

11. **Prohibition of removal or transplantation of human organs for any purpose other than therapeutic purpose*.** No donor and no person, empowered to give authority for the removal of any human organ shall authorize the removal of any human organ for any purpose other than therapeutic purposes.

12. **Explaining effects, etc., to-donor and recipient.** No registered medical practitioner shall undertake the removal or transplantation of any human organ unless he has explained, in such manner as may be prescribed, all possible effects, complications and hazards connected with the removal and transplantation to the donor and the recipient respectively.

CHAPTER IV

APPROPRIATE AUTHORITY

- (13) **Appropriate Authority.** (1) The Central Government shall appoint, by notification, one or more officers as Appropriate Authorities for each of the Union territories for the purposes of this Act.
2. The State Government shall appoint, by notification, one or more officers as Appropriate Authorities for the purposes of this Act.
- (3) The Appropriate Authority shall perform the following functions, namely:-
- (i) To grant registration under sub-section (i) of section 15 or renew registration under sub-section (5) of that section;
 - (ii) to suspend or cancel registration under sub-section (2) of section 16;
 - (iii) to enforce such standards, as may be prescribed, for hospitals engaged in the removal, storage or transplantation of any human organ;
 - (iv) to investigate any complaint of breach of any of the provisions of this Act or any of the rules made hereunder and take appropriate action;
 - (v) To inspect hospitals periodically for examination of the quality of transplantation and the follow-up medical care to persons who have undergone transplantation and persons from whom organ are removed; and
 - (vi) to undertake such other measures as may be, prescribed.

CHAPTER V

REGISTRATION OF HOSPITALS

14. **Registration of hospitals engaged in removal storage or transplantation of human organs.** (1) No hospital shall commence any activity relating to the removal, storage or transplantation of any human organ for therapeutic purposes after the commencement of this Act unless such hospital is duly registered under this Act:

Provided that every hospital engaged, either partly or exclusively in any activity relating to the removal, storage or transplantation of any human organ for therapeutic purposes immediately before the Commencement of this Act, shall apply for registration within sixty days from the date of such commencement:

Provided further that every hospital engaged in any activity relating to the removal, storage or transplantation of any human organ shall cease to engage in any such activity on the expiry of three months from the date of commencement of this Act unless such hospital has applied for registration and is so registered or till such application is disposed of, whichever is earlier.

- 1. .
 - 2. Every application for registration under sub-section (1) shall be made to the Appropriate Authority in such form and in such manner and shall be accompanied by such fees as may be prescribed
 - 3. No hospital shall be registered under this Act unless the Appropriate Authority is satisfied that such hospital is in a position to provide such specialised services and facilities, possess such skilled manpower and equipments and maintain such standards as may be prescribed.
15. **Certificate of registration.**
- 1. The Appropriate Authority shall, after holding an inquiry and after satisfying itself that the applicant has complied with all the requirements of this Act and the rules made there under, grant to the hospital a certificate of registration in such form, for such period and subject to such conditions as may be prescribed.
 - 2. If, after the inquiry and after giving an opportunity to the applicant of being heard, the Appropriate Authority is satisfied that the applicant has not complied with the requirements of this Act and the rules made there under, it shall, for reasons to be recorded in writing, reject the application for registration.
 - 3. Every certificate of registration shall be renewed in such manner and on payment of such fees as may be prescribed.
16. **Suspension or cancellation of registration.**
- 1. The Appropriate Authority may, suo moto or on complaint, issue a notice to any hospital to show cause why its registration under this Act should not be suspended or cancelled for the reasons mentioned in the notice.

2. If, after giving a reasonable opportunity of being heard to the hospital, the Appropriate Authority is satisfied that there has been a breach of any of the provisions of this Act or the rules made there under, it may, without prejudice to any criminal action that it may take against such hospital, suspend its registration for such period as it may think fit or cancel its registration.

Provided that where the Appropriate Authority is of the opinion that it is necessary to expedient so to do in the public interest, it may, for reasons to be recorded in writing suspend the registration of any hospital without issuing any notice:

17. **Appeals.** Any person aggrieved by an order of the Authorisation Committee rejecting an application for approval under sub-section (6) of section 9, or any hospital aggrieved by an order of the Appropriate Authority rejecting an application for registration under sub-section (2) of section 15 or an order of suspension or cancellation of registration under sub-section (2) of section 16, may, within thirty days from the date of the receipt of the order, prefer an appeal, in such manner as may be prescribed against such order to

- (i) the Central Government where the appeal is against the order of the Authorisation Committee constituted under clause (a) of sub-section (4) of section 9 or against the order of the Appropriate Authority appointed under sub-section (1) of section 13; or
- (ii) the State Government where the appeal is against the order of the Authorisation Committee constituted under Clause (b) of sub-section (4) of section 9 or against the order of the Appropriate Authority appointed under sub-section (2) of section 13.

CHAPTER VI OFFENCES AND PENALTIES

18. Punishment for removal of human organ without authority;

1. Any person who renders his services to or at any hospital and who, for purposes of transplantation, conducts, associates with or helps in any manner in the removal of any human organ without authority, shall be punishable with imprisonment for a term which may extend to five years and with fine which may extend to ten thousand rupees.
2. Where any person convicted under sub-section (1) is a registered medical practitioner, his name shall be reported by the Appropriate Authority to the respective State Medical Council for taking necessary action including the removal of his name from the register of the Council for a period of two years for the first offence and permanently for the subsequent offence.

19. Punishment for commercial dealings in human organs whoever.

- a) Makes or receives any payment for the supply of, or for an offer to supply, any human organ.
- b) Seeks to find a person willing to supply for payment any human organ.
- c) Offers to supply any human organ for payment.
- d) Initiates or negotiates any arrangement involving the making of any payment for the supply of, or for an offer to supply organ.
- e) Takes part in the management or control of a body of persons whether a society firm or company, whose activities consist of or include the initiation or negotiation of any arrangement referred to in clause (d); or
- f) Publishes or distributes or causes to be published or distributed any advertisement,-
 - a) inviting persons to supply for payment of any human organ;
 - b) offering to supply any human organ for payment; or
 - c) indicating that the advertiser is willing to initiate or negotiate any arrangement referred to in clause (d),

Shall be punishable with imprisonment for a term which shall not be less than two years but which may extend to seven years and shall be liable to fine which shall not be less than ten thousand rupees but may extend to twenty thousand rupees:

Provided that the court may, for any adequate and special reason to be mentioned in the judgment, impose a sentence of imprisonment for a term of less than two years and a fine less than ten thousand rupees.

20. Punishment for contravention of any other provision of this Act.

Whoever contravenes any provision of this Act or, any rule made, or any condition of the registration granted, there under for which no punishment is separately provided in this Act, shall be punishable with imprisonment for a term which may extend to three years or with fine which may extend to five thousand rupees.

21. Offences by companies.

1. Where any offence punishable under this Act, has been committed by a company, every person who, at the time the offence was committed was in charge or, and was responsible, to, the company for the conduct of the business or the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this sub-section shall render any such person liable to any punishment, if he proves that the offence was committed without his knowledge or that he had exercised all due diligence to prevent the commission of such offence.

2. Notwithstanding anything contained in sub-section (1), where any offence punishable under this Act has been committed by a company and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly,

Explanation.-For the purposes of this section,-

- a) "company" means any body corporate and includes a firm or other association of individuals; and
- b) "Director", in relation to a firm, means a partner in the firm.

22. Cognizance of offence. (1) No court shall take cognizance of an offence under this Act except on a complaint made by-

- a) the Appropriate Authority concerned, or any officer authorised in this behalf by the Central Government or the State Government or, as the case may be, the Appropriate Authority; or
- b) a person who 'has given notice of not less than sixty days, in such manner as may be prescribed, to the Appropriate Authority concerned, of the alleged offence and of his intention to make a complaint to the court.

- (2) No court other than that of a Metropolitan Magistrate or a Judicial Magistrate of the first class shall try any offence punishable under this Act.

- (3) Where a complaint, has been made under clause (b) of sub-section (1), the court may, on demand by such person, direct the Appropriate Authority to make available copies of the relevant records in its possession to such person.

**CHAPTER VII
Miscellaneous**

23. Protection of action taken in good faith.

1. No suit, prosecution or other legal proceeding shall lie against any person for any thing which is in good faith done or intended to be done in pursuance of the provisions of this Act.
2. No suit or other legal proceeding shall lie against the Central Government or the State Government for any damage caused or likely to be caused for anything which is in good faith done or intended to be done in pursuance of the provisions of this Act.

24. Power to make rules.

1. The Central Government may by notification make rules for carrying out the purposes of this Act.
2. In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely :
 - A The manner in which and the conditions subject to which any donor may authorise removal, before his death, of any human organ of his body under sub-section (1) of section 3;
 - B the form and the manner in which a brain-stem death is to be certified and the conditions and requirements which are to be satisfied for that purpose under sub-section (6) of section 3;
 - C the form and the manner in which any of the parents may give authority, in the case of brain-stem death of a minor, for the removal of any human organ under sub-section (7) of section 3;
 - D The form in which authority for the removal of any human organ from an unclaimed dead body may be given by the person in charge of the management or control of the hospital or prison under sub-section (1) of section 5;
 - E the steps to be taken for the preservation of the human organ removed from the body of any person under section 7;

- F the form and the manner in which an application may be jointly made by the donor and the recipient under sub-section (5) of section 9;
- G the manner in which all possible effects, complications and hazards connected with the removal and transplantation is to be explained by the registered medical practitioner to the donor and the recipient under section 12;
- H the standards as are to be enforced by the Appropriate Authority for hospitals engaged in the removal, storage or transplantation of any human organ under clause (iii) of sub-section (3) of section 13
- I the other measures as the Appropriate Authority shall undertake in performing its functions under clause (vi) of sub-section (3) of section 13;
- J The form and the manner in which an application for registration shall be made and the fee which shall be accompanied, under sub-section (2) of section 14;
- K The specialised services and the facilities to be provided, skilled manpower and the equipments to be possessed and the standards to be maintained by a hospital for registration, under sub-section (3) of section 14;
- L the form in which, the period for which and the conditions subject to which certificate of registration is to be granted to a hospital, under sub-section (1) of section 15;
- M the manner in which and the fee on payment of which certificate of registration is to be renewed under sub-section (3) of section 15;
- N the manner in which an appeal may be preferred under section 17;
- O the manner in which a person is required to give notice to the Appropriate Authority of the alleged Offence and of his intention to make a complaint to the court, under clause (b) of sub-section (1) of section 22; and
- P any other matter which is required to be, or may be, prescribed

(3) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

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Week Days 9.00 a.m. to 4.00 p.m.

Saturdays 9.00 a.m. to 1.00 p.m.

Sundays and Holidays closed.

Collection Timings:

Week Days 9.00 a.m. to 11.00 a.m.

Saturdays 9.00 am. to 1030a.m.

" Sundays and Holidays closed.

Reliability and promptness of laboratory results is ensured as tests are done by automatic machines.

Reports are made available within the shortest possible time which will be specified.

Blood Bank

A Licensed Blood Bank is available in the hospital. It caters to the requirements of our patients. The Blood Bank is also the zonal testing centre for HIV.

Equipment and Facilities Available

This hospital has the following service available:

CATSCAN

TMT

EEG

ECHO

ECG

CARDIACLAB

ICU

PHYSIOTHERAPY UNIT

HYPERBARICOXYGEN CHAMBER

Charges for various tests are displayed at the place where the tests are conducted.

For poor patients, these charges can be waived partially or fully on the recommendation of the treating doctor by the additional Medical superintendent.

For Hospital has its own Electrical & Mechanical units for ensuring proper maintenance and working of its various equipment.

If any major/essential equipment is out of order, information regarding the same is displayed.

Indications of alternate arrangements are given wherever possible.



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the smooth operation of any business and for the protection of its interests.

In addition, it is noted that the records should be kept in a secure and accessible location. This ensures that the information is available when needed and is protected from loss or theft.

The document also outlines the responsibilities of the personnel involved in the record-keeping process. It stresses the need for attention to detail and the importance of following established procedures.

Finally, it is concluded that a well-maintained record system is a valuable asset for any organization. It provides a clear and concise overview of the company's financial and operational activities, which is crucial for decision-making and strategic planning.

The following table provides a summary of the key points discussed in the document. It is intended to serve as a quick reference for all staff members involved in the record-keeping process.

It is the policy of this organization to maintain accurate and complete records of all transactions. This policy applies to all departments and all levels of the organization.

The records should be kept in a secure and accessible location. This ensures that the information is available when needed and is protected from loss or theft.

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