

**HOSPITAL POLICY AND MANUAL,
1ST EDITION
DISTRICT HOSPITAL, MAMIT
Government of Mizoram**

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DETAILS OF THE DOCUMENT

DISTRICT HOSPITAL, MAMIT

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HOSPITAL POLICY & MANUAL

District Hospital, Mamit is committed to provide extra medical care services to all with a spirit of compassion, commitment and professionalism.

We aim to consistently meet and even exceed the expectations of our patient. Ensuring that all the staff are informed and trained on quality management system is our highest priority so that it can be effectively implemented.

Hospital Administration shall mobilize resources and ensure its effective utilization to improve functioning of the hospital.

Continuous improvement shall be the guiding principle of all our endeavors.

This hospital policy and manual are published under the supervision and direction of the undersigned for smooth functioning of the hospital. The designated personnel are hereby assigned to perform their task.

(Dr. LALRINFELA H)

Medical Superintendent

District Hospital, Mamit

District Hospital, Mamit

Date:

PART – A

(HOSPITAL POLICY)

1. NATIONAL HEALTH PROGRAM /STATE SCHEME

A. Policy

To have a defined policy to collaborate with the Health and Family Welfare department programs.

B. Purpose & Objectives

To ensure effective implementation of National and State Health programs in the facility.

C. Scope and Responsibility

All staffs involved in NTEP, ICTC, ART, SOP, NPCC, NVHCP, NMH and IDSP

D. Process Detail

Sl no.	Activity	Responsibility
1	The Facility provides services under National AIDS Control Programme as per guidelines. 1. ICTC Centre 2. ART Centre	Nodal Officer-ARTC MO- ART MO- ICTC Counsellors- ART, ICTC
2	The Facility provides services under National programme for the healthcare of the elderly as per guidelines	DNO-NPHCE MO-NPHCE
3	The facilities provide Critical care Unit to provide services for control of Cancer, Diabetes, Cardiovascular disease and stroke as per NPCDCS guidelines	DNO-NPCDCS MO-NPCDCS

4	<p>The facility also provides services under Integrated Disease Surveillance Program as per guidelines.</p> <ol style="list-style-type: none"> 1. Reporting must be done to the concerned department immediately. 2. The list of condition are disseminated to all wards/department. 	MO i/c IDSP/IHIP
5	The facility provides services under National Programme for Palliative Care (NPPC) as per NPPC guidelines.	DNO MO
6	The facility provides services under National Viral Hepatitis Control Programme. It conducts testing and treatment provision for Hepatitis C and B.	DNO Peer Educator
7	The facility also provides services of Opioid Substitution Therapy Centre under MSACS as per guidelines.	MO OST
8	The facility provides services under National Vector Borne Disease Control Programme as per guidelines-District Hospital is a sentinel site for Malaria.	MO i/c
9	The facility provides services under State Blood Transfusion Council-Blood Bank.	Blood Bank Officer
10	The facility provides services under National TB Elimination Programme as per guidelines.	MO(TC)
11	The facility provides services under National Programme for Control of Deafness as per guidelines.	MO i/c

12	The facility provides service under AB-PMJAY.	MO i/c and District Co-Ordinator
13	The facility provides services under National Mental Health Programme-Mental Health Clinic as per guidelines.	MO i/c Clinical Psychologist CRA, PSW
14	The facility provides services for Adolescent Friendly Health Clinic under RMNCHA+.	MO i/c Counsellor
15	The facility provides services under JSSK for pregnant women who access government health facilities for their delivery.	Nursing Superintendent
16	The facility provides services under National AYUSH Mission as per guidelines.	MO i/c
17	The facility provides services under National Programme for Control of Blindness as per guidelines.	Dy.CMO i/c at CMO office OA at DH

2. POLICY ON HEALTH SERVICES PROVIDED IN THE FACILITY (BED STRENGTH, RKS COMMITTEE, USER-CHARGE)

A. Policy

To have a defined policy for Health Services provided in the Facility.

B. Purpose & Objectives

To ensure effective establishment and follow up of health services in the facility.

C. Scope and Responsibility

All staffs involved in Health-care services provided in the facility.

D. Process Detail

Sl no	Activity	Responsibility
1	The facility provides curative and preventive services for the health problems and diseases, prevalent locally. 30 functional beds have been established inside the facility while total midyear population of Mamit district as on 1 st April, 2023 is 17172 .	Medical Superintendent All Doctors All Nurses
2	Representative from different NGO group were included in RKS committee and the committee decides whenever there is planning and revising of services to be made within the facility and all user charges are also decided by this RKS committee.	RKS Governing Body

3. POLICY ON PATIENT RIGHT AND NON-DISCRIMINATION

A. Policy

This policy is to ensure confidentiality, privacy, religious and cultural preference and non-discriminatory patient care in hospital setting, and to respect religious beliefs during treatment, these rights shall be respected and protected by the staff of the hospital.

B. Purpose

To ensure that the hospital is protecting the patient and their rights, without any social discrimination, respecting their cultural and religious beliefs and maintaining privacy and confidentiality of patient information with informing them about their responsibilities during their stay in the hospital.

C. Scope

All the patients and family cared for treatment at the District Hospital, Mamit

D. Process Detail

Sl no	Activity	Responsibility
1	Proper display of patient's right, citizen charter at convenient places within hospital premises	MS and NS
2	All patients irrespective of their religion, caste and cultural background should be treated according to their respective needs	MS and NS
3	Their cultural and religious practice should not be violated, provided if it does not interfere with scientific medical procedure/treatment	MS and NS
4	Proper confidentiality of patient's information should be maintained, if any information is required patient permission must be sought	MS and NS
5	No patients shall devoid of treatment due to their nature of illness	MS and NS

6	If any violation of patients right, confidentiality is noted, corrective and preventive measure should be taken by the authority	MS and NS
7	All available resources shall be provided to the patient depending on the nature of the illness	MS and NS
8	All patient must be treated equally. There should be non-discrimination on the basis of social and economic status of the patient. The staff should be courteous to all the patients and visitors.	MS and NS
9	There is no discrimination in gender to avail service provided in the Facility.	MS and NS

4. GRIEVANCES & REDRESSAL POLICY

A. Introduction

Public is becoming more and more aware of their rights and privileges, and are expecting a higher standard of services. They cannot evaluate the professional quality of care but they can evaluate the food, linen, behavior of staff and other services.

B. Purpose

The hospital authority is well aware of the rights and privileges of the patients and customers, and therefore design a system to address the grievances raised by the patients and other customers.

C. Scope

The scope of this policy is to receive, verify and rectify the grievances raised or submitted by the customers of District Hospital, Mamit.

D. Details

Sl no	Activities	Responsibilities
1	Grievance Redressal Committee is formed in the facility consisting of at-least five (5) members from different categories of the Hospital staff. Grievance Redressal officer is designated among the committee members preferable senior Officer in which his/her contact number must be displayed in the complaint box.	MS and NS
	GRIEVANCE REDRESSAL OFFICER (GRO)	
	The Grievance Redressal Officer- <ul style="list-style-type: none"> ➤ He/She is authorized to receive a verbal or written complaint from the customers, staff and visitors. ➤ He/She will attend any complaint or suggestion collected at the Complaint box regularly. ➤ Depending on the nature grievances, he/she will verify or rectify accordingly. 	GRO i/c

	<ul style="list-style-type: none"> ➤ He/She is authorized to call/summon any staff of this hospital if required. ➤ He/She may refer the cases to Grievance Redressal committee, if it is beyond the official capacity. 	
2	<p><u>Complaint & Suggestion system</u></p> <ul style="list-style-type: none"> ➤ The hospital authority shall keep sufficient numbers of Complaint and Suggestion box at strategic locations within the hospital premises with GRO contact number. ➤ These boxes will be attended at regular interval. ➤ Any written complaint or suggestion will be attended and scrutinized. ➤ Remedial action will be taken accordingly. ➤ Written or verbal complaint can also be submitted to the responsible authority at any point of time during office hours. <p><u>Grievance Redressal Committee:</u></p> <ul style="list-style-type: none"> ➤ The committee is to sit periodically at-least once in a month and will attend any complaint or suggestion conveyed to the GRO/Complaint box and find a solution to rectify the complaint. And the grievance solution must be informed back to the complainant. ➤ Depending on the nature of the grievances, GRO may refer the case to the committee and immediate resolution should be made if necessary. ➤ The committee should maintain their action taken record in the meeting minutes. 	MS and NS GRO i/c

5. POLICY ON CARE OF TERMINALLY ILL PATIENT

A. Policy

To have a defined policy on care of terminally ill patient treated inside the facility.

B. Purpose & Objectives

To ensure effective implementation of policy on care of terminally ill patient treated inside the facility

To established a proper care on palliative department.

C. Scope and Responsibility

Treating Physician, Nursing staff & NPPC Team

D. Details

Sl no	Activities	Responsibilities
1	Palliative care is established in the facility to take care of terminally ill patient.	Palliative Care Committee

6. MAINTENANCE OF PATIENTS RECORD & INFORMATION AND DISPOSAL POLICY

A. Policy

To ensure that the Medical Record Unit, District Hospital, Mamit shall apply various methods and tools to prevent any loss, damage and tampering to medical records occurring due to misplacements, pests, fire or any other factors. All patients record, delivery register, death register, MLC registers are also maintained by this unit at the respective department.

B. Purpose & Objectives

It is to ensure the protection of records from any damage, tamper or loss. All information related to patient should kept in confidential.

C. Scope

This document is applicable to Medical Records Unit, District Hospital, Mamit

D. Responsibility

Medical Record Unit, Nurses, Medical Officers and Medical Superintendent.

E. Process Details

I. Description of the process:

The MRU shall apply various methods and tools to ensure the records are properly kept in safe custody and also to maintain and utilize effectively for various beneficiary:

- i. MRU shall be a restricted area.
- ii. Fire extinguishers shall be placed, accessible to MRU. The staffs are trained in handling of all types of fire extinguisher.
- iii. Pest control is done periodically with housekeeping that it is recorded
- iv. The MLC and death cases records are kept under lock and key for a period of minimum 10 years Patient information should not be disclosed. These registers should be maintained as

follows: IPD/Discharged register – 3 years. Indent and stock register – 3 years. Referral and police intimation register – 3 years. Diet and laundry register -3 years.

- v. No files will be taken out of the department, except with prior permission from the Medical Superintendent of the hospital
- vi. A retrieval process is in place to take care of files issued. The medical record in charge will make a note in the outward register to issue the concerned records against the receiver's name with date, time and signature of the receiver, where the file should be returned within 48 hours.
- vii. In case the file is still not returned and no extension has been sought, the medical record technician goes to the person to collect the documents.
- viii. If any file is lost by the MRU, immediate information should be passed on to the medical superintendent and FIR can be lodged with further orders of the Medical Superintendent
- ix. No photography of document, electronic copying etc. will be permitted without approval of Medical Superintendent of the hospital.

F. Activity and Responsibility

The Medical Record Unit shall keep the following responsibilities accordingly.

- a. Various method and tools to prevent any damage /tampering to the medical records occurring due misplacement, fire or any other factor must be followed.
- b. All the instruction for safeguarding of data, medical records must be followed.
- c. Special care must be taken for storage of Death Cases & Medico Legal Cases.

G. Disposal of Files

The following steps are to be taken regarding the disposal of files

- a) Public notice should be given in newspaper, TV etc. for the particular

- time period of files to be disposed.
- b) If no claims are made within the given time-frame then the files can be disposed off either by burning or as general waste.

7. POLICY ON PRIVACY AND CONFIDENTIALITY OF PATIENTS HAVING SOCIAL STIGMA AND VULNERABLE GROUPS

A. Policy

This policy lay down the principle of policy on privacy and confidentiality of patient having social stigma and vulnerable groups.

B. Purpose

To establish policy on privacy and confidentiality of patient having social stigma and vulnerable groups inside the facility.

C. Scope and Responsibility

MS, NS, WS and all Doctors

D. Process Details

Sl no	Activity	Responsibility
1.	Privacy and confidentiality must be maintained to patient related with social stigma and vulnerable groups inside the facility	Complaint Officer for Transgender-NS

8. CONSENT POLICY

A. Background & Policy

Consent shall be taken from all patients being admitted, before any procedure and treatment in the hospital. Consent must be obtained from an adult patient with decision-making capacity, or person legally authorized to consent on behalf of the patient. If consent is not obtained (for e.g., in case of unattended, unconscious patient), the reason must be documented in the patient medical record.

Consent is taken for patient and/or his family members and are informed on risks benefits, alternatives and as to who will perform the requisite procedure in a language they can understand.

Consent must be Informed Consent.

B. Purpose

The purpose of obtaining a patient's consent is to ensure that patient is informed about the medical care, nursing care, risks and benefits that will be provided to the patient based on which he/she takes decision.

C. Types of Consent

General Consent: consent to and authorize the attending physician, other physicians and healthcare professionals who may be involved in care to provide such diagnosis, care and treatment considered necessary or advisable by physician(s).

Informed consent: It is a legal condition whereby a person can be said to have given consent based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.

D. Scope

Responsible: Registration counter duty, Nurse in-charge of the patient, treating physician.

Site: All patient care areas and registration.

E. Process Details

- I. **Description of The Process:**
 - i. When a patient comes to a doctor for treatment of an ailment implies that he is agreeable to medical examination in the general sense. This is implied consent and would encompass physical examination (not intimate examination), palpation, percussion, auscultation and routine sonography.
 - ii. General consent to treatment and release of information. Written general consent with signature shall be obtained at the time of admission by admission officer.
 - iii. Consent shall be taken in language understood by the patient /Relative.
 - iv. Components of general consent to treatment and release of information form shall be explained clearly to the patient and /or relative in the language understood by them.
 - v. Name of the patient, relative, relation of the relative and signature of the person giving consent shall be properly endorsed.
 - vi. The form shall be attached in patient's file.
 - vii. Informed consent from the patient /family is required whenever patient is undergoing any procedures or special treatment.
 - viii. The doctor should explain risks and benefits to the patients and family members.
 - ix. The doctor should explain the risk and benefits to the patient and family members.
 - x. The patient unless he or she is a minor, under effect of alcohol or other sedative drugs.
 - a. If patients are incapable of informed decision making, consent shall be obtained from next to of kin/parent/guardian as per the law of the land.
 - b. In situations when there is no consensus amongst children of the patient, they are asked to nominate one of the siblings in

writing with signatures of two witnesses. The informed consent is obtained from nominated person.

- c. In case of unidentified patient in unconscious condition treating doctor shall take a decision in life threatening circumstances.
- d. In life threatening situation, where no next to kin is available, the CSR/MO will give permission for the procedures needs to be done.

F. In case of research purposes

- i. A detail inform consent must be obtained from the patient who participate in any clinical or public health research. Treating Physician will be the responsible person for the process.

9. PATIENT'S RIGHTS AND RESPONSIBILITIES POLICY

A. Policy

To establish a define policy on patient rights and responsibilities.

B. Purpose & Objectives

To ensures that the patient's rights are sensitized and practiced inside the facility.

C. Scope and Responsibility

All the Clinical Staff of District Hospital, Mamit

D. Patients' Right

- i. Right to access all services provided by the hospital.
- ii. Right to information of his/her treatment procedure.
- iii. Right to make decision upon his own treatment.
- iv. Right to privacy and confidentiality.
- v. Right to religious and cultural freedom.
- vi. Right to safe and secure treatment.
- vii. Right to grievance redressal.
- viii. Right to Emergency care

E. Patients' Responsibilities

- i. Patient should follow hospital rules and regulation and help maintain cleanliness of the hospital and handle hospital equipment with care and avoid disturbance to another patient.
- ii. Patient should trust the Doctor and have confidence in the treatment and refrain from self-diagnosis and self-medication by using social media.
- iii. In case of any discontent, the patient should first discuss the issue with doctor or care giver.
- iv. Patient should inform the doctor accurately about current and past medical history of himself and the family and any known allergies.

- v. Patient should also inform the doctor about contagious condition which can adversely affect other patients or hospital staff such as HIV, HEP-B, Open TB condition etc.
- vi. Doctors or Hospital staff should not be brought under any undue pressure by the patient family or friends by referring to caste, creed, religion, community, language, political influence or any such elements.

F. Process Detail

Sl no	Activity	Responsibility
1.	Patients' Right and Responsibilities are displayed in every ward.	MS & NS
2.	Patient's Rights and Responsibilities are taught to the staff frequently by adding the topic to their weekly training sessions.	MS & NS

10. BARRIER FREE ACCESSIBILITY AND DISABLE FRIENDLY SERVICE POLICY

A. Policy

This policy is designed to provide free environment which enables people with disabilities to move safely and to use the facilities without major obstacle.

B. Purpose

The purpose of barrier free design is to provide an environment that supports the independent functioning of individuals so that they can get to, and to participate without assistance.

The purpose of the policy is to ensure barrier free accessibility to all citizens and disable friendly service for physically challenged patients.

C. Scope and Responsibility

The policy applies to all hospital staff and all departments.

D. Process detail

- i. The entrance of the hospital should be barrier free.
- ii. At the entrance of the hospital, there should be provision of railing for support.
- iii. Easy availability and access of wheelchair at the entrance.
- iv. The outpatient corridor should be provided with railing towards one side for support and easy access to disable patients.
- v. Public announcement system for visual impaired patients and pictorial arrangements for limited vision.
- vi. Separate disable friendly toilets in every floor and every ward.
- vii. Provision of hand rails in toilet with non-slipper floor.
- viii. Priority should be given to disable persons at registration and consultation.
- ix. Regular monitoring and supervision by MS and NS.

11. POLICY ON THE SUPPLY OF ESSENTIAL DRUG LIST

A. Policy

This policy lay down the principle on abiding state Essential Drug List inside the Facility.

B. Purpose

To establish state EDL on every point of drug use inside the Facility.

C. Scope and Responsibility

DHQM i/c Pharmacy

D. Process Details

Sl no	Activity	Responsibility
1.	Latest Essential Drug List published by the State must be used and practice inside the Facility.	MS & Pharmacist
2.	Availability of two months' supply of essential drugs as listed in C5 of NQAS checklist or EDL published by the state at Indoor Pharmacy which is indented by all the departments as required.	MS & Pharmacist
3	Free supply of drugs mentioned the State EDL to all patients at all points of used.	Pharmacist

12. POLICY ON TIMELY RE-IMBURSEMENT AND PAYMENT (AB-PMJAY)

A. Policy

This policy lay down the principle on timely reimbursement and payment to beneficiaries through PMJAY.

B. Purpose

To establish non-delay on payment of reimbursement to beneficiaries.

C. Scope and Responsibility

MO i/c and District Co-Ordinator

D. Process Details

Sl no	Activity	Responsibility
1.	The Facility must ensure that there is timely payment of reimbursement and financial entitlement to the beneficiaries.	MO i/c and District Co-Ordinator

13. FREE OF COST TREATMENT FOR BPL POLICY

A. Policy and purpose

This is to ensure that all BPL patients are treated free of cost at District Hospital, Mamit irrespective of caste, creed and religion.

To ensure free of cost (no out pocket expenditure) to all BPL who require medical treatment, investigations and other services in the hospital.

B. Scope and Responsibility

All sections of this hospital especially – Registration department, OPD services, Diagnostic services, Pharmacy, IPD services, Blood bank, Diet and Ambulance services shall identify BPL patient at their respective jurisdiction.

No expenditure shall be levied to BPL patients, provided the beneficiaries disclose their ID.

C. Process Details

- i. The hospital ensures all services are free cost to all citizens and same is displayed in prominent places in order to free access by the clients.
- ii. For BPL card (Golden Card) holders, as per the National & State flagship programs/schemes like NTR, JSSK, RSBY, PMJAY (All Central Government Scheme) etc. are also ensured as per guidelines.
- iii. The facility must ensure free services to GOI and state scheme to pregnant women, mothers and neonates as per scheme.
- iv. The Facility must ensure the supply of free drugs from the EDL list.
- v. Hospital
 - a. All expenditure – OPD registration fee, Laboratory and radiological investigations, Ward & OT Facilities, blood processing fee shall be free of cost.
 - b. BPL Family who also hold RSBY (Golden Card PMJAY) can avail free medicine in addition to the above free service.

- c. The MS /NS shall ensure that the service provision to BPL as as per the existing guideline.
- d. The MS/NS shall ensure the following:
 - Timely reimbursement and payment to beneficiaries in case entitled.
 - RSBY details can be avail from the Head Assistant.

14. POLICY ON ETHICAL MANAGEMENT AT FACILITY

A. Policy

To have a defined policy for ethical management at Facility.

B. Purpose & Objectives

To ensure effective implementation of policy on ethical management at the facility.

C. Scope and Responsibility

All staffs of District Hospital, Mamit.

D. Process Detail

Sl no	Activity	Responsibility
1	Code of conduct for various cadre of staff has been established in the facility for all the healthcare workers and the facility staff are aware of code of conduct.	MS
2	Drug companies, supplier and medical representatives are not allowed inside the facility.	MS
3	All the patient brought by Judiciary or Police must be investigate and treated in compliance with the order/notification from representative.	MS
4	Medical certificate must be obtained from MS office in consultation with the concern doctor.	MS
5	In case of strike and emergency, hospital will provide medical services to the needs	MS and NS
6	Hospital service will be available 24X7 at the time of strike. Buffer	

	stock must be maintained in the Indoor Pharmacy and Consumable supply also must have an alternate source.	MS Chief Pharmacist
7	For sharing of patient data to any person, media, agencies and NGO, permission must be sought from the authority. Prior approval must be obtained.	MS

15. END OF LIFE CARE POLICY

A. Aims and Policy

This is to provide peace and dignity during the last phase patients of life patients. The hospital shall provide the following elements of care from Health Care Team.

B. Purpose

End of life care is support for people who are approaching death.

It helps them to die with dignity.

End of life care includes palliative care.

If they have an incurable illness, palliative care will help them to make them as comfortable as possible by relieving pain and other distressing symptoms, while providing psychological, social and spiritual support for them and their family.

This is called holistic approach to care, as it deals with the whole person rather than just one aspect of their care.

C. Responsibility

Doctors, Nursing staff, auxiliary workers in the hospital will be responsible to fulfill this purpose.

D. Committee

Under the Chairmanship of Medical Superintendent, Executive Committee comprising of the in-charge of all the departments after careful study agreed to accept as District hospital, Mamit policy.

E. Core Principles for End-of-Life Care

- Respect the dignity of both patients and caregiver.
- Be sensitive and respectful with the patient's family's wishes.
- Use the most appropriate measures that are considered with patient choices.
- Encompass alleviation of pain and other physical symptoms.

- Assess and manage psychological, social and spirit religious problems;
- Offer continuity (the patient should be able to continue to be cared for, if so desired, by his /her primary caregiver and specialist provider);
- Provide access to any therapy which may realistically be expected to improve the patient's quality of life including alternative or non-traditional treatments.
- Provide access to palliative care and hospital care;
- Respect the right to refuse treatment;
- Respect the physician's professional responsibility to discontinue some treatments when appropriate, when consideration for both patient and family preference.
- Promote clinical and evidence-based research providing care at the end of life.

F. Procedure & Activity

Sl no	Activity	Responsibility
	Physical preparation of dead body	
1	Condition of the dead body is to be verified and recorded properly, before keeping the dead body inside the dead body bag.	SN/Attendant
2	Eyes should be closed immediately as in sleep. If the eyes are for donation, gently tape close the eyelids using Transpore tape.	
3	Body to be straightened with arms laid at the sides.	
4	Mouth should be closed immediately	
5	Remove all support equipment's	
6	Give through sponging to the patient	
7	To change patient clothes	
8	Keep the head and chin in position	
9	Bandages may be used if necessary	

10	Plug nose ears with cotton plug.	SN/Attendant
11	Cover the patient with new white bed sheet	
12	Attach an identity card to the dead body having name and IP No.	
13	Allow relatives to be with the body for a while. Arrange to meet the religious rites if possible.	
14	Primary nurse to follow the routine discharge procedure as per discharge policy.	
15	Primary Nurse to arrange for Mortuary /Morgue van if required	
16	If the deceased has dentures ensure they are in right place. Not for Jewish faith.	
17	Attach identification bands to a wrist and opposite ankle of the deceased.	
18	Both identification bands should contain the following information: Deceased's name, Hospital number, date of birth, ward.	
19	If the lower jaw drops down significantly, consider putting on a chin support by applying bandages.	
20	Place an adult incontinence pad/diaper under the deceased.	
21	If the deceased is to be viewed by relatives on the ward ensure there is no blood or body. Wrap the patient carefully in a sheet and fasten with tape.	
22	Close all the orifices of the body with cotton plug.	
23	If radiation restrictions are still in force, attach a sticker "Risk of Ionizing radiation" to the outside of the ground.	

24	Place the deceased in a body bag if the body is likely to leak or if the patient has an infection alert organism and it is indicated on table 1.	SN/Attendant
25	Remove gloves and plastic apron and wash hands.	
26	If there is any risk, wash hands after handling a wrapped body. Ensure completion of all documentation.	
27	All the death of admitted patient are recorded in the facility and communicated to their relatives accordingly	WS/SN/Attendant

16. COMPETENCY TESTING AS PER JOB DESCRIPTION POLICY

A. Policy

District Hospital, Mamit management ensure that the staff are competent in all hospital duties and are checked at regular intervals.

B. Purpose

To ensure a fair and transparent tool to assess the performance of an employee for further development.

C. Scope

This policy applies to all the employees.

D. Responsibility

Medical Superintendent, Nursing Superintendent and all department in-charge.

E. Distribution

All the employees.

F. Description of the process

- i. MS and the Nursing Superintendent will conduct internal assessment once in a year base on their duties and job description for all the nursing staff and other paramedical staff. Competency Evaluation will be based upon the acquired marks. Employees who acquired score below average will be re assessed and counselled for betterment. Training will be provided as per requirement.
- ii. For all the CS and CAS performance evaluation will be done by Medical Superintendent basing upon their indoor and outdoor patient statistics.
- iii. For all the housekeeping staff evaluation will be done based upon department checklist for sanitation and hospital cleanliness.
- iv. For competency evaluation DAKSHATA Job-aids and checklists will be used by the facility along with the MHSSP CKSI App for both the doctors and nurses.

17. VISITOR'S POLICY

A. Introduction

Hospital is a place where various types of people whether sick and healthy are converging every day. The areas where visitors are usually present are: General and special OPDs, Wards, Emergency departments and few of the special units and high dependent areas like – labor room, pre and post operation room, neonatal wards, dialysis room and rarely of ICU.

B. Purpose

The main purpose of designing Visitors' Policies are:

- a) To maintain patients' privacy, comfort, safety and security.
- b) To create healthy environment, cleanliness and hygiene.
- c) To prevent cross infection and noise pollution,
- d) To develop cordial atmosphere between patients, patient relatives and care providers-for optimum patient care, physical and psychosocial support.
- e) To avoid interference in treatment of patients from an unauthorized person.

C. Details

Sl no.	Activity	Responsibility
i. General guideline		
1	Attendants are allowed to accompany patients at various OPDs, Laboratories, Radiology etc. during the hospital timing.	MS Security Guard
2	Due to insufficient parking space, attendants and visitors are expected to park their vehicle at specified/identified places only.	
3	The visiting hour will be 6: 00 AM to 8 : 00 AM and 3: 00 PM to 5: 00 PM	
4	Any unauthorized person/trespasser can be prosecuted.	

5	Unauthorized selling and advertising of any items without the permission of Medical Superintendent is not permitted within the campus.	MS Security Guard
6	All the patients, patient's attendant and visitors are expected to maintain cleanliness, hygiene and decorum of the hospital area.	
7	All the important document medical certificate, Death certificate, referral letter and birth certificate can be obtained from MS office.	MS Inspector of Statistic
ii. Guideline for General Ward		
1	Only one attendant is permitted per patients admitted at wards. However, in any special circumstances, the patients shall obtain permission from Ward Superintendent for additional attendant.	MS, WS, NS, Security Guard
2	The Ward Superintendent will issue Attendant card indicating the name of patient, name of patient attendant, bed no. and its validity, the card is not transferrable.	
3	All the patients, patient attendants and visitors are expected to maintain cleanliness, hygiene and decorum of the respective wards. Cell phone sound and other noises should be controlled as far as possible. Media person are not allowed inside the facility without prior permission. Vendors and Hawkers are not allowed inside the premises. In case of violence/mass situation, security must be kept tight in which Hospital	

	Administrator must be informed at an earliest. Keys of several ward/department must be kept at safe custody and handover must be made in case of shift change.		
iii. Guidelines for Labor room, Pre and Post OT Room			
1	Only one attendant per patients is allowed, if additional attendant is required, the concerned Doctors or Nurse duty will inform the patients party accordingly.	MS, NS, WS, Security Guard	
2	All the patients, patient's attendants and visitors are expected to maintain cleanliness, hygiene and decorum of the respective wards		
iv. NBSU, SNCU			
1	No patient's attendant is allowed in these Units	MS, NS, WS, Security Guard	
2	If required or requested by the concerned doctors or Nurses, the patient attendant shall enter these rooms after taking all precautionary measures by abiding proper dress code as per the policy.	MS, NS, WS, Security Guard	
3	Visiting hour (including holidays)	MS	
	Morning 6: 00 AM – 8:00 AM	Evening 3:00 PM – 5:00 PM	Night Night pass by W/S

18. CONDEMNATION POLICY

A. Introduction

Whenever any hospital asset whether large or small disposed of, a condemnation/disposal form should be completed by the HOD of the department or i/c of every unit and counter signed by the Medical Superintendent. For straight forward disposals the form should be completed by filling in as much information as possible.

B. Hospital Condemnation Committee

A hospital constituted a Condemnation Committee as follows:

- **Chairman:** Medical Superintendent,
 - **Secretary:** Nursing Superintendent
 - **Members**
 - Department in-charge of departments
 - Pharmacist
 - Ward Superintendent
 - Any members nominated from time to time
- i. The constitution of the Committee with the above members in a hospital may vary subject to availability of respective posts, which may be decided by the head of the institution.
 - ii. The Condemnation Committee shall meet annually once (or more if required) and complete the condemnation of all the unused items.
 - iii. Wherever buy-back policy for equipment is offered, the committee shall consider the same before approving the condemnation.
 - iv. All stores including steel items, empty containers of drugs and dressings that are found to be unserviceable inwards should be returned to the main stores. The officer-in-charge of main stores (Medical Stores Officer /Supt/head Pharmacist) should take steps to condemn them which are beyond repairs.

- v. Linen items which are worn out due to wear and tear in the wards, theatres and department shall be listed out and consolidated by the Nursing Superintendent and should be placed before the condemnation committee for its approval.

C. Parameters to be considered by the Condemnation Committee

- i. Life of the equipment as per manufacturers description.
- ii. Uneconomical repairable condition of the equipment certified by the Service Agency.
- iii. Disposable value of the items proposed for condemnation.
- iv. Committee is fully empowered to condemn the items procured by the hospital authority (under RKS or hospital own resources), however, if any items procured by authority shall be condemn only after approval by the concerned authority.

D. Procedure for disposal of condemned items

- i. Respective Department i/c will submit list of items for condemnation in a proper format, indicating name of items specification, years of service, reason for condemnation etc. in consultation with instrument maintenance section (e.g., Trimmed).
- ii. All the items condemned should be brought to the general disposal register. The entries in the general disposal register should tally with the items condemned and reduced in the main stock register of instruments, accessories, furniture etc. The stock in the general disposal register shall be reduced as and when such items are disposed.
- iii. Limited tender System shall be adopted, if required prior permission will be obtained from higher authority.
- iv. Public Auction shall be conducted as far as possible. himself can post-approve the auction sale.
- v. Upset price for disposal of the condemned items shall be Fixed locally by the Medical Superintendent.

19. POLICY FOR PEST, RODENT AND ANIMAL CONTROL

A. Policy

To have a defined policy for control of pest, rodent and animal in the facility.

B. Purpose & Objectives

To ensure effective implementation of control of pest, rodent and animals.

To established a clean and safe environment

C. Scope and Responsibility

NS, WS, SN, Group-D Staffs.

D. Details

Sl no	Activity	Responsibility
1.	Pest control are done at the facility by spraying with Pesticides quarterly.	NS and WS
2.	Rodent control is done by using poison and trap quarterly.	NS and WS
3.	Anti-termite treatment is done on all wooden furniture by applying kerosene on the surfaces which is performed quarterly.	NS and WS

20. LINEN AND LAUNDRY POLICY

A. Policy

This policy describes that patient bed linen should be

- i. properly clean as per protocol and
- ii. changed whenever necessary so that the risk of disease to patients who may be unusually susceptible or to employees who may handle linen is avoided.

B. Purpose and Objectives

- i. To maintain clean environment and neat appearance to the unit.
- ii. To reduce transmission of microorganisms and other pathogens.
- iii. To provide smooth and wrinkle free bed thus creating aesthetic look to the environment.

C. Responsibility

- All clinical Staffs/Nurses

D. Distribution

- Inpatient departments and Outpatient departments.

E. Process Details

- i. Outsourcing of Laundry Service:
 - a. Laundry service is outsourced- i.e., Contractor selected by the DHME for a period of 2 years
 - b. All the linen are properly segregated, registered and counted before handing-over to the third party.
 - c. Soiled and contaminated linen must be decontaminated before handing over.
 - d. All linen must be properly examined and counted before received from the third party All the record must be kept at safe custody for inspection.
 - e. Maintenance of linen at IPD & OPD.
 - f. Linen should be changed daily or when soiled for a occupied bed.

- g. If the patient linen is soiled then the linen to be changed immediately.
 - h. After discharge of the patient, the linen should be changed before admission of another patient.
 - i. The Ward i/c shall keep sufficient stock of linen at any point of time for routine use, and additional buffer stock for any disaster or emergency.
- ii. **Storage of linen:**
- a. Used linen should be kept separately from soiled linen at all times.
 - b. Clean linen should be stored in a clean area.
 - c. Linen that has been taken into a room where a patient has been barrier nursed and then not used, should be re-washed before it can be used for another patient.

21. DRESS CODE POLICY

A. Policy

All Hospital staff at District Hospital, Mamit practices uniform dresscode with Identification and name plate during working hours.

B. Purpose

To ensure hospital staff adhere to their professional etiquette in respect in respect to their uniform and ID card.

C. Scope and Responsibilities

- All hospital staffs are required to adhere to this policy.
- Medical Superintendent, Nursing Superintendent, Ward Superintendent of this Hospital are entrusted to maintain and supervise this policy.

D. Description of the process:

- i. Doctors
 - White apron with attached name tag.
- ii. Nurses –
 - a. Nursing Superintendent – White frog, white cap with gold strip, white stocking and white shoe.
 - b. Ward Superintendent – White frog, white cap with Red Stripe, Maroon colored scrubs at night time, white stockings and white shoe.
 - c. Staff Nurse – White frog, white cap with black stripe, light blue scrub at night time, white stocking and black shoe.
- iii. Group D Staff
 - Navy Blue Scrub Suit
- iv. Lab Technician
 - White Lab Coat
- v. Pharmacist
 - White Coat, Olive Green Scrub
- vi. Operation Theatre
 - Surgeon – Dark Green
 - Anesthetist – Black Scrub

Ward Superintendent – Maroon Colour Scrub
Staff Nurse – Light blue Colour Scrub

E. ID card

- Every employee shall be provided with Name Plate to be clipped at the left side of apron/dress.
- Identity card containing the name of the employee and designation should be worn. It is must for the employee to wear the ID card or ID name plate.

22. INTERNAL ADJUSTMENT OF BEDS: DURING NON-AVAILABILITY OF BEDS POLICY

A. Policy

- All efforts shall made to accommodate a patient for admission as far as possible.
- Priority should be given to the poor patients who cannot afford to avail treatment at private centers.
- The Physicians shall try to transfer the stable patients from one ward to another, in case of non-availability of beds for new admissions.

B. Scope and Responsibility

- All Department i/c of Clinical Units
- Ward Superintendent and Nursing Staff
- MO/SMO/Casual Medical Officer

C. Procedure

i. For General ward

- If there are no vacant beds in particular ward, patient who do not require active treatment or medical interventions may beshifted to other wards till the bed are vacant.
- At the end of the day (OPD is over), the Casualty Medical Officer (MO/SMO) should be informed about the bed vacancy in various wards of Hospital.
- Patient should always be admitted under their treating department. If the MO admit patients in any other wards, he/she shall inform the concern department for further follow-up.
- The treating department shall visit their patients though they may be admitted in different wards.

- If there are no vacant beds in particular ward patient who do not require active treatment or medical interventions are shifted to any vacant beds within the hospital.

ii. Cases who need isolation and specific care are exceptional e.g., case of contagious diseases requiring isolation, surgical patients (Pre & Post Surgery), Pediatrics cases, Obstetrics and Gynaecology cases, ICU etc.

In case of any disaster or mass casualty incidents, designed protocol (as per Disaster Management Policy of District Hospital, Mamit) shall be activated and followed.

iii. After routine working hours, patient should be brought to Emergency department. After assessment, the patient will be brought to ward. Vacant bed inside every ward must be communicated to each ward and Nursing staff must maintain number of vacant beds inside the ward.

Responsibility: MO (Casualty), WS, SN.

iv. In case of disaster, mass casualty or disease outbreak, accommodation should be made by allocating special ward. Internal adjustment of the patient of the patient within cold wards for accommodating patient as extra-temporary.

Responsibility: MS, NS & WS.

23. HAND OVER & INTER DEPARTMENTAL TRANSFER POLICY

A. Policy

Patients who require additional intervention, diagnosis treatment from one department to another departmental for better services of hospital care.

This policy ensures that the patient is transferred in safe manner and without any discomfort to enhance the service levels.

B. Purpose & Objectives

- To ensure that there is a laid down procedure for transferring of patients from department to another department without any delay in the delivery of care.
- To understand and share the multiple problems face by the patient.
- To avoid unnecessary shifting of patients between various department/specialty.
- To avoid admission and keeping of patient unnecessarily while other specialty can provide better service.

C. Scope and Responsibility

- All patient care area (OPD, IPD, ICU etc.) and Diagnostic Department.
- Consultant/Treating physician and Nurses.

D. Process Detail

- i. All department/Specialty should be fully aware of their respective capacity to manage a patient in OPD if the consulting physician needs a second opinion from another specialist the consulting physician shall write a note on the OPD slip for required details from the other specialist and direct the patient/client to the specific consultation room stating the room number.
- ii. In IPD if the patient requires a cross consultation, or transfer the patient under another specialist, the present treating physician shall write a

memo on the Bed head ticket stating the reason for transfer and treatment given with date, time and signature.

- iii. The transfer of patient will be done with duly filled bed head ticket as handover and taken over by the both physicians along with notes.
- iv. If the patient has to be shifted from one ward to another ward, the patient should be shifted in the wheel chair or stretcher with safety belts, covered with bed sheet.
- v. Prior information should be communicated to the ward where the patient is being shifted to avoid delay in patient shifting and treatment.
- vi. Nurse's notes should be accurate and timely.
- vii. While transferring the patients, all IV fluids should be stopped and reinitiated after shifting the patients.

24. REFERRAL OF PATIENTS POLICY (IF SERVICE NOT AVAILABLE)

A. Policy

This policy is applied to ensure that the patients on arrival to the OPD/Casualty is referred to another Centre if the required service is not available in the hospital.

B. Purpose & Scope

- The purpose of this policy is to provide the basic service and to protect the patient right to avail appropriate service for which he/she deserves.
- Scope of registration includes all patients in OPD or Emergency Department, who requires diagnostic, special treatment, admission, ambulance service etc.
- Responsible units are Registration Clerk, OPD staff, Casualty staff, Medical Officers.

C. Process Details

- All patient who requires transfer/referral shall be well coordinated with the facility where patient is being transferred/referred.
- Decision of transfer/referral shall be taken by concerned treating physician/MO and the same shall be intimated to patient and relative with reasons.
- Patient coming in for Emergency shall be provided with first aid treatment and stabilized, if required before transferring.
- All patients who are being transferred to external facility (including transfer from emergency) shall be provided with case summary mentioning the status of patient, significant findings and treatment given in the hospital.

Sl no	Activity	Responsibilities
1	Registration is done for all patient requiring OPD & IPD services.	Registration Clerk
2	For OPD Registration: For General OPD – 9:00 AM to 1:00 PM	Registration Clerk

	Weekdays Casualty registration: 24X7 hours	
3	Patient will be referred only if the concerned equipment, beds or specialist are not available in the hospital	Treating Doctor
4	If the patient comes to the casualty directly, assessment and basic treatment will be provided and if required the SMO/MO will take decision to refer the patient to tertiary/referral centre for better treatment and follow up.	Treating Doctor
5	For indoor patients, during the stay in the hospital, if the patients need tertiary care or special investigation, the patients will be referred to higher centre	Treating Doctor
6	The patient shall be transported by ambulance with trained attendant and if not possible the hospital ambulance will be allocated for shifting the patient.	Treating Doctor Nurse on Duty
7	List of higher canters can be availed from the Med-Superintendent Office	MS Office
8	In case of referral, public healthcare system should be kept at first priority (If service available)	MS & Treating Doctors
9	Referral criteria for different departments can be obtained from Ward/Department	Treating Doctor

25. POLICY FOR REFERRAL AND CME

A. Policy

To have a defined policy for referral and CME inside the facility.

B. Purpose & Objectives

To ensure effective establishment for referral and CME

C. Scope and Responsibility

All staffs involved in healthcare services provided in the facility.

D. Process Detail

Sl no	Activity	Responsibility
1.	List of higher canters where patient can be referred can be obtained from the Medical Superintendent Office	MS
2.	In case of referral, patient must be referred to public healthcare facilities whenever possible or if there is any option, first priority must be given to public healthcare facilities.	MS Treating Doctors
3.	In case of referral, referral criteria for different departments must be obtained from every ward/department.	Treating Doctors
4.	Facility is connected to SRHF & CH(Aizawl) through telemedicine service which can be utilized for continual medical education	MS

26. INTERDISCIPLINARY CONSULTATION POLICY

A. Introduction

District Hospital, Mamit is a multi-speciality hospital where large numbers of patients attend OPD every day. Many of these patients have multiple problems or diseases, they need to be seen by consultants from various speciality for proper diagnosis and treatment. Therefore, proper system of multidisciplinary approach shall be developed within the hospital.

B. Purpose

- To provide the best possible treatment of the patients suffering from multiple ailments by coordinated multidisciplinary approach.
- To avoid unnecessary shunting of patients from one speciality to another.
- To develop a system of right doctor for the right patient.

C. Process details

Sl no	Activity	Responsibility
1	The first care provider or consultant shall try to compile the details of patient on first consultation.	Treating Doctor
2	He/She shall understand the limit of his/her speciality, and shall know whether the patient needs advice or consultation from another speciality.	Treating Doctor
3	All the inter-department referral should be made with proper note, stating the nature of diseases (and/or provisional diagnosis) and why/what consultation is sought for.	Treating Doctor

4	The consulted department shall examine the patient thoroughly, keeping in mind the basic nature of diseases and provide necessary advice/diagnosis for the benefit of the patient.	Treating Doctor
5	The referring department will integrate the new treatment, if there is no conflict or controversy in second opinion.	Treating Doctor
6	In case of doubt, the two department shall discuss the cases in detail and reach mutual conclusion in the best interest of the patient.	Treating Doctor
7	Duplicate investigation, shunting of patients, delay process etc. should be avoided.	Treating Doctor

27. POLICY FOR NURSING CARE

A. Policy

To have a defined policy for Nursing care provided in the Facility.

B. Purpose & Objectives

To ensure effective establishment and follow up of Nursing Care in the facility.

C. Scope and Responsibility

All staffs involved in Nursing Care provided in the facility.

D. Process Detail

Sl no	Activity	Responsibility
1	Identification of patient and pre-examination must be carried out in the facility before any clinical procedure.	NS, WS
2	All Nursing care must be given on time with accurate treatment plan. Accuracy of verbal, written or telephonic orders from Physician, Nurse or WS to Nurse must be ensured. Verbal and telephonic order must be double checked and confirm.	NS, WS
3	In case of duty shift, patient hand-over must be done with proper explanation of the cases. Nursing records are maintained in the facility. Patient are monitored periodically in the ward.	NS, WS

28. POLICY ON PRESCRIPTION BY GENERIC NAME

A. Policy and Objectives

- Drugs to be prescribed in generic names as far as possible
- No medicines shall be dispensed from pharmacy store without a written prescription order, (except in emergency cases) where the nurse can collect the medicine from pharmacy and prescription can be sent after the patient is stabilized.
- Drugs can be prescribed to the patients only by treating consultant and Medical Officer on duty.
- All orders for medication shall be written in medical records of the patient and shall be in appropriate location. These orders shall be crosschecked by treating consultant and shall be signed, named, timed and dated.
- Prescription shall be written and signed by the treating doctor and shall be clear, legible, dated, timed, named and signed.
- For verbal orders of medications, the patient case sheet has to be counter signed by the Treating physician
- The medications are not dispensed without prescription.
- Special care shall be taken while prescribing high-risk medication.

B. Scope And Purpose

- The policy applies to all the clinical specialties, including ICU's, Inpatient and Out-patient Department.
- To develop and maintain processes for prescription ordering by the Treating physician.
- All treating physicians, MO and Nurses are responsible for compliance.
- The responsibility for medications to be administered to a patient is ordered by the physician or authorized prescriber in his/her written orders on the patient's order sheet. Only orders received

and written by a legally authorized practitioner with clinical privileges will be processed.

C. Process Detail

Sl no	Activity	Responsibility
1	Drugs shall be prescribed on medical records of the patient e.g., OPD card, Indoorbed ticket etc.	MO
2	The prescription shall be entered in the case sheet (also preferably in the hospital software system)	MO/SN
3	Cross check the medication transcribed in the treatment chart	Pharmacist
4	Medicines are issued only in case of proper prescription	Pharmacist
5	Pharmacist checks the expiry date, patients name, medicines name, strength/dosing, the route of administration and the prescribing doctor's info, if written properly then only the medicines are dispensed.	Pharmacist
6	Once the medicines are dispensed to patients, the patients are explained on how to take it and when to take and possible side effects of the medicines are also explained to the patient.	Pharmacist

29. POLICY ON ADR MONITORING

A. Introduction & Definition

Adverse Drug Reaction (ADR) - any response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.

B. Policy & Purpose

- The policy is to report any adverse drug reaction immediately and follow-up
- To design the procedure for multi-disciplinary review and prevent future medication errors

C. Scope and Responsibility

- Adverse drug reaction can happen in - In patient wards, A&E, OT, Recovery room etc.
- Keen observation is expected from - Primary consultant, Department in-charge, Staff nurses and Pharmacy dept

D. Process Details

- Always suspect an ADR in the unwell patient taking any medication
- The first step in management is to withhold or withdraw the suspected drug
- Further treatment should be decided on an individual basis
- Always inform the patient/attendant of a suspected ADR so that they are able to take precautions in the future.

E. Reporting of ADR

- i. Adverse drug reactions (ADR) are reported immediately to the doctors on duty by the nurses, at the same time patient is also informed of the ADR. In case adverse reaction is not controlled

within 10 to 15 minutes, treating physicians are informed by the DMO for further management.

- ii. Adverse drug reaction should be immediately recorded in the Ward Register (name, age, sex, bed no, time, patient complaint, finding etc.); reaction forms are completed with 24 hours. A copy of adverse drug reaction form is also to be kept in patient's file.
- iii. Compiling and Analysis of Adverse Drug Events Adverse drug events due to IV infusions of fluids, blood and blood components are recorded with details of the batch No., expiry date, manufacturing date of I/ V fluids, IV sets, blood, blood transfusion sets.
- iv. The infusion is discontinued, immediately, bottle and I/V transfusion set are sealed and sent to the laboratory for cultures and incompatibility if any.
- v. After getting the report from the lab/blood bank the event is analyzed, the pharmacy is instructed to stop issuing the concerned lot with same batch no. and distributor/manufacturer is intimated.
- vi. Corrective and preventive actions are taken on the basis of analysis of data.
- vii. Pharmacotherapeutics/Formulary Committee shall analyze ADR and take necessary preventive actions for reducing the risk of ADRs.

F. Activity and Responsibility

Sl no	Activity	Responsibility
1	After administration of the medicine, patient shall be monitored	SN/WS/MO
2	If a patient suffers from ADR immediate treatment must be prompted	SN/WS/MO
3	Adverse drug reactions are reported immediately to the duty Medical Officer	SN/WS/MO
4	If patient condition cannot be controlled by Duty Medical Officer, he/she has to inform the consultant	SN/WS/MO

5	Adverse event reporting form is filed up within 24hrs of ADR	SN/WS/MO
6	A copy of adverse event reporting form is also to be kept in patient's file.	SN/WS/MO
7	PTC/Formulary Committee shall analyze ADR and take necessary preventive actions for reducing the risk of ADEs.	PTC/HFC

30. POLICY FOR NEWBORN, INFANT AND CHILD

A. Policy

To have a defined policy for newborn, Infant and Child in the Facility.

B. Purpose & Objectives

To ensure effective establishment and follow up of health services provided to Newborn, Infant and Child in the Facility.

C. Scope and Responsibility

All staffs involved in newborn, Infant and child care.

D. Process Detail

Sl no	Activity	Responsibility
1	The facility provides immunization services as per guidelines. AEFI reporting and follow up must be done in the facility. All the staff in Pediatrics are trained for detecting, Managing and reporting of AEFI	SMO (Pediatrics)

31. POLICY ON PATIENT SATISFACTION SURVEY

A. Policy

To have a defined policy on patient satisfaction survey inside the facility.

B. Purpose & Objectives

To ensure effective implementation of policy on patient satisfaction survey inside the facility

To practice on every ward inside the facility.

C. Scope and Responsibility

All Nursing staff, GRO

D. Details

Sl no	Activity	Responsibility
1	All the patient satisfaction form must be collected monthly in every ward and OPDs. Identification of low-lying attributes, root cause analysis, action plan for improvement cycle must be done by the ward staff. 30 samples must be taken on every ward/OPD per month. Result of satisfaction survey are recorded and disseminated to concerned staff.	WS, SN
2	Designated Officer must take the overall charge and look after every ward/OPD report for their improvement and take action whenever necessary or forwarded to higher authority.	GRO i/c

32. POLICY ON EMPLOYEE SATISFACTION SURVEY

A. Policy

To have a defined policy on employee satisfaction survey.

B. Purpose & Objectives

- To ensure effective implementation of policy on employee satisfaction survey inside the facility.
- To practice on every ward inside the facility.

C. Scope and Responsibility

- GRO i/c

D. Details

Sl no	Activity	Responsibility
1	Employee satisfaction survey must be conducted by grievance redressal committee once in a year. Root cause analysis and action plan for improvement is to be made once in a year.	Grievance Redressal Committee

33. POLICY ON QUALITY ASSURANCE PROGRAM

A. Policy

To have a defined policy for quality assurance in the Facility.

B. Purpose & Objectives

To ensure effective establishment and follow up of Quality assurance in the Facility.

C. Scope and Responsibility

All staffs involved in quality assurance.

D. Process Detail

Sl no	Activity	Responsibilities
1.	Facility established Internal Quality Assurance program at relevant departments. Daily round scheduled in every week and practiced.	MS IPA Committee DHQM
2.	All the wards/Department must use the checklist of NQAS, IPA, DAKSHATA, MERA ASPATAL etc. for improvement of quality in the facility. Checklist must be received and action must be taken	MO i/c, WS
3.	Daily rounds to every ward must be done regularly.	NS/DHQM

34. POLICY ON EXTERNAL QUALITY ASSURANCE

A. Policy

To have a defined policy on external quality assurance program.

B. Purpose & Objectives

To ensure effective establishment and follow up of policy on external quality assurance program inside the facility.

C. Scope and Responsibility

All staffs involved in quality assurance.

D. Process Detail

Sl no	Activity	Responsibility
1.	<p>External quality assurance program is established in the hospital focusing in Microbiology, Pathology and Biochemistry.</p> <p>Sample test is done annually by forwarding the sample to designated laboratory outside the state and result are follow up and monitored.</p> <p>Biochemistry- CMC Vellore EQAS, Monthly Testing Microbiology- Need Basis.</p>	MO i/c Laboratory

35. POLICY ON STANDARD OPERATING PROCEDURE

A. Policy

- To have a defined policy on standard operating procedure for all the departments inside the facility. The purpose of this policy is to implement a structural and comprehensive system of following Standard Operating Procedure by each department and maintain the records.

B. Purpose & Objectives

- To ensure effective establishment and follow up of policy on standard operating procedure inside the facility.

C. Scope and Responsibility

- All staffs inside the facility

D. Process Detail

Sl no	Activity	Responsibility
1.	All the departments of the facility should prepare their department specific standard operating procedure and the standard operating procedure should include all checkpoints listed in the NQAS checklists.	All Clinical Department in charge
2.	The General Administration Department should maintain the records of distribution to the Standard Operating Procedure	LDC
3.	All the Standard Operating Procedure should be reviewed every 2-3 years and revised as when required.	All Clinical Department in charge

36. POLICY ON SYSTEM OF INTERNAL AUDIT, MEDICAL AUDIT, DEATH AUDIT AND PRESCRIPTION AUDIT

A. Policy

To have a defined policy on system on internal audit, medical audit, death audit and prescription audit.

B. Purpose & Objectives

To ensure effective implementation of policy inside the facility.

To practice on every ward inside the facility.

C. Scope and Responsibility

All staffs involved

D. Details

Sl no	Activity	Responsibility
1.	Internal audit, medical audit, Death audit and Prescription audit must be done inside the facility. All the stakeholder must have survey and follow up on the audit periodically.	Chairman/Chairperson of each committee. - Member Secretary - Committee members

37. NO SMOKING & ANTI-TOBACCO POLICY

A. Policy and introduction

- The Government of India formulate and implement The Cigarettes and other Tobacco Product (Prohibition and Advertisement and Regulation of trade Commerce, Production, Supply and Distribution) A 2003, popularly known as COTPA Act 2003. The hospital Authority also enforced COTPA Act.

B. Purpose

- To adopt COTPA Act 2003 within the hospital complex.
- To provide safe, smoking free environment to patient family, visitors, Doctors, Nurses, Paramedical staffs and other employees (including contractual employee)
- To maintain and monitor the anti-tobacco activities

Sl no	Activities	Responsibilities
1	Public information and notice: To put up public information and message “NO SMOKING AREA- SMOKING HERE IS AN OFFENCE: COTPA Act 2003” in the hospital campus.	MS NS
2	No advertisement of cigarettes and its products in the hospital area.	
3	Create awareness and information amongst the hospital staff.	
4	Implementation and enforcement of COTPA Act 2003	

5	Cooperation with other enforcement agencies/task force etc to conduct inspection, search, seizure etc of tobacco and its products.	
6	Disciplinary action to the staff who violate the act.	
7	Declaration of hospital complex as Smoking Free Zone.	MS, NS
8	Penalty & Revenue collection	
9	To confiscate or seize cigarettes and other tobacco products.	
10	To impose a fine or penalty from defaulter	
11	To review the activity from time to time	

38. POLICY ON USE OF PERSONAL PROTECTIVE EQUIPMENT

A. Policy

- Use of Personal Protective Equipment (PPE) shall be strictly adhered to by all healthcare staff of this hospital in all situations based on BMW management and Handling Rules 1998 (amended from time to time). Hospital Infection Control Committee (HICC) of District Hospital, Mamit shall monitor the adherence of PPE by healthcare staff. Regular training shall be provided by Infection control committee on use of PPE.

B. Purpose

- The purpose of this policy is to establish standard policy on use of PPE for infection control to protect against transmission of pathogens and other blood borne viruses including HIV, HBV and HCV in the hospital/ health care setting. PPE are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources.

C. Responsibility

Hospital Infection Control Committee (HICC) of District Hospital, Mamit for implementation and monitoring. All Health Care Workers for compliance

D. Procedure and methodology

i. Personal protective equipment (PPE)

- Mask, eye protection/disposable goggle /a face shield, cap etc.
- Clean, non-sterile/sterile fluid-resistant gown.
- Clean non-sterile/sterile gloves.
- Water resistant boots and elbow length heavy duty gloves.
- Gloves

- Use of glove is mandatory when contaminated items (e.g., blood, body fluids, secretions, excretions, pus, mucous membranes, non-intact skin etc.) are handled.
 - It should be changed between tasks and procedures on the same patient after contact with potentially infectious material.
 - It should be removed after use, before touching non-contaminated items and surfaces, and before going to another patient.
 - Hand wash/rub to be followed immediately after removal.
 - Heavy duty gloves (puncture resistant) should be use while handling sharp container bags with unknown content.
 - Facial protection (eyes, nose, and mouth)
 - Before every surgical procedure mask and eye protection (face shield, goggles) to be worn, to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- ii. Gown**
- Worn to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
 - Soiled gown to be removed as soon as possible, and perform hand hygiene.
- iii. Boots**
- Water resistant boots made of soft materials should be worn for extra protection, especially during BMW handling, cleaning of major drains, pipes and clog
- iv. Hand hygiene**
- Strict observation of hand hygiene by application of 6- steps routine hand washing technique by all staff
 - Use of alcohol-based hand rub after any procedure by all health care workers in this hospital.

39. POLICY ON ADMISSION AND DISCHARGE

A. Purpose

- To establish, implement and maintained a system for patient admission and discharge in order to provide IPD services offer by the hospital.
- To provide guideline instructions for general nursing care with the aim that needs and expectations of patients are honored.
- To enhances patient satisfaction on continual basis.

B. Scope

It covers all Indoor patients admitted and receiving treatment at the Hospital.

C. Responsibility

Doctors, NS, Staff Nurse and Group D

D. Procedure

Sl. No	Activities	Responsibilities
1	Admission Advised Patient visit OPD/Emergency for doctors' consultation. Depending upon the doctor's assessment he/she advises admission in writing on the OPD/Emergency/Admission sheets.	Treating Doctor
2	In-Patient Registration Registration and allocation of beds is done as per availability of beds in different wards.	Nurse on Duty
3	Patient Discharge Assessment of patients is made on daily basis. When the patient condition has improved and is fit for discharge, he/she can be discharged on the advised of the treating doctor. Patient is counsel about the intake of diet and medication. Follow up instructions is given to	Treating Doctor

	<p>patients/patient attendant Doctor prepares a discharge note in the patient case-sheet and prepared a discharge slip. In-case of MLC patients police is informed before the patient is discharged.</p>	
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40. POLICY ON FREE DIAGNOSTIC SERVICES

A. Purpose

This is to ensure that all patients get free diagnostic service at District Hospital, Mamit irrespective of caste, creed, religion and gender.

B. Scope

To provide free diagnostic service to all patients at District Hospital, Mamit according to the norms laid down in IPA checklist.

C. Procedure

Sl. No	Activities	Responsibilities
1	To provide free diagnostic services as per norms laid down in the IPA checklist.	MS and MO i/c Laboratory

41. MEDIA POLICY

A. Purpose

This policy is intended to help members of the media and the public to better understand the legal issues and rules when seeking patient information from the Hospital.

B. Scope and Responsibilities

All section of the Hospital especially General Admin staff.

C. Procedure

Sl. No	Activities	Responsibilities
1	For sharing of patient data to any person, media, agencies and NGOs permission must be sought from the authority and prior approval must be obtained from the authority	MS
2	Media on Campus Patients or family members may not arrange for interview with media to take place at the Hospital All request for interview must go through the office of the Medical Superintendent.	MS and NS
3	If interview is granted, a representative of the Hospital must escort members of the media at all time within the Hospital premises.	MS and Office Staff

42. POLICY ON DISPOSAL OF EXPIRED DRUGS AND CONSUMABLES

A. Purpose

This policy is intended for the safe disposal expired drugs and consumables

B. Scope and Responsibilities

Expired drugs can be disposed of safely without harming people and the environment.

NS and Group D staff

C. Procedure

Sl. No	Activities	Responsibilities
1	Incineration of expired drugs and consumables at the facility. Expired medicine is also buried in Deep Burial pits after treatment.	Group D

43. HOSPITAL MISSION, VALUES, QUALITY POLICY AND OBJECTIVES

A. Policy

All hospital staff should abide by the Mission and values laid down by the Hospital. These core mission and values will guide all the staffs in the provision of services to the community at the facility level.

B. Purpose

The purpose of this policy is to defined the Hospital mission, values, quality policy and objectives

C. Responsibility

All the staff at District Hospital, Mamit will be responsible to upheld the mission, values, quality policy and objective of the Hospital.

D. Hospital Mission and Values

The hospital mission statement is as follow: “To provide the most affordable with the highest quality standard of care to all patients”

The hospital core values are as follows:

- a. To commit to the highest quality of care
- b. To make the environment as stress free as possible for the patients and the employees
- c. To cultivate the spirit of good governance in the administration.
- d. Service with empathy and compassion.
- e. Create environment for good team work partnering for success.
- f. To treat all people with respect and dignity.

E. Hospital Quality Policy and Objectives

The following are the Quality Policy of District Hospital, Mamit

- a. To provide health services that are affordable, easy to access and efficient to the people of Mamit.
- b. To provide treatment/care to patients with love and compassion.
- c. To provide patients with the best possible care while upholding their rights, privileges and dignity.

The following are the Quality Objective of District Hospital, Mamit

- a. To provide preventive, diagnostic and curative healthcare services of national standards.
- b. To maintain quality of services as per NQAS guidelines.
- c. To ensure high level of staff satisfaction and motivation.
- d. To facilitate continuous enhancement of knowledge and skills through training initiatives.
- e. To create an ideal work environment and provide safe and medical care.
- f. Employing our medical professional with skill and available equipments.
- g. Patient safety and well-being shall always be our priority.

PART – B

(HOSPITAL MANUAL)

DUTIES AND RESPONSIBILITIES OF STAFF IN HOSPITAL

A. HOSPITAL ADMINISTRATION

a. MEDICAL SUPERINTENDENT (MS)

- Overall supervision of the working of the hospital.
- Coordination and interaction with the higher authorities of Health Department, District authorities, VIPs, dignitaries and other departments.
- Planning, Development and Budget monitoring of the hospital.
- Exercise of financial and administrative power delegated to him as 'Head of Department'.
- Official spokesperson of the hospital.
- To institute an effective grievance redressal system both for the employees and the patients.
- The repository of the information pertaining to the hospital.
- To discharge legal responsibilities, if any, as Head of the Institution under various Acts and Court orders.
- Any other responsibility given by DHME and state government from time to time.

B. MEDICAL STAFF

a. INCHARGE OF CLINICAL DEPARTMENTS

- 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.
- They will be responsible for the deployment and utilization of services of medical and clerical staff working under them. They will keep the MS informed/take his approval in important matters in this regard.
- They will be responsible for maintaining the functional status of all equipment under their department and will promptly ensure that these equipments function smoothly /repaired, and without lengthy downtime. They will keep liaison with the company maintaining the machine.
- They will be responsible for the proper segregation and collection

of hospital waste in their respective departments as per the guidelines issued by BMW Rules and other authorities from time to time. A proper record is to be kept by them in this regard.

- They will ensure that all serious patients/MP/VIP admitted in their departments are well attended and will keep MS informed about any event which may affect the attention of press, local bodies and higher administration authorities.
- They will ensure that all records relating to patients especially the MLC cases are in order, complete and is kept safe in the custody.
- They will be responsible for the general upkeep, sanitation, cleanliness and availability of essential supplies in their respective departments.
- They will be designated authority to prepare and declare unserviceable, old and non-functional equipment/furniture etc.
- Any other duty assigned by the Medical Superintendent.

b. TREATING PHYSICIAN/SPECIALIST

- They will be responsible for the proper medical care and due attention to all patients admitted in their units (Indoor, Emergency Wards, OPD and IPD).
- They will be responsible for the smooth and efficient working in their units/wards/OPDs.
- They will be responsible for deployment and utilization of services of Medical and Support staff working under them. They will keep their department in-charge informed about important issues.
- They will ensure that all the serious patients/MP/MLA/VIPs are well attended and keep their superiors informed about them.
- They will ensure that patients record 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 patient in hospital.
- They will be responsible for the general upkeep of their wards/unit, sanitation, maintenance and functioning of equipment under their charge, adequate availability of essential

supplies in their respective wards. They will keep regular liaison with the officer in-charge of maintenance and repair, sanitation, purchase, stores in this regard.

- They will be responsible for the proper segregation and collection of hospital waste in their respective wards as per guidelines issued by BMW rules and other authorities issued from time to time. They will also keep the necessary records.
- Any other duty assigned by the MS.

C. NURSING STAFF

a. NURSING SUPERINTENDENT

i. Administrative

- Being overall in-charge of nursing services in a hospital working under the direction of Medical Superintendent (MS) of the hospital.
- Implementing hospital policies amongst various nursing units.
- Assisting MS in recruiting nursing staff & preparing budgets for nursing services.
- Ensuring nursing duty roster is prepared along with non-rotational posting in critical care areas.
- Participating as a member in various condemnation boards for linen, equipment and other hospital stores.
- Investigating all complaints regarding nursing care and personnel, and taking suitable corrective action and redressal of grievances.
- Evaluating confidential reports of subordinate staff and recommending for promotion, higher studies etc.
- Recognizing & appreciating champions and their good work.
- Assisting M.S in preparing MoU between hospitals & nursing teaching institute.
- Ensure restriction of entry during non-visiting hours.
- Maintaining confidential report and records of nursing personnel.
- Checking whether duty rosters are displayed in different departments and monitoring if they are updated daily as per duty roster schedule
- Maintaining decorum among nursing personnel particularly for dress, courtesy & behaviour, timeliness and keeping cool during crisis.
- Observing whether indents are based on consumption or not.

- Checking whether relevant records are being maintained by nurses on duty.
- Reporting on requirements of different wards on seepage, infrastructural damages, pest control etc.
- Support MS in undertaking pest control measures.

ii. Clinical/Patient Care

- Supervising nursing care given to patients in various departments by taking regular rounds.
- Accompanying MS while making hospital rounds.
- Undertaking frequent checks to ensure standards of care are maintained and patients are nursed in a clean, orderly and safe environment.
- Periodically interacting with clinical heads to discuss problems in patient care.
- Checking whether room-wise protocols are displayed in each department along with performance indicators, equipment maintenance schedule and cleaning schedule.
- Checking with In-Charge nurses of different departments whether they have adequate medicines, equipment and consumables for the day.
- Monitoring whether critical equipment is in functional state or not.
- Monitoring and recording critical indicators of the hospital like – bed occupancy, death rate, midnight head count etc.
- Monitoring that the handing-over and taking-over protocols are followed in critical department like LR, SNCU, O.T etc.
- Checking if hospital wastes are segregated and disposed as per guidelines of BMWM.
- Ensuring nursing staff attends on priority to emergency patients, vulnerable, poor, rape victims and challenged people.
- Collecting patient satisfaction records from the departments and assessing overall ward performance. Chalking out the issue and communicating them to top management for improvement.
- Assisting MS in ensuring quality assurance.

iii. Educational/teaching and training

- Arranging orientation programmes for new nursing staff.
- Ensuring an induction orientation/training for nursing students.
- Providing guidance and counselling to nursing staff.

- Ensuring clinical experience facilities for student nurses in various clinical areas of the hospital.
- Planning and implementing staff capacity development and training programmes, CNE etc.
- Initiating and encouraging research in nursing services.
- Planning for initiating nursing programmes in the district hospitals that are being developed as knowledge hubs.
- Ensuring practice of clinical nursing protocols in various clinical areas.
- Liaisoning/coordinating with affiliated teaching institutions for appropriate posting to meet learning objectives.

b. WARD SISTER

The Ward Sister Nurse is responsible and accountable for assuring:

- Safe and effective person centre care is provided by nurses/midwives and support staff to meet the needs of patients/clients and their caregivers.
- The highest standards of cleanliness and infection prevention and control are achieved.
- Effective leadership and management of nurses/midwives and support staff with clear lines of professional and organizational accountability performance and development of staff.
- Nurses/midwives and support staff communicate effectively with patients/clients and their caregiver and other members of the multi-disciplinary team.
- Effective management of all information to meet the needs of patients/clients/caregiver, the organization and its staff, partner organizations and other agencies.
- Proactive development and monitoring of nursing /midwifery services to improve the quality of care provided for patients/clients and their caregiver.
- Effective resource management within allocated budgetary constraints.
- Enhancement of the patient/client experience in all aspects of the patient/client journey.
- Implementation of effective risk management processes.

- Promotion of a supportive environment that enables staff and students to demonstrate ongoing learning and development.
- Provision of an environment that enhances multi-disciplinary team working.

c. NURSING STAFF

- She will attend to the patients with utmost sincerity and devotion.
- Group-D worker will provide full cooperation to Nursing staff by providing bed pan and urine potto the patient.
- Group D will assist nursing personnel in making the bed, feeding the patient, administration of injection, medicine etc. and arrange for investigation and diagnostic procedure to the patients.
- She will carry out administration of oxygen, catheterization, dressing and toileting of patients.
- She will maintain record of pulse, B.P., Intake/output, medicines and injections administered with date and time.
- She should be polite and sympathetic to the patient.
- They will be responsible for the general upkeep of their wards/unit, sanitation, maintenance & functioning of equipment under their charge, adequate availability of essential supplies in their respective wards.
- They will be responsible for the proper segregation and collection of hospital waste in their respective wards as per guidelines issued by BMW Rules and other authorities issued from time to time. They will also keep the necessary records.
- Any other responsibilities given by higher authorities (NS, MS) from time to time.

D. RECEPTIONIST (CENTRAL ADMISSIONS AND ENQUIRIES)

- Guiding patients to various OPDs/Clinics/ Departments in relation to their diseases.
- Preparation of OPD cards for OPD and Admission Records of all patients to be admitted.
- Attending the enquiries.
- Maintenance of furniture, equipment, stationery medical records form etc. lying at Central Admission office.

E. LABORATORY STAFF

a. Laboratory Supervisor I/C

- To work and supervise working of technical staff laboratory investigation.
- To perform all sophisticated investigations in the field of clinical laboratory medicine and to maintain quality control and standardization of procedures.
- To perform blood test by modern automatic instrument (Auto analyzer) under the guidance of Officer In charge.
- To maintain discipline and working schedule.
- Preparation and keeping records of daily/monthly statistics of all types of investigations.
- Maintenance of all types of instruments including maintenance of catalogue in store for each equipment use.
- Maintenance of sub-store for day to day need for re- agents, chemical, kits, equipment under supervision of officer I/C of the lab.
- Preparing the annual indent of stores, indenting and receipt of stores and their maintenance.
- To provide training on Hospital waste management for safe disposal of biowaste (BMW) and universal precautions to be taken while handling blood.
- To maintain SOP of all procedure in the laboratory.

b. Senior Laboratory Technician (Clinical Laboratory)

- To carry out micro-analytical biochemical, bacterio- logical or and clinical laboratory investigations for research and routine analysis of blood, serum, urine, Stool and CSF etc.
- To carry out laboratory tests in auto analyzer, semi auto- analyzer if facility is available.
- To maintain and look after the equipment used in the laboratory (bio-medical equipment maintenance).
- To maintain stores/stock of laboratory maintenance of ledger/inventory register. To work in emergency laboratory and

perform shift duties.

- To assist Lab. Technician.
- To be deputed for duty as and when required by the duty officer.

c. Laboratory Technician

- Collection of Sample
- Preparation of blood smear, processing of lab samples.
- To perform clinical laboratory tests like blood, urine, stool, LFT, kidney function tests, microbiological tests etc.
- To follow the hospital waste management guidelines in disposal of leftover blood sample bottles.
- To maintain record of all investigations done on a register.

F. BLOOD BANK

a. Blood Bank Technician

- To supervise the cleanliness of whole department through Group D staff.
- To get the glassware, equipment, table etc. cleaned by Group D.
- To monitor the work of Blood Bank Technician and to guide them in performing blood test through newer techniques.
- Grouping of all voluntary donors and to perform test for HIV, STS, HBs Ag., etc.
- To collect the blood of all antenatal mothers mostly primi or with bad obstetric history referred from OT for blood grouping and Rh factor. Coomb's test for mother and new born babies if required.
- To maintain equipment and cold storage in functional condition.
- To maintain stores and ledger register of chemicals, equipment and inventory of all items in the department. To prepare monthly/annual indent.
- To prepare monthly report.
- To assist officer in-charge in administrative work of the department.
- To provide training on Hospital Waste Management for safe disposal of Bio-medical waste (BMW) and universal precautions to be taken while handling blood.
- To maintain SOP of all procedure in the blood bank.
- To receive blood samples for grouping and cross matching along with

requisition forms from wards/OT/Labour room and others.

- To perform emergency duty on rotational basis.
- To perform grouping of all donors (voluntary), bleeding of donors, labelling, documenting, storing and issuing blood.
- Grouping and cross matching of all blood samples for routine and emergency demand from ward, operation theatre etc. and issuing matched blood as and when required.
- Doing Rh factor and Coomb's test wherever required and to maintain the record in the register.
- To issue infusion sets to all the dept. of hospital as demanded.
- To supervise Blood Bank attendant in performing his duties.

G. CENTRAL STERILE SERVICE DEPARTMENT

a. CSSD Technician

- In-charge of the CSSD department.
- Responsible for store/departmental complaints.
- To maintain autoclave/signal lock record.
- Responsible for complete sterility of equipment to the entire hospital including operation theatres, culture etc.
- All articles for sterilization by autoclaves have to be brought from the respective dept.
- Daily care of cleaning the sterilizer.
- 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.
- Maintenance of complete records of sterilized material. Sharpening and unlocking of needles.
- Washing and cleaning of gloves, instruments, needles and syringes etc.
- Maintaining the cleanliness of the department and dusting of issuing area, sterilization area.
- Messenger service to the wards and departments.

H. X-RAY DEPARTMENT

a. X-Ray Technician

- To share responsibility of administrative work.

- Maintenance of machinery and equipment in functional order.
- To assist the doctor in special diagnostic radiographic investigation.
- Proper storing of x-ray films of all medico-legal cases and to produce it in court when demanded.
- Maintenance of record of x-ray reports of patients referred.
- To maintain discipline in the department.
- To take diagnostic radiographs of patients as required.
- Proper storing of unexposed x-ray films.
- Keeping account of x-ray films supplied, used and balance in hand.
- To wear the film badge to assess exposure to x-ray radiation. To perform duty in emergency department.
- To carry out the portable x-ray of seriously ill patient.
- To keep of all x-rays taken in the register.
- To maintain the cleanliness of the x-ray room.
- To keep record of paid/unpaid radiological investigations done for patients.

I. PHARMACY DEPARTMENT

a. Pharmacist

- Compounding and dispensing prescriptions according to the hospital formulary or prescriptions of doctors in the hospital.
- Being responsible for initiating the indents, storage and maintenance of stocks and accounting of medical supplies and appliances under his charge.
- Responsible for logistic management of consumables like chemicals, drugs, reagents etc. Stock maintenance of all bio-medical equipment of the hospital.
- Liaison with concerned dept. and biomedical maintenance cell.
- Active participation in inventory management, audits, condemnation and disposal of expired drugs & chemicals of the hospital.
- Compiling statistics of hospital in accordance with the instructions of the hospital authorities.
- Maintenance and preparation of buffer stock of essential items for mass disaster and emergency preparedness.

- Performing such other duties as may be assigned by the hospital authorities.

J. IV Grade

- Assisting a patient get to the toilet.
- Helping the patient bathe and dress up.
- Transporting the Ward/Department needs.
- Changing linen and sheets.
- Carry messages and documents between Wards and Department.
- Clean and sanitize patient rooms, bathrooms, examination rooms and other patient area.
- Performing all the task assigned for.
- Sweeping, Vacuuming and mopping floors.
- Clean Hospital buildings by emptying dustbin, servicing restrooms and wiping down communal surfaces.
- Tackle heavy cleaning jobs upon request.
- Ensure outside walkways remain clear and free of debris.
- Notify Hospital Administration of any repairs required.
- Mix and dispose of all cleaning solutions appropriately.

K. COUNSELLOR

- Evaluate all clients need and create a custom treatment plan.
- Teach group coping mechanism related to stressful and traumatic they encounter.
- Help individuals with the resources needed to reach personal goals.
- Monitor client progress and adjust their treatment plan as needed.
- Maintain required National Certified Counselor certification for the counseling position.
- Coordinate with other healthcare providers, agencies and community resources in order to create a thorough treatment plan.

L. SECURITY GUARD

- He will be responsible for vehicle and human traffic control on normal days and in case of mass disaster.
- He will maintain hospital safety and security. He should be polite,

sympathetic, courteous, honest under all circumstances.

- He will perform his duty as per roster prepared by MS/NS.
- He will maintain hospital visiting hours, and allow one attendant with one patient. He will perform his duty with patience and will give no room for complaint.
- He will keep the area safe and sound, protect from theft, burglary, unwanted noise etc.
- He will perform any other duty as required by the Hospital Authority.

M. BIOMEDICAL EQUIPMENT MAINTENANCE

- They will be responsible for maintenance of all biomedical equipment in the hospital, so that all essential instruments are in working condition.
- They will work in close co-ordination with hospital authority (MS, Pharmacists, Dept. i/c etc.)
- They will be responsible for monitoring installation process, provision of user training, registration and tagging of respective equipment.
- They will provide regular visit, early diagnosis, urgent repair or replacement of essential and life saving equipment.
- They will co-ordinate with the manufacturers for effective running of the instruments.
- Any other duties assigned by the Hospital Authority.

N. HOSPITAL MAINTENANCE

The hospital maintenance team comprises-power & electric supply, water & plumbing system, DG & Oxygen/ gas supply, carpentry and civilworks.

- This team will be responsible for maintenance of hospital infrastructures and associated works.
- They will work in close co-ordination with the hospital authority.
- Regular preventive maintenance check shall be conducted by the respective teams under the supervision of hospital authority.
- Any breakdown/damage report will be registered at Medical Superintendent office, after spot verification and due approval, necessary action will be taken by this team.