

**Report of the committee constituted for categorization  
and classification of clinical establishments and  
development of minimum standards for modern  
medicine in accordance with  
Kerala State Clinical Establishments  
(Registration and Regulation) Act, 2018**

**KCEA, 2018**





**GOVERNMENT OF KERALA**  
**Alattass**

Health & Family Welfare Department – Clinical Establishment  
Bill - Committee for categorization and classification of Clinical  
Establishments – Constituted - Orders issued.

**HEALTH & FAMILY WELFARE (FW) DEPARTMENT**

**G.O.(Rt)No.**

**793/2018/H&FWD** Dated Thiruvananthapuram 07/03/2018

Read : Letter No.07/CADME/2017 dated 15/12/2017 from  
the Director of Medical Education,  
Thiruvananthapuram.

2 Letter No. O&M 4- 109484/2017/DHS dated  
01/01/2018 from the Director of Health Services

**ORDER**

1 In the circumstances reported by the Director of Health  
Services and the Director of Medical Education, the  
Government are pleased constitute a committee with the  
following members for the categorization and classification of  
Clinical Establishments and development of minimum  
standards for Western Medicine in accordance with the Kerala  
Clinical Establishment Act, 2018.

i. Dr. K.V. Krishnadas (Retired Professor of General Medicine) :  
Chairman

ii. Dr. K.P. Poulose (Retired Professor of General Medicine) : Vice  
Chairman

iii. Dr. Vishwanathan KV (Professor of Dept. Surgery), Govt.  
Medical College Thiruvananthapuram : Convener

iv. Dr. Anitha, Superintendent Government Hospital, Ernakulam

v. Dr. Krishnakumar S., Deputy Director, Ophthalmology

vi. Dr. Srinath S., Asso. Professor, Dept. of General Medicine,  
Govt. Medical College

Thiruvananthapuram

vii. Dr. Raju Sukumaran, Medical Officer, RSBY, Comprehensive  
Health Insurance Agency of Kerala (CHAK)

viii. Dr. Shiru K.S., Executive Director, State Health Systems

Resource Centre-Kerala

i. Dr. Unnikrishnan, Superintendent, Government Hospital,  
Parassala

ii. Dr. Filzanudeen A., Prof. Surgery, Govt. Medical College,  
Thiruvananthapuram

iii. A nominee of the IMA

iv. A nominee of the QPMMA

v. A nominee of the CMAI

vi. A nominee of the Kerala Association of Small Hospitals  
and Clinics.

2. Sanction is also accorded to the Chairman and Vice  
Chairman to co-opt as many persons to help them as needed.

By order of the Governor

**RAJEEV SADIYANANDAN**

**ADDITIONAL CHIEF SECRETARY**

To:-

The Director of Health Services, Thiruvananthapuram  
The Director of Medical Education, Thiruvananthapuram  
Dr. K.V. Krishnadas, (Retired Professor of General  
Medicine), Kottaram, Pothujanam Lane, Kumarakulam,  
Medical College P.O., Thiruvandrum

Dr. K.P. Poulose, Navaranganam lane, Medical College P.O.,  
Thiruvandrum.

All members (through the D/S/DME);

The Principal Accountant General (Audit), Kerala,  
Thiruvananthapuram

The Accountant General (A&E), Kerala,  
Thiruvananthapuram

The W&PRD (Web & New Media)

The Stock File/Office Copy

Per my order

Section officer

## Members of the Committee

- Dr. K V Krishna Das  
Chairman  
*Retired Director & Prof of Medicine, Physician  
Medical College,  
Trivandrum*
- Dr. K P Paulose  
Vice Chairman  
*Retired Prof. of Medicine,  
Physician, SUT Hospital,  
Trivandrum*
- Dr. Viswanathan K V  
Convener  
*Prof. of Surgery  
Medical College,  
Trivandrum*
- Dr. Kamala Ram Mohan  
Co-opted Member  
*Assistant Professor, Pulmonary Medicine,  
Medical College,  
Trivandrum*
- Dr. Jayakrishnan A V  
Neurosurgeon,  
*EMS Hospital, Peruthalmanna  
Chairman, IMA Hospital Board of India*
- Dr. Raju Sukumaran,  
Medical Officer  
*Comprehensive Health Insurance Agency of  
Kerala*
- Dr. Aboobacker  
Retired Prof. of Pediatrics,  
Kozhikode,  
State President  
*Qualified Private Medical Practitioners Associati  
(QPMPA)*

- Dr. Aby Ittyavira  
Secretary for Administration Section  
*Believers Hospital, Thiruvalla.*  
*Christian Medical Association of India*
  
- Dr. Anitha A  
Medical Superintendent & Physician,  
*General Hospital, Ernakulam*
  
- Dr. T Suresh Kumar  
MD in Pediatrics,  
*Chairman, Kerala Sanjeevini Ayurvedic Centre*
  
- Dr. Shinu K S  
Executive Director  
*State Health Systems Resource Centre*
  
- Dr. Devin Prabhakar  
Ophthalmologist,  
*Representative of small hospitals,*  
*Chairman,*  
*Divya Prabha Hospitals.*

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# 1. Introduction



Sri. Rajeev Sadanandan, IAS, Additional Chief Secretary, H & FW, explained the intention of the government in forming this committee. At the first meeting of the committee held at DME, Trivandrum on 10/04/2018. This committee was given the responsibility to classify and categorize the clinical institutions and fix the functions expected of them and also to prescribe the minimum standards for each of the institutions (excluding the excluded category) to be maintained so that this performances will be optimum for the need of the state and its people at the same time leading to better confidence of the public on the institutions and their personnel.

The committee has kept its main objectives:

1. Minimum standard services to be provided to the community depending on the level of the institution.
2. Provide circumstances for and level of skills and services, which help to maintain credibility of the public on these institutions.
3. Reduce opportunities to violate rules and regulations by the staff members.
4. Reduce the chances of the inspectors or supervisors to harass the clinical establishment staff.
5. Provide referral services to other appropriate institutions when greater facilities are required for case management.
6. Encourage the clinical and paramedical staff to make their facilities to conform to these standards and improve their efficiency so that they and the public will be benefitted.
7. It is also the general opinion of the committee members that sufficient time should be allowed for making up any deficiencies in the matter of registration.



## 2. Categorization of Hospitals & Definitions

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## DEFINITIONS

<b>Patient</b>	Means a person who reports himself or brought to any clinical establishment for treatment or consultation or seeking any other services rendered by the hospital.
<b>Doctor</b>	Means and includes a Registered Medical Practitioner offering consultations or treatment under modern medicine.
<b>Registered medical Practitioner</b>	Means a person who possess MBBS degree or equivalent recognized by medical council of India and who has been enrolled in the register of the State Council of modern medicine.
<b>Consulting room</b>	Means a place where consultation, which includes examination of the patients and issue of prescription, is done and advice is given; no injection or procedure other than minor dressing is undertaken
<b>Clinic</b>	Means a place owned wholly by a doctor who offers treatment for illness with or without injections, minor operations, procedures dressing etc., to the patients and for observation. It includes any establishment offering treatment for illnesses by use of medicines or any therapy under modern medicine.
<b>Polyclinic</b>	is a clinic owned either by a doctor/ group or doctors or any registered authority running the polyclinic with the appointment of doctors or specialists and offering outpatient services with injections, minor procedures and observation for a short period/ where more than one doctor offers consultation with or without treatment for illness in modern medicine;
<b>Daycare</b>	Clinics are specialty or super specialty services with single or multiple specialties but having operation theatre and ICU facilities with a maximum observation time of 24 hrs. Day care centers may be categorized as secondary or tertiary care centers as per their scope of service.
<b>Clinical laboratory</b>	Means a place where bio-medical or bio-chemical or clinical pathology or biopsy or bacteriological or genetic investigations or any diagnostic tests or investigative services are carried out;
<b>Hospital</b>	Means any place offering IP care exceeding 24 hrs. Hospital means and includes a Nursing home or health Centre or Treatment Centre or any other place where facilities for admission as in-patients for treatment of illness with or without surgery or conduct of delivery etc., with or without out-patient facilities and diagnostic facilities like laboratory etc., in modern medicine

<b>Maternity hospital</b>	Means a hospital where delivery and other maternity services with or without surgeries and gynecological services including surgeries like hysterectomy, Caesarean operations are undertaken
<b>Research institute</b>	Means there is research and academic programs in addition to treatment.



## **CATEGORISATION OF HOSPITALS**

The minimum standards for hospital are developed on the basis of level of care provided as defined below:

➤ **Primary Health Care Institutions**

- (a) Basic Primary Care Institutions
- (b) Advanced Primary Care Institutions

Primary healthcare services provided by qualified doctors that include General Medicine, Pediatrics, First aid to emergency patient and Out Patient Services, Obstetrics & Gynecology Non-surgical and Minor Surgery and having up to 50 bed strength with no ICU or major theatre facility. The primary healthcare services can be provided through trained and qualified manpower; with support/supervision of registered medical practitioners with the required support systems for this level of care.

➤ **Secondary Health Care Institutions**

This level may include all the services provided at primary plus also have facility for Surgery and Anesthesia and ICU Level I or level II and major theatre. Secondary healthcare services can be provided through registered medical practitioner under supervision and with support of specialists; it will have other support systems required for these services like pharmacy, laboratory, diagnostic facility etc.

➤ **Tertiary Health Care Institutions**

This level may include all the services provided at primary and secondary plus the following: Multi-specialty clinical care with distinct departments, General Dentistry (this could be optional in case of independent Dental Hospital), Intensive Care Unit level II or above. Tertiary healthcare services can be provided through specialists; it will have other support systems required for these services like pharmacy, Laboratory, and Imaging facility.



### 3. Primary Care Standards

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## Clinic

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## **1. Definition**

- 1.1 A clinic may be defined as a clinical establishment providing examination, consultation and prescription to outpatients including dispensing of medicines by a single / general practitioner/ specialist doctor /super-specialist doctor.
- 1.2 A polyclinic may be defined as a clinical establishment providing examination, consultation, prescription to outpatients including dispensing of medicines by more than one doctor/general practitioner/specialist doctor/super-specialist doctor.
- 1.3 A few minor procedures like dressing and administering injections etc may be provided in the clinic requiring observation/short stay.
- 1.4 Dispensing of medicines shall be done by qualified Doctor to outpatients.

## **2. Scope (as applicable)**

- 2.1 These set of common minimum standards framed are applicable to a single practitioner/more than one doctor clinic manned by a General physician/specialist doctor/super specialist or a group of doctors who are themselves providing patient care services like dispensing of medicines, injection and dressing.
- 2.2 To provide examination, consultation, prescription to outpatients by a single doctor/general physician/specialist doctors/super-specialist doctor or group of doctors who are themselves providing patient care services like dispensing of medicines, injection and dressing.
- 2.3 To deliver primary service in health education and health promotion;
- 2.4 To deliver health care services of rehabilitative nature.
- 2.5 Any or more than one of the following are included:
  - a) General Physician
  - b) Internal Medicine
  - c) Dermatology
  - d) Psychiatry
  - e) ENT
  - f) General Surgery
  - g) Gynecology & Obstetrics
  - h) Ophthalmology
  - i) Endocrinology
  - j) Gastroenterology

- k) Cardiology
- l) Neurology
- m) Pediatrics
- n) Tuberculosis and Respiratory Disease
- o) Urology
- i) Rheumatology
- j) Medical/Surgical Oncology
- k) Cardiothoracic surgery
- l) GI–Surgery
- m) Nephrology
- n) Neurosurgery
- o) Orthopedics
- p) Pediatric surgery
- x) Thoracic surgery

### **3. Infrastructure**

- 3.1 The physical facility shall be developed and maintained to provide safe and secure environment for patients, their families, staff and visitors. It shall be situated in a place having clean surroundings and shall comply with local bye laws in force, if any from time to time.
- 3.2 The minimum space requirement for carrying out the basic functions of the facility shall be as per Annexure 1.
- 3.3 The area shall be well illuminated, ventilated and clean with adequate water supply.
- 3.4 The clinic shall have a prominent board/signage displaying the name of the clinic in local language at the gate or on the building of the clinic.
- 3.5 The following other signage shall be well displayed in the language understood by the local public in the area:
  - a) Name of the doctor with registration number and qualification
  - b) Fee structure of the various doctors/specialist
  - c) Timings of the clinics (For ex – from 8 am – 2 pm)
  - d) Services provided within the Facility



#### **4. Furniture & Fixtures**

- 4.1 Furniture and fixtures shall be available in accordance with the activities and workload of the Clinic/polyclinic.
- 4.2 The furniture and fixtures shall be functional all the time. For indicative list of items refer to Annexure 2 (this list is indicative and not exhaustive)

#### **5. Human Resource Requirements**

- 5.1 The general practitioner/specialist doctor/super-specialist doctors as per the scope of the clinic/polyclinic shall be registered with State/Medical Council
- 5.2 The services provided by the medical professionals shall be in consonance with their qualification, training, registration.

#### **6. Essential & Emergency Equipments/Drugs**

- 6.1 The clinic shall have essential equipments as per Annexure 3 and emergency equipment as per Annexure 4.
- 6.2 Other equipments as per the scope of service being practiced shall also be available.
- 6.3 Adequate space for storage of equipments and medicines shall be provided and if available medicines shall be stored as per manufacturer's guidelines. The equipment shall be of adequate capacity to meet work load requirement.
- 6.4 All equipments shall be in good working condition at all times. Periodic inspection, cleaning, maintenance of equipment shall be done.
- 6.5 The clinic shall have basic minimal essential drugs as per Annexure 5; however other drugs as per the scope of service being practiced may also be available.

#### **7. Support Service**

- 7.1 In a Clinic/polyclinic minimum one support staff must be available to meet the care treatment and service needs of the patient. However number may depend upon the workload and scope of the service being provided by the clinical establishment.

## 8. Legal/Statutory Requirements

Sl. No	Name of the Act/License	Department/ Area	Licensing body
1	Registration of medical doctor with Central/State Medical Council	Administration	MCI/State Medical Council
2	Biomedical Management & Handling Rules, 1998	Administration	State pollution control Board

## 9. Record Maintenance and reporting

- 9.1 Every Clinical Establishment shall maintain medical records of patients treated by it and health information and statistics in respect of national programmes and furnish the same to the district authorities in form of quarterly reports.
- 9.2 Copies of all records and statistics shall be kept with the clinical establishment concerned for a specific period as per Government guidelines or in accordance with any other relevant Act in force at the time under Section 12 (1) (iii) of CEA 2010.
- 9.3 All clinical establishments shall be responsible for submission of information and statistics in time of emergency or disaster or epidemic situation or as required from time to time by National Council CEA 2010.
- 9.4 Treatment Records and Registers

## 10. Basic processes

### 10.1 Registration

- 10.1.1 Every patient visiting the clinic shall be registered and details to be documented.

### 10.2 Assessment

- 10.2.1 Every patient shall undergo assessment, during the course of assessment, the patient findings, medications and investigations should be documented with working diagnosis, legibly in the assessment/OPD prescription with the signature of the consultant/Specialist/Super Specialist with date and time.
- 10.2.2 The Medicine shall be dispensed by qualified doctor or pharmacist as prescribed by law.
- 10.2.3 No medicines shall be dispensed from pharmacy store without a

written prescription order of doctor. Medication dispensing shall be done with care to prevent any medication error. Following shall be checked before dispensing of medication. These checks shall be done at store level.

10.2.3.1 Medicine prescribed.

10.2.3.2 Dose of prescribed medicine.

10.2.3.3 Expiry date.

10.2.3.4 Particulate matter in liquid dosage forms and parenteral drugs.

10.2.3.5 Labels (if reconstituted drugs) .

10.2.4 Labeling shall be done for every prepared/reconstituted medication, which shall include name, date of preparation, strength and frequency of administration of drug.

### **10.3 Infection Control**

10.3.1 The clinic shall take all precautions to control infections like strictly practicing hand washing.

10.3.2 Availability of running tap water for hand washing/liberal use of sanitizer shall be maintained throughout the working hours of the clinic.

10.3.3 The clinic environment shall be kept clean.

10.3.4 Sanitation and hygiene of the toilets shall be maintained.

10.3.5 Mopping of all areas with disinfectant shall be done at least once a day

### **10.4 Safety Considerations**

10.4.1 Effort shall be made to take care of patient safety aspects like patient fall, etc.

10.4.2 Provisions for Pest and achievable mosquito control

### **10.5 Biomedical waste Management**

10.5.1 Biomedical waste should be managed in accordance with the BMW management and handling Rules as and when the act is amended from time to time.

10.5.2 Clinic waste generated should be segregated at source.

10.5.3 Needles and sharp waste should be stored in puncture proof container

### 10.6 First aid

10.6.1 Provision shall be made for providing First Aid.

10.6.2 Contact details of ambulance hospital etc shall be available

### Annexure - 1

#### Infrastructure Requirement

Minimum area required for a Clinic

Consultation Room including Space for Physical Examination	Common Area		Storage & Pharmacy	Ancillary area
	Reception	Waiting		
100 sq. ft carpet area	100 sq. ft carpet area		40 sq. ft carpet area	60 sq. ft carpet area

Note: Reception, waiting, consultation room etc. shall be provided as per the requirement and workload of the clinic.

Ancillary area/space: Storage of records, reagents, consumables, stationary etc and eating area for staff

### Annexure - 2

#### Furniture/Fixtures

Sl. No.	Articles
1	Table
2	Chairs
3	Examination Table/couch
4	Screens
5	Foot Step
6	Stools
7	Storage Cabinet for records etc
8	BMW storage area

### **Annexure- 3**

#### **Essential Equipments:**

<b>Sl. No.</b>	<b>Name of the equipment</b>	<b>Minimum Specifications</b>	<b>No. of equipment</b>
1	Stethoscope		1
2	Thermometer	Digital	1
3	Torch (flash lights)		1
4	Sphygmomanometer		
	(B. P. Apparatus)	Digital	1
5	Weighing machine	Adult/Pediatric	2
6	Glucometer		1
7.	Pulse Oximeter		1
8.	Syringe & Needles		Different size

### **Annexure - 4**

#### **Emergency Equipment**

<b>Sl. No.</b>	<b>Name of the Equipment</b>	<b>Minimum specifications</b>	<b>No. of the equipment</b>
1	Resuscitation Equipment Ambu bag/Air way	Adult	1
2	Oxygen/Cylinder (Portable)	Pediatric	1
3	Nebulizer	Non-mandatory	1
4	Fire Extinguisher		1

**Annexure - 5**

**Emergency Drugs (Indicative)**

<b>Sl. No.</b>	<b>Name of the Drug</b>	<b>Minimum Quantity</b>
1	Inj. Adrenaline	2 Ampoules
2	Inj. Hydrocortisone	2 vials
3	Inj. Atropine	2 Ampoules
5	Inj. Avil	2 Ampoules
6	Inj. Phenargan	2 Ampoules
7	Inj. Deryphyline	2 Ampoules
8	Inj. Frusemide	2 Ampoules
9	Inj. Metoclopramide	2 Ampoules
10	Inj. Ondonsetron	2 Ampoules
11	Inj. Dexamethasone	2 Ampoules
12	Inj. Diazepam	2 Ampoules
13	Inj. Dicyclomine Hydrochloride	2 Ampoules
14	Inj. 5% dextrose infusion	1 Bottle
15	Inj. Normal saline	1 Bottle
16	Paracetamol Rectal Suppository (Different Strength)	

## Polyclinic

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## Polyclinic with Observation/Short Stay

### 1. Definition

- 1.1 A polyclinic with observation/short stay may be defined as a healthcare facility providing consultation to outpatients by doctors from more than one specialty/super-specialty/general practice carrying out few minor procedures like dressing and administering injections with observation/short stay facility.
- 1.2 Observation/short stay facility would be available at least up to 8hours.

### 2. Scope (as applicable)

- 2.1 These set of common minimum standards framed are applicable to more than one doctor clinic manned by a General physician/specialist doctor/super specialist or a group of doctors who are providing patient care services like dispensing of medicines, injection and dressing with observation/short stay facility.
- 2.2 To provide examination, consultation, prescription to outpatients by general physician/specialist doctors/super-specialist doctor or group of doctors who are providing patient care services like dispensing of medicines, injection and dressing with observation/short stay facility.
- 2.3 To deliver primary service in health education and health promotion;
- 2.4 To deliver health care services of rehabilitative nature.
- 2.5 **Any or more than one of the following are included:**
  - a) Gen Physician
  - b) Internal Medicine
  - c) Dermatology
  - d) Psychiatry
  - e) ENT
  - f) Gen Surgery
  - g) Gynecology & Obstetrics
  - h) Ophthalmology
  - i) Endocrinology
  - j) Gastroenterology
  - k) Cardiology
  - l) Neurology

- m) Pediatrics
- n) Tuberculosis and Respiratory Disease
- o) Urology
- p) Rheumatology
- q) Medical/Surgical Oncology
- r) Cardiothoracic surgery
- s) GI–Surgery
- t) Nephrology
- u) Neurosurgery
- v) Orthopedics
- w) Pediatric surgery
- x) Thoracic surgery

### **3. Infrastructure**

- 3.1 The physical facility shall be developed and maintained to provide safe and secure environment for patients, their families, staff and visitors. It shall be situated in a place having clean surroundings and shall comply with municipal bye laws in force from time to time.
- 3.2 The minimum space requirement for carrying out the basic functions of the facility shall be as per Annexure1.
- 3.3 The area shall be well illuminated, ventilated and clean with adequate water supply.
- 3.4 The clinic shall have a prominent board/signage displaying the name of the clinic in local language at the gate or on the building of the clinic.
- 3.5 The following other signage shall be well displayed in the language understood by the local public in the area
  - a) Name of the doctors with registration number & qualification
  - b) Fee structure of the various doctors/specialist
  - c) Timings of the clinics
  - d) Services provided within the Facility
  - e) Details of Ambulance Service

#### **4. Furniture & Fixtures**

- 4.1 Furniture and fixtures shall be available in accordance with the activities and workload of the Polyclinic.
- 4.2 The furniture and fixtures shall be functional all the time. For indicative list of items refer Annexure 2. This list is indicative and not exhaustive.

#### **5 Human Resource**

- 5.1 The general practitioner/ specialist doctor /super-specialist doctors as per the scope of the polyclinic shall be registered with State/Central Medical Council of India.
- 5.2 The services provided by the medical professionals shall be in consonance with their qualification, training, registration.
- 5.3 In a polyclinic minimum one qualified nursing staff & a supporting staff must be available to meet the care treatment and service needs of the patient. However number may depend upon the workload and scope of the service being provided by the Clinical Establishment.

#### **6 Essential & Emergency Equipments/Drugs**

- 6.1 The clinic/polyclinic shall have essential equipments as per Annexure 3, emergency equipments as per Annexure 4 and other equipments as per the scope of service being practiced as per Annexure 5.
- 6.2 Adequate space for storage of medicines, equipments etc shall be provided. The equipment shall be of adequate capacity to meet work load requirement.
- 6.3 All equipments shall be in good working condition at all times. Periodic inspection, cleaning, maintenance of equipment shall be done.
- 6.4 The polyclinic shall have adequate number of beds for observation/short stay facility

#### **7 Legal/Statutory Requirements**

<b>Sl. No</b>	<b>Name of the Act/License</b>	<b>Department/Area</b>	<b>Licensing body</b>
1	Registration of medical doctor with Central/State Medical Council	Administration	MCI/State Medical Council
2	Biomedical Management & Handling Rules, 1998	Administration	State Pollution Control Board
3	Pharmacy License	Administration	Indian Pharmacy Council

## **8 Record Maintenance and reporting**

- 8.1 Every Clinical Establishment shall maintain records of patients treated by it and health information and statistics in respect of national programmes and furnish the same to the district authorities in form of quarterly reports.
- 8.2 Copies of all records and statistics shall be kept with the clinical establishment concerned as per the Government guidelines or in accordance with any other relevant Act in force at the time under Section 12 (1) (iii) of CEA (2010) .
- 8.3 All clinical establishments shall be responsible for submission of information and statistics in time of emergency or disaster or epidemic situation or as required from time to time by National Council CEA 2010.
- 8.4 Treatment Records and Medicine Stock Registers

## **9 Process**

### **9.1 Registration**

- 9.1.1 Every patient visiting the clinic shall be registered.

### **9.2 Assessment**

- 9.2.1 Every patient shall undergo assessment, during the course of assessment, the patient findings, medications and investigations should be documented with working diagnosis, legibly in the assessment/OPD prescription with the Name, Reg. No. and Signature of the consultant/Specialist/super Specialist with date and time.
- 9.2.2 The Medicine shall be dispensed by qualified doctor or pharmacist as prescribed by law
- 9.2.3 No medicines shall be dispensed from pharmacy store without a written prescription order of doctor. Medication dispensing shall be done with care to prevent any medication error. Following shall be checked before dispensing of medication. These checks shall be done at store level.
  - 9.2.3.1 Medicine prescribed.
  - 9.2.3.2 Dose of prescribed medicine.
  - 9.2.3.3 Expiry date.
  - 9.2.3.4 Particulate matter in liquid dosage forms and parenteral drugs.
  - 9.2.3.5 Labels (if reconstituted drugs) .

9.2.4 Labeling shall be done for every prepared / reconstituted medication, which shall include name, date of preparation, strength and frequency of administration of drug.

### **9.3 Infection Control**

9.3.1 The clinic shall take all precautions to control infections like strictly practicing hand washing.

9.3.1 Availability of running tap water for hand washing/liberal use of sanitizer shall be maintained throughout the working hours of the clinic.

9.3.2 The clinic environment shall be kept clean.

9.3.3 Sanitation and hygiene of the toilets shall be maintained. Separate toilets for male & female.

9.3.4 Mopping of all areas with disinfectant shall be done at least once a day

### **9.4 Safety Considerations**

9.4.1 Floor shall have even surface and be non-slippery in nature. There shall be no seepage in walls or any blockade of drains. There shall be provision of air circulation. Effort shall be made to keep clinic pest and termite free. Availability of mosquito net on windows shall be ensured.

### **9.5 Biomedical waste Management**

9.5.1 Clinic waste generated shall be segregated at source.

9.5.2 Biomedical waste should be managed in accordance with the BMW management and handling Rules as and when the act is amended from time to time.

9.5.3 Needles shall be destroyed with the help of a needle destroyer before putting them in puncture proof container.

### **9.6 First aid & basic life support**

9.6.1 Appropriate facility for First Aid shall be available.

## Annexure - 1

### Infrastructure Requirements

Minimum area required for Polyclinic shall be as follows:

<b>Common Area Reception &amp; Waiting</b>	100 sq. ft carpet area
<b>Consultation Room</b>	70 sq. ft carpet area
<b>Store &amp; Pharmacy</b>	40 sq. ft
<b>Ancillary area</b>	60 sq. ft
<b>Observation &amp; Short Stay Facility</b>	as per number of beds

**Remarks** : Area specified under consultation room is only for single clinic and shall be multiplied accordingly by the number of consultation chambers.

**Note** : Reception, waiting consultation room etc shall be adequate as per the requirement and workload of the clinic.

**Ancillary area/space** : Storage of records, reagents, consumables, stationery etc eating area for staff.

## Annexure - 2

### Furniture & Fixtures

<b>Sl. No</b>	<b>Articles</b>
1	Tables
2	Chairs
3	Examination Table/couch
4	Screens
5	Foot Step
6	Stools
7	Storage Cabinet for medicine, records etc.
8	Bed (s) for observation/short stay
9	BMW storage area

### **Annexure - 3**

#### **Essential Equipments:**

This is indicative for a clinic. The equipments and its numbers will vary as per the specialty and services provided.

<b>Sl. No</b>	<b>Name of the Equipment</b>	<b>Minimum Specification</b>	<b>No. of Equipment</b>
1	Stethoscope		1
2	Thermometer	Digital	1
3	Torch (flash lights)		1
4	Sphygmomanometer (B. P. Apparatus)	Digital	1
5	Weighing Machine	Adult/Pediatric	2
6	Glucometer		1
7	Pulse Oximeter		1
8	Syringe & Needles	Different size	

### **Annexure - 4**

#### **Emergency Equipments:**

<b>Sl. No</b>	<b>Name of the Equipment</b>	<b>Minimum Specification</b>	<b>No. of Equipment</b>
1	Resuscitation Equipment	Adult & Pediatric	1
	Ambu Bag/Air Way	Pediatric	1
2	Oxygen/Cylinder (Portable)	Not Mandatory	1
3	Nebulizer		1
4	Fire Extinguisher	-	1

**Annexure - 5**

**Emergency Drugs (Indicative list only)**

<b>Sl. No.</b>	<b>Name of the Drug</b>	<b>Minimum Quantity</b>
1	Inj. Adrenaline	2 Ampoules
2	Inj. Hydrocortisone	2 vials
3	Inj. Atropine	2 Ampoules
5	Inj. Avil	2 Ampoules
6	Inj. Phenargan	2 Ampoules
7	Inj. Deryphyline	2 Ampoules
8	Inj. Frusemide	2 Ampoules
9	Inj. Metoclopramide	2 Ampoules
10	Inj. Ondonsetron	2 Ampoules
11	Inj. Dexamethasone	2 Ampoules
12	Inj. Diazepam	2 Ampoules
13	Inj. Dicyclomine Hydrochloride	2 Ampoules
14	Inj. 5% dextrose infusion	1 Bottle
15	Inj. Normal saline	1 Bottle
16	Paracetamol Rectal Suppository (Different Strength)	4



## **Day Surgery Centre's**



A Day Surgery/Procedure Unit is where operative/ endoscopic procedures are performed, and where admission, procedure and discharge are all done on the same day/within 24 hours. It should have one or more Operating rooms with provision for Anesthesia and accommodation for post-operative recovery of the patients.

**1. Range of Procedures and Specialties that can be undertaken in a Day Surgery Centre are:-**

- Surgical Procedures - Ophthalmology, ENT, Dental, Plastic Surgery, Dermatology Surgery, etc.
- Endoscopy - Gastrointestinal, Respiratory, Urology
- Psychiatric - Electro Convulsive Therapy (ECT) for patients
- Medical Procedures - For IV infusions, IV medications, Aspirations etc.

**2. Information to be displayed at the centre**

- Corporation/Municipal/CEA Registration Certificate
- Charges for Consultation and other procedures/services
- Clinic Timings, Closed Days

**3. Documents to be maintained by the Day Surgery Centre**

- Registration of the centre by Corporation/Municipal/CEA Authorities
- Maintenance of record of patients treated (IMC Regulations 2002) and a register of medico-legal cases (MLCs)
- Maintenance of register of Medical Certificates issued
- Copies of Medical Certificates issued
- Registration Certificates of doctors/Nurses/Pharmacists with the state Medical Councils
- Professional Qualifications (Degrees/Diplomas) of the staff
- Authorization of generation of Bio-Medical Waste and record of category wise waste generated (BMW Management Rules, 1998)

#### 4. **Regulations Related to the Treatment of Patients**

- Valid Consent for examination/investigation/Treatment/Research Procedure (or informed refusal of consent), as applicable (IMC Regulations 2002)
- Confidentiality of privileged communication, as far permitted under the law
- Lifesaving treatment of Emergency Cases
- Rules for issue of prescriptions (IMC Regulations 2002)
- Maintenance of Medical Record of Patients treated for a period of three years, and as per the format vide Appendix 3 to the IMC Regulations, 2002
- Reporting of Medico-Legal cases to the Police
- Reporting of occurrence of Communicable/Occupational diseases to the local health authorities
- Responsibility of ensuring safety of the patients' Rights of Patients
- Professional Indemnity Insurance cover
- Drugs & Cosmetics Act 1940, Drugs (Control) Act 1950, Narcotic Drugs and Psychotropic Substances Act 1985,

#### 5. **Operational Models**

- Standalone Centre
- A self-contained unit within a hospital

#### 6. **Functional Areas**

- Reception and Waiting area - 150 sq. ft
- Consultation Room - 100 sq. ft
- Preoperative Area - For admission including patient change areas, toilet and lockers - 80sq. ft
- Procedural Area - 125 sq. ft
- Recovery Area - 100 sq. ft
- Staff Amenities - 80 sq. ft

7. **Emergency Equipments (Indicative List)**

- Resuscitation Equipment - Laryngoscope, ET Tubes, Suction Equipment, Xylocaine spray, Airways, Ambu Bags - Adult & Pediatric
- 2, Oxygen Cylinders with flow meters, tubing, Catheters, Face masks, nasal prongs
- Suction Apparatus
- Defibrillator with accessories
- Equipment for dressings, bandaging, suturing
- Basic Diagnostic Equipment- Non Mercury BP apparatus, Stethoscopes, Weighing Machines, Non Mercury Thermometers
- ECG Machine
- Pulse Oximeter
- Nebulizer with accessories
- Emergency Medicines Trolley

8. **Biomedical waste Management**

- Biomedical waste should be managed in accordance with the BMW management and handling Rules as and when the act is amended from time to time.
- Clinic waste generated should be segregated at source.
- Needles and sharp waste should be stored in puncture proof container

9. **First aid**

- Provision shall be made for providing First Aid.
- Contact details of ambulance hospital etc shall be available.



# Hospitals

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## Registration Standards for Hospitals

### A. General

1. Hospital should adopt infection control measures and it is desirable to have an infection control committee.
2. Appropriate arrangements for Bio medical waste management should be in place.
3. Medical Records should be maintained by either in hard or soft copy.
4. Laboratory Services should be available. The same could be dedicated set up or a collection centre with appropriate arrangements for forwarding samples and specimens as well as effective deliverance of results.
5. Birth and death information register should be maintained by the hospital
6. Back up facility for electricity failure which covers essential activities should be available.
7. Fire extinguishers should be available.
8. Facility for clean/ sterilized linens should be available.
9. Ambulance service arrangement should be in place.
10. Services offered by the hospital should be displayed in an appropriate place.
11. Information regarding the services and their approximate charges should be provided by the administration of the hospital. Service charges can vary according to the service provided but infrastructural charges should be fixed. Consultation fee is to be fixed by individual doctors.

### B. OPD:

1. Availability of stethoscope, Torch, Thermometer (Preferably non mercury), BP Apparatus (Preferably non mercury), Hand wash facility, Examination table chairs or stools for the doctor patient and bystander. Female attendant for female patients, Privacy to Patients, Information Material for Patients.
2. Registration of Patients: Name, Age, Sex and contact details (at least mobile number) of the patient should be entered and available in hard or softcopy.
3. Waiting Area, Drinking Water facility and separate male & female toilets should be available.
4. The names of the doctors with their qualifications should be displayed.

### **C. Casualty Services:**

1. Human resources supporting the casualty services should be available during the working hours.
2. Emergency drugs and equipments should be available according to the scope of the services.
3. Signage board of the casualty should be displayed at the entrance and be easily visible.
4. Patient friendly ramp or slope facility should be available. Stretchers/wheel chairs should be available

### **D. IPD:**

1. Signboards of different departments and wards should be displayed.
2. A doctor should be available on call.
3. Personnel trained in nursing for at least 1 year should be available. Gradually and consistently qualified nurses should replace trained personnel subject to availability and other constraints.
4. Beds should be made available to provide inpatient treatment.
5. There should be a system to call the nurses and other attendants (Intercom/Call Bell) .
6. Hand Washing Facility/Hand Sanitizer, Bed pan, Waste bins, Attendants Chair/ Stool should be available.
7. Drinking water facility and gender specific toilets should be available.

### **1. Registration Standards for OP Cabins.**

- 1.1 Name of the physician with qualification & Registration Numbers should be displayed inside the clinic.
- 1.2 Chairs/ Stool, Examination table, Torch, Thermometer (preferably non-mercurial), BP apparatus (preferably non-mercurial), Stethoscope should be available.
- 1.3 Hand washing facility, Drinking Water and waiting space should be present

## **2. Registration Standards for Laboratories**

- 2.1 Name of the Consultant with qualification and registration Number displayed
- 2.2 Display of services & Charges
- 2.3 Equipments and instruments as per the work load and scope of services.

## **3 Signage**

- 3.1 The Hospital shall display appropriate signage which shall be in at least two languages. Aboard stating “24 hours emergency available” is desirable.
- 3.2 The building shall have a board displaying the name of the hospital at a prominent location.

### **Following informative signage shall be displayed:**

- 3.3 Name of the care provider with registration number.
- 3.4 Registration details of the hospital as applicable.
- 3.5 Availability of fee structure of the various services provided (as per CEA 2010 rules & regulation) .
- 3.6 Timings of the facility and services provided.
- 3.7 Mandatory information such as under PNDT Act etc.
- 3.8 Important contact numbers such as Blood Banks, Fire Department, Police and Ambulance Services available in the nearby area.

### **Following safety signage shall be displayed:**

- 3.9 Safety Hazard and Caution signs, for e. g. hazards from electrical shock, inflammable articles, radiation etc shall be displayed at appropriate places, and as applicable under law.
- 3.10 Appropriate Fire exit signage.
- 3.11 Signage for “No Smoking” at prominent places.

### **Other requirements**

- 3.12 Access to the hospital shall be comfortable for the patient and/or attendants/visitors.
- 3.13 Access shall be provided within the requirements of “Persons with Disabilities Act” and shall be easy for all those whose mobility may be restricted due to various cause.

- 3.14 The hospital shall be developed and maintained to provide safe, clean and hygienic environment for patients, their attendants, staff and visitors
- 3.15 The hospital shall have 24 hr provision of potable water for drinking & hand hygiene. It shall also have 24 hr supply of electricity, either through direct supply or from other sources.
- 3.16 The number of toilets should be as per the hospital infrastructure norms/ guidelines. There should be minimum male and female toilets for staff and should be disabled friendly.
- 3.17 Furniture and fixtures shall be available in accordance with the activities and workload of the hospital. They shall be functional and properly maintained. The minimum space requirements shall be as per Annexure 1. Indicative list of furniture and fixtures is as per Annexure 2

#### **4 Medical Equipment and Instruments:**

- 4.1 The hospital shall have adequate medical equipment and instruments, commensurate to the scope of service and number of beds.
- 4.2 There shall be established system for maintenance of critical equipment.
- 4.3 Equipment shall be kept in good working condition through a process of periodic inspection, cleaning and maintenance. Annual maintenance.

**For indicative list of medical equipment and instruments, Please refer to Annexure3.**

#### **5 Drugs, Medical devices and Consumables:**

- 5.1 The hospital shall have adequate drugs, medical devices and consumables commensurate to its scope of services and number of beds.
- 5.2 Emergency drugs and consumables shall be available at all times.
- 5.3 Drug storage shall be in a clean, well lit, and safe environment and shall be in consonance with applicable laws and regulations.
- 5.4 The facility shall have defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.

**For indicative list of drugs, medical devices and consumables please refer to Annexure4.**

#### **6 Human Resource Requirement**

- 6.1 The hospital shall have qualified and/or trained medical and nursing staff as per the scope of service provided and the medical/nursing care.

- 6.2 The support/paramedical staff shall be qualified and/or trained as per the scope of services provided, and as per requirement
- 6.3 For every staff (including contractual staff), there shall be personal record containing the appointment order, documentary evidence of qualification and/or training (and professional registration where applicable) .

**For human resource requirements please refer to Annexure 5.**

## **7 Support Services:**

- 7.1 The Hospital shall have a Registration/ Help-desk & Billing counter.
- 7.2 The diagnostic services, whether in house or outsourced, shall be commensurate with the scope of service of the hospital.
- 7.3 The Pharmacy services, whether in house or outsourced, shall be commensurate with the scope of service of the hospital.
- 7.4 Segregation, collection, transportation, storage and disposal of general waste shall be done as per applicable local laws
- 7.5 Segregation, collection, transportation, storage and disposal of biomedical waste shall be done as per Bio medical waste handling rules.
- 7.6 The Hospital shall arrange transportation of patients for transfer/referral/investigations etc. in safe manner. The arrangement can be out sourced or self-owned

## **8 Legal/Statutory Requirements**

- 8.1 Compliance with local regulations and law. Indicative list of legal requirement is as per Annexure 6.

## **9 Record Maintenance and reporting:**

- 9.1 The minimum medical records to be maintained and nature of information to be provided by the Hospitals shall be as prescribed by the Clinical Establishment Act
- 9.2 Medical Records shall be maintained in physical or digital format.
- 9.3 The hospital shall ensure confidentiality, security and integrity of records.
- 9.4 The medical records of IPD patients shall be maintained in consonance with National or local law, MCI guidelines, and court orders.
- 9.5 The Hospital shall maintain health information and statistics in respect of national programmes, notifiable diseases and emergencies/disasters/ epidemics and furnish the same to the district authorities in the prescribed formats and frequency.

**For content of medical record refer to Annexure 7 10.**

**10. Basic Processes**

- 10.1 The hospital shall register all patients who visit the hospital except if the required service is not available in the facility, in which case the patient is guided to the appropriate nearest facility.
- 10.2 Patient shall be guided and informed regarding Patients' rights & responsibilities, cost estimates, third party services (e. g. Insurance) etc. **Annexure8.**
- 10.3 The hospital shall ensure adequate and proper spacing in the patient care area so as to prevent transmission of infections.
- 10.4 Regular cleaning of all areas with disinfectant shall be done.
- 10.5 Housekeeping/sanitary services shall ensure appropriate hygiene and sanitation in the establishment.
- 10.6 At the time of admission of patient, general consent for admission shall be taken.
- 10.7 In case of non-availability of beds or where clinical need warrants, the patient shall be referred to another facility along with the required clinical information or notes.
- 10.8 Reassessments of the admitted patients shall be done at least once in a day and/or according to the clinical needs and these shall be documented.
- 10.9 Any examination, treatment or management of female patient shall be done in the presence of an employed female attendant/female nursing staff, if conducted by male personnel inside the hospital and vice versa
- 10.10 The patient and family shall be treated with dignity, courtesy and politeness.
- 10.11 Prescription shall include name of the patient, date, name of medication, dosage, route, frequency, duration, name, signature and registration number of the medical practitioner in legible writing.
- 10.12 Drug allergies shall be ascertained before prescribing and administration; if any allergy is ascertained, the same shall be communicated to the patient and recorded in the case sheet as well.
- 10.13 Patient identity, medication, dose, route, timing, expiry date shall be verified prior to administration of medication.
- 10.14 Patients shall be monitored after medication administration and adverse drug reaction/events if any shall be recorded and reported.

- 10.15 The hospital shall follow standard precautions like practicing hand hygiene, use of personal protection equipment etc. so as to reduce the risk of healthcare associated infections.
- 10.16 Security and safety of patients, staff, visitors and relatives shall be ensured by provision of appropriate safety installations and adoption of appropriate safety measures.
- 10.17 The patient and/or family members are explained about the disease condition, proposed care, including the risks, alternatives and benefits. They shall be informed on the expected cost of the treatment. They shall also be informed about the progress and any change of condition.
- 10.18 Informed consent shall be obtained from the patient/ next of kin/ legal guardian as and when required as per the prevailing Guidelines / Rules and regulations in the language patient can understand (for e. g. before Invasive procedures, Blood transfusion, HIV testing, etc. ) . **Annexure9**
- 10.19 AD is charge summary shall be given to all patients discharged from the hospital.
- 10.20 Discharge/Death summary shall also be given to patient and/or attendant in case of transfer LAMA/DAMA or death
- 10.21 The discharge summary shall include the points as mentioned in the annexure in an understandable language and format. For content of discharge summary refer to **Annexure10**.





## ANNEXURE 1

### **Minimum space requirements in a hospital level 1 shall be as follows:**

Note: Structural changes should be applicable to the Nursing home/Hospitals constructed after the implement action of CEA since it is not possible to change the existing structures, especially with restrictions of building bye-laws

<b>Area (Desirable)</b>		
<b>Wards</b>		
	Ward bed and surrounding space	Desirable: circulation space of 30% shall be provided for Nursing station, Ward store, Sanitary etc
<b>Minor Operation Theatre/Procedure room</b>		
	OT for minor procedures (where applicable)	
	Reception & Waiting area	9. 2sq. mt
	Consultation cabin with Physical Examination table	7. 4 sq. mt each 3. 71 sq. mt
	Storage & Pharmacy Ancillary Area	5. 57 sq. mt

### **Other requirements**

#### **Wards**

1. The ward shall also have designated areas for nursing station, doctors' duty room, store, clean and dirty utility, janitor room, toilets and this shall be provided from circulation area.
2. For a general ward of 20 beds, a minimum of 1 working counter and 1 hand wash basin shall be provided.
3. Distance between beds shall be 1. 0 metres (Desirable) .
4. Space at the head end of bed shall be 0. 25metres.
5. Door width shall be 1. 2 metres (Desirable) and corridor width 2. 5 metres (Desirable).

## ANNEXURE 2

### FURNITURE AND FIXTURES

*\*This is an indicative list and the items shall be provided as per the size of the hospital and scope of service.*

Sl. No.	Articles
1	Examination Table
2	Writing tables
3	Chairs
4	Almirah
5	Waiting Benches
6	Inpatient Beds
7	Labour Table- if applicable
8	Wheel Chair/Stretcher
9	Medicine Trolley, Instrument Trolley
10	Screens/curtains
11	Foot Step
12	Bed Side Table
13	Baby Cot- if applicable
14	Stool
15	Medicine Chest
16	Examination Lamp
17	View box
18	Fans
19	Tube Light/ lighting fixtures
20	Wash Basin
21	IV Stand
22	Color coded bins for BMW

### **ANNEXURE 3**

#### **ESSENTIAL EQUIPMENTS AND INSTRUMENTS**

<b>Sl. No</b>	<b>Name of the Equipment</b>		<b>No. of Equipment</b>
1	Stethoscope		1
2	Thermometer	Digital	1
3	Torch (flash lights)		1
4	Sphygmomanometer (B. P. Apparatus)	Digital	1
5	Weighing Machine	Adult/Pediatric	2
6	Glucometer		1
7	Pulse Oximeter		1
8	Syringe & Needles	Different size	
9	Examination gloves		
10	Examination table		
11	Otoscope		
12	Patellar hammer		
13	Receptacle for soiled pads, dressings, etc		
14	Sterile equipment storage		
15	Sutures		
16	Thermometer (Non mercury)		
17	Dressing trolley		
18	IV stands		
19	Medicine storage cabinet		
20	Oxygen cylinder		
21	Suction machine		
22	Urinals and bedpans		
23	Linens		

**Other equipment as per the specialized services available shall also be there**

## ANNEXURE 4

### Emergency Drugs and consumables (Essential in all hospitals)

**Sl. No. Name of the Drug**

**INJECTIONS**

1. INJ. DIAZEPAM 10MG
2. INJ. FRUSEMIDE 20MG
3. INJ. ONDANSETRON 8MG/4ML
4. INJ. RANITIDINE
5. INJ. NOR ADRENALINE 4MG
6. INJ. PHENYTOIN 50MG
7. INJ. DICLOFENAC 75MG
8. INJ. DERIPHYLLINE
9. INJ. CHLORPHENIRAMINEMALEATE
10. INJ. HYDROCORTISONE 100MG
11. INJ. ATROPINE 0.6MG
12. INJ. ADRENALINE 1MG
13. INJ. KCL
14. STERILEWATER
15. INJ. SODABICARBONATE
16. INJ. DOPAMINE
17. INJ. NALAXONE 400MCG
18. INJ. LIGNOCAINE 50ML
19. TAB. SORBITRATE
20. TAB. ASPIRIN
21. INJ. TETANUSTOXOID

**OTHER**

- 22. NEB. SALBUTAMOL2. 5ML
- 22 NEB. BUDESONIDE
- 23 LIGNOCAINE JELLY2%
- 24 CALCIUM (INJ or TAB)

**FLUIDS**

- 25 RL 500ML
- 26 NS 500ML
- 27 NS 250ML
- 28 NS 100ML
- 29 DNS 500ML
- 30 DEXTROSE 5% 500ML
- 31 DEXTROSE 10% 500ML
- 32 PEDIATRIC IV INFUSION SOLUTION 500ML

**The other drugs and consumables shall be available as per the scope of services; bed strength and patient turn over.**

**ANNEXURE 5**  
**HUMAN RESOURCE**

The Human Resource requirement for any hospital depends on the scope of services provided by the hospitals, bed strength and work load of the hospital. However on the basis of level of care provided the minimum staffing requirements for Primary – Hospital shall be as follows:

1	Doctor	Qualified doctor shall be available during the working hours. Basic Primary care institutions shall have a MBBS qualified doctor. (Qualified doctor is a MBBS approved as per state government rules & regulations as applicable from time to time) . MBBS Doctor required round the clock only if inpatient services are provided. Advanced primary care shall have MBBS doctor with post-graduation qualification. Specialized Doctor should be available on call.
2	Nurses	Trained Nurses, with an experience of at least one year.
3	Pharmacist (If in house pharmacy available)	1 in a hospital
4	Lab Technician (if in house laboratory service available)	1 in a hospital
5	X-ray Technician (if in house X-ray facility available)	1 in a hospital
6	Multi Task staff	Minimum 1

**Requirement of other staff (Support and administrative) will depend on the scope of the hospital.**

## ANNEXURE 6

### LIST OF LEGAL REQUIREMENTS

Below is the list of legal requirements to be complied with by a hospital as applicable by the local/state health authority (all may not be applicable) :

Sl. No.	Name of Document	Valid From	Valid Till	Send for renewal by	Remark (Expired/valid/NA)
1	Clinical Establishments and Registration (if applicable)				
2	Bio-medical Waste Management Licenses from PCB				
3	Mandatory Licenses from concerned authorities as per the scope of services				

## ANNEXURE 7

### CONTENT OF MEDICAL RECORD

Medical record shall contain, at the least, the following information:

Sl. No.	Content
1	Name & Registration number of treating doctor
2	Name, demographic details & contact number of patient
3	Relevant Clinical history, Assessment and re-assessment findings, nursing notes and Diagnosis
4	Investigation reports
5	Details of medical treatment, invasive procedures, surgery and other care provided
6	Applicable consents
7	Discharge summary
8	Cause-of-death certificate & Death Summary (where applicable)

## ANNEXURE 8

### INFORMED CONSENT/CONSENT GUIDELINES

The informed consent shall at the least contain the following information in an understandable language and format (desirably which a lay person can easily understand)

Sl. No.	Content
1	Name of the patient/ guardian (in case of minor/mentally disabled) .
2	Registration number of patient
3	Date of admission
4	Name & Registration number of treating doctor
5	Name of procedure/operation/investigation/blood transfusion/anesthesia and potential complications should be explained
6	Signature of patient/guardian with date and time

## ANNEXURE 9

### DISCHARGE SUMMARY

The discharge summary shall at the least contain the following information in any understandable language and format:

Sl. No.	Content
1	Name & Registration number of treating doctor
2	Name, demographic details & contact number of patient, if available
3	Date of admission and discharge
4	Relevant clinical history, assessment findings and diagnosis
5	Investigation results,
6	Details of medical treatment, invasive procedures, surgery and other care provided
7	Discharge advice (medications and other instructions) .
8	Instruction about when and how to obtain urgent care.



## 4. Primary Care Check List

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## Clinic

3.	Infrastructure	
	Annexure 1	YES/NO
4.	Furniture & Fixtures	
	Annexure 2	YES/NO
5.	Human Resource Requirements	YES/NO
6.	Essential & Emergency Equipments/Drugs	
	Annexure 3, 4 & 5	YES/NO
7.	Support Services	YES/NO
8.	Legal/Statutory Requirements	YES/NO
9.	Record Maintenance and Reporting	YES/NO
10.3	Infection Control	YES/NO
10.5	Bio Medical Waste Management	YES/NO
10.6	First Aid	YES/NO

## Poly Clinics

3.	Infrastructure	
	Annexure 1	YES/NO
4.	Furniture & Fixtures	
	Annexure 2	YES/NO
5.	Human Resource	YES/NO
6.	Essential & Emergency Equipments/Drugs	
	Annexure 3, 4 & 5	YES/NO
7.	Legal/Statutory Requirements	YES/NO
8.	Record Maintenance and Reporting	YES/NO
9.3	Infection Control	YES/NO
9.5	Bio Medical Waste Management	YES/NO
9.6	First Aid & basic life support	YES/NO

## Day Surgery Centre

2. Information to be displayed at the centre YES/NO
3. Documents to be maintained by the day Surgery Centre YES/NO
6. Functional Areas

Reception and Waiting area	150 sq. ft	YES/NO
Consultation Room	100 sq. ft	YES/NO
Preoperative Area – For admission including patient change areas, toilet and lockers	80 sq. ft	YES/NO
Procedural Area	125 sq. ft	YES/NO
Recovery Area	100 sq. ft	YES/NO
Staff Amenities	80 sq. ft	YES/NO

7. Emergency Equipments (Indicative List)

Resuscitation Equipment- Laryngoscope, ET Tubes, Suction Equipment, Xylocaine spray, Airways, Ambu Bags – Adult & Pediatric	YES/NO
Oxygen Cylinders with flow meters, tubing Catheters, Face masks, nasal prongs	YES/NO
Suction Apparatus	YES/NO
Defibrillator with accessories	YES/NO
Equipment for dressings, bandaging, suturing	YES/NO
Basic Diagnostic Equipment- Non Mercury BP apparatus, Stethoscopes, Weighing Machines, Non Mercury Thermometers	YES/NO
ECG Machine	YES/NO
Pulse Oximeter	YES/NO
Nebulizer with accessories	YES/NO
Emergency Medicines Trolley	YES/NO

8. Bio-Medical Waste Management YES/ NO
9. First Aid YES/NO

# Hospital

## 3.1 Signage

3.1.1	Appropriate signage which shall be in at least two languages (English and Malayalam)	YES/NO
3.1.2	Board displaying the name of the hospital at a prominent location	YES/NO
3.1.4	Registration details of the hospital as applicable as per KCEA 2018	YES/NO
3.1.5	Facility to obtain information regarding charges available	YES/NO
3.1.6	Timings of the hospital and services provided	YES/NO
3.1.7	Mandatory information such as under PNDT Act etc. displayed prominently as applicable	YES/NO
3.1.8	Important contact numbers such as Blood Banks, Fire Department, Police and Ambulance Services available in the nearby area	YES/NO
3.1.9	Safety Hazard and Caution signs, for e. g. hazards from electrical shock, inflammable articles, radiation etc. at appropriate places, and as applicable under law.	YES/NO
3.1.10	Appropriate Fire exit signage	YES/NO
3.1.11	Signage for “No Smoking” at prominent places	YES/NO

## 3.2 Infrastructure - Other requirements

3.2.1	Convenient entry point to the hospital	YES/NO
3.2.2	Access within the requirements of “Persons with Disabilities Act” and for all those whose mobility may be restricted due to whatever cause.	YES/NO
3.2.3	Safe, clean and hygienic environment for patients, their attendants, staff and visitors	YES/NO
3.2.4	24 hour provision of potable water for drinking & hand hygiene, 24 hour supply of electricity, either through direct supply or from other sources like UPS back up, generator facility etc	YES/NO
3.2.5	Clean public toilet (s) separate for males and females and disabled friendly	YES/NO
3.2.6	Furniture and fixtures ( Annexure 2)	YES/NO

**3.3. Infrastructure requirements: General – Space Requirements**  
**For minimum space requirements refer to Annexure 1**

3.2.1	Reception & Waiting area – 100 sq. ft	YES/NO
3.2.2	Consultation cabin with Physical Examination table – 80 sq. ft each	YES/NO
3.2.3	Storage & Pharmacy – 40 sq. ft	YES/NO
3.2.4	Ancillary Area – 60 sq. ft	YES/NO

**4. Medical Equipments and Instruments**

4.1	Adequate medical equipments and instruments, commensurate to the scope of service and number of beds	YES/NO
<b>For indicative list of medical equipments and instruments refer to Annexure 3</b>		

**5. Drugs, Medical devices and Consumables:**

5.1	Adequate drugs, medical devices and consumables	YES/NO
5.2	Emergency drugs and consumables	YES/NO
<b>For indicative list of Emergency drugs and consumables refer to Annexure 4</b>		

**6. Human Resource Requirements:**

6.1	Qualified and/or trained nursing staff as per the scope of service provided and the nursing care shall be provided as per the requirements of professional and regulatory bodies.	YES/NO
6.2	Qualified and/or trained paramedical staff as per the scope of service provided and the medical care shall be provided as per the requirements of professional and regulatory bodies.	YES/NO
6.3	For every staff (including contractual staff), there shall be personal record containing the appointment order, documentary evidence of qualification and/or training (and professional registration where applicable) . For human resource requirements refer to <b>Annexure 5</b>	YES/NO

## 7. Support Services:

<b>Diagnostic Services:</b>		
7.2	Diagnostic services may be in-house or outsourced as per minimum standards for diagnostic services	YES/NO
<b>Pharmacy Services:</b>		
7.4	Pharmacy services available, in-house or outsourced	YES/NO
<b>Waste Management Services:</b>		
7.5	Segregation, collection, transportation, storage and disposal of general waste as per applicable local laws	YES/NO
7.5	Segregation, collection, transportation, storage and disposal of biomedical waste as per Bio Medical Waste Handling Rules	YES/NO

## 8. Legal/Statutory Requirements:

8.1	Compliance with local regulations and law.	YES/NO
<b>For indicative list refer to Annexure 6</b>		

## 9. Record Maintenance and reporting:

9.1	The minimum medical records to be maintained and nature of information to be provided by the Hospitals shall be as per Annexure 7 and as per KCEA 2018.	YES/NO
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## 10. Basic Process:

10.3	The hospital shall ensure adequate and proper spacing in the patient care area so as to prevent transmission of infections.	YES/NO
10.4	Regular cleaning of all areas with disinfectant shall be done	YES/NO
10.6	At the time of admission of patient, general consent for admission shall be taken	YES/NO
10.15	The hospital shall follow standard precautions like practicing hand hygiene, use of personal protection equipment etc. so as to reduce the risk of healthcare associated infections	YES/NO
10.18	Informed consent shall be obtained from the patient/next of kin/legal guardian as and when required as per the prevailing Guidelines/Rules and regulations in the language patient can understand (for e. g. before Invasive procedures, Blood transfusion, HIV testing, etc. ) . Annexure 9	YES/NO



## 5 Secondary Care Standard

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## **1. Definition**

Secondary Care Hospitals are clinical establishments that provide secondary healthcare services by various health professionals such as doctors, nurses, allied health workers, dentists, pharmacists, and pathology and imaging professionals. It can be a general hospital providing multi-specialty services having facility for surgery, anaesthesia, and emergency management. Secondary health care is provided by public and private health care organizations both. These hospitals may provide following services as per the requirement of the community viz. General Medicine, General Paediatrics', General Surgery, Obstetrics & Gynaecology, Orthopaedics, Emergency Medicine, Critical Care Medicine (e. g. HDU, ICU), ENT, Ophthalmology, Dermatology, Community Health, Palliative Medicine, Geriatric Care, Family Medicine, Dentistry including sub specialities, Blood Storage Centre/Blood Bank etc.

## **2. Scope**

The scope of services that may be provided at a Secondary Care Institutions practicing Modern system of Medicine may include patient-care services in any or all of the following specialties, but not necessarily limited to:

### **(A) Clinical Services:**

1. General Medicine
2. General Surgery
3. Obstetrics and Gynecology
4. Pediatrics including new born care
5. Orthopedics
6. Anesthesiology
7. Emergency Medicine &Trauma
8. Critical Care Medicine (e. g. HDU, ICU)
9. ENT
10. Ophthalmology
11. Psychiatry
12. Dermatology
13. Community Health

14. Palliative Medicine
15. Geriatric Care
16. Family Medicine
17. Dentistry including sub specialties
18. Physical Medicine & Rehabilitation
19. Transfusion Medicine/Blood Storage Centre/Blood Bank
20. Other emerging sub-specialities in any of the above fields.

**(B) Support services:**

21. Registration / help desk and billing
22. Diagnostic Services:-
  - a. Laboratory
  - b. Imaging Services
  - c. Non-imaging services
23. Pharmacy and Stores
24. Sterilization Area
25. Linen management
26. Kitchen & Dietary Services
27. Waste Management Services (General and Biomedical)
28. Medical Gas Supply, Storage & Distribution and
29. Ambulance services

**(C) Categorization**

Based on the level of service delivered Secondary Care Institutions are categorized in to Level 1 and Level II Secondary Care Institutions:

**Level I Secondary Care:-** Secondary Care Institutions delivering basic medical care/medical care demanding by the individual specialty with beds less than 50, without any invasive procedures and intensive care like operation theatre, ICU care etc.

**Level II Secondary Care:-** Secondary Care Institutions delivering basic medical care/medical care demanding by the individual specialty along with invasive procedure and intensive care like operation theatre, ICU care etc. Proportionate changes have to be customized as per the service delivery and bed strength.

### **3. Infrastructure Requirements:**

**3.1 Signage -** The Hospital display appropriate signage in at least two languages, preferably one in local language. A board displaying the name of the hospital at a prominent location. Directional signage within the facility to guide the patient.

#### **3.2 Following informative signage displayed-**

- a) Name of the care provider with registration number.
- b) Registration details of the hospital as applicable.
- c) Facility to obtain information regarding fee structure of the various services provided.
- d) Timings of the facility and services provided.
- e) Mandatory information such as under PNDT Act etc. prominently as applicable. Important contact numbers such as Blood Banks, Fire Department, Police and Ambulance Services available in the nearby area.
- f) Patients' Rights & Responsibilities.

#### **3.3 Following safety signage displayed:**

- a) Safety Hazard and Caution signs, for e. g. hazards from electrical shock, inflammable articles, radiation etc. at appropriate places, and as applicable under law.
- b) Appropriate Fire exit signage and
- c) Signage for "No Smoking".

#### **3.4 Other requirements–**

- a) Access to the hospital comfortable for the patient and/or attendants/visitors.
- b) Access provided within the requirements of "Persons with Disabilities Act" and easy for all those whose mobility may be restricted due to whatever cause.
- c) The hospital provides hygienic environment for patients, their attendants, staff and visitors.
  - d) 24hr provision of potable water for drinking and hand hygiene.
  - e) 24hr supply of electricity, either through direct supply or from other sources.

- f) Sensitive areas, such as wards, consulting and treatment rooms and operation theatres are placed away from the outdoor source of noise.
- g) The hospital well illuminated and ventilated.
- h) Clean public toilet (s) separate for males and females.
- i) Mechanism for timely maintenance of the hospital building and equipment.
- j) Appropriate internal and external communication facilities.
- k) Furniture and fixtures in accordance with the activities and workload of the hospital, functional and properly maintained.

**For minimum space requirements refer to Annexure 1**

**For indicative list of furniture and fixtures refer to Annexure 2**

#### **4. Medical Equipment and Instruments:**

- 4.1 The hospital has adequate medical equipment and instruments, commensurate to the scope of service and number of beds.
- 4.2 Established system for maintenance of critical Equipment.
- 4.3 All equipment shall be kept in good working condition through a process of periodic inspection, cleaning and maintenance. An equipment log-book shall be maintained for all the major equipment.

**For indicative list of medical equipment and instruments refer to Annexure 3**

#### **5. Drugs, Medical devices and Consumables:**

- 5.1 Adequate drugs, medical devices and consumables commensurate to the scope of services and number of beds.
- 5.2 Emergency drugs and consumables shall be available at all times.
- 5.3 Drug storage shall be in a clean, well lit, and safe environment and shall be in consonance with applicable laws and regulations.
- 5.4 The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas

**For indicative list of drugs, medical devices and consumables refer to Annexure 4.**

## **6. Human Resource Requirements:**

- 6.1 Qualified and/or trained medical staff as per the scope of service provided and the medical care shall be provided as per the requirements of professional and regulatory bodies.
- 6.2 Qualified and/or trained nursing staff as per the scope of service provided and the nursing care shall be provided as per the requirements of professional and regulatory bodies.
- 6.3 The support/paramedical staff qualified and/or trained as per the scope of services provided, and as per the requirement of the respective professional or regulatory bodies.
- 6.4 For every staff (including contractual staff), there shall be personal record containing the appointment order, documentary evidence of qualification and/or training (and professional registration where applicable) .
- 6.5 Periodic skill enhancement/updation/refresher training provided for all categories of the staff as relevant to their job profile, as prescribed by professional bodies and as per local law/regulations.

**For Human resource requirements refer to Annexure 5**

## **7. Support Services:**

- 7.1 Registration/Help desk and Billing - Registration/ Help-desk and Billing counter, and the scope of this also include provision of patient guidance in matters like services available, cost estimation, health care insurance etc.
- 7.2 Diagnostic services may be in-house or out sourced. For minimum standards for diagnostic services refer to CEA standards for Imaging and laboratory services. Whether in house or outsourced, the services shall fulfil the requirements of safe and timely patient care. The diagnostic services, whether in house or outsourced, shall be commensurate with the scope of services.
- 7.3 Pharmacy services in a hospital can be in-house or outsourced. All applicable legal requirements complied with. Medicine storage in a clean, well lit, and safe environment, and as per manufacturer's requirements.
- 7.4 CSSD / Sterilization Area - Provision for instrument and linen sterilization and storage of sterile items made available as per the scope of services. Validation of Sterilization done for ensuring the effectiveness of sterilization process
- 7.5 Linen management - Soiled linen collected, transported and washed separately in clean and hygienic environment. Where linen is contaminated, appropriate decontamination carried prior to dispatch for washing.

- 7.6 Waste Management Services- Segregation, collection, transportation, storage and disposal of biomedical waste shall be as per Bio medical waste handling rules. Waste management guidelines followed in the case of Mercury and other toxic materials as per applicable local laws. Segregation, collection, transportation, storage and disposal of general waste as per applicable local laws.
- 7.7 Medical Gas - Oxygen for medical use available. In addition other gases like Nitrous oxide, Carbon dioxide etc. may be available in consonance with the scope of services and bed strength. Medical gases stored and handled in a safe manner. All applicable legal requirements complied with. Appropriate back-up and safety measures shall be in place to ensure patient safety at all times.
- 7.8 Ambulance services- The establishment has provision of transporting patients for transfer/referral/investigations etc in safe manner. Ambulance Services may be in-house or outsourced. The Ambulance services comply with the applicable local laws, even if they are outsourced.

**For ambulance checklist please refer to Annexure 11**

## **8. Legal/Statutory Requirements:**

- 8.1 Every application must be accompanied with the documents confirming compliance with local regulations and law.

**Indicative list is as per Annexure 6.**

## **9. Record Maintenance and reporting:**

- 9.1 The minimum medical records to be maintained and nature of information to be provided by the Hospitals.
- 9.2 Medical Records maintained in physical or digital format.
- 9.3 Confidentiality, security and integrity of records ensured at all times
- 9.4 The medical records of IPD patients maintained in consonance with National or local law, MCI guidelines, and court orders.
- 9.5 Every Hospital maintain health information and statistics in respect of national programs, notifiable diseases and emergencies/disasters/ epidemics and furnish the same to the district authorities in the prescribed formats and frequency.

**Content of medical record shall be as per Annexure 7**

**Guidelines of length of preservation of medical records in Secondary Care Hospitals as per Annexure 8.**



## **10. Basic Processes:**

### **10.1 Registration / help desk and billing services–**

- a) The hospital register all patients who visit the hospital except if the required services are not available in the facility, in which case the patient is guided to the appropriate nearest facility. (Please also see Emergency Services).
- b) Once registered, depending on the clinical need, patient is guided to appropriate service area like OPD, ER etc. Patient guided and informed regarding Patients' Rights and Responsibilities, cost estimates, third party services (e. g. Insurance) etc.
- c) The billing shall be as per the Hospital tariff list, which shall be available to patients in a suitable format.

### **10.2 Assessment and Plan of care–**

- a) Each patient undergoes an initial assessment by qualified and/or trained personnel.
- b) Further management of patient shall be done by a registered medical practitioner/specialist on the basis of findings of initial assessment; for example, OPD treatment, admission, transfer/referral, investigation etc.
- c) At the time of admission of patient, General Consent for admission shall be taken.

#### **Please refer to Annexure 9.**

- d) In case of non-availability of beds or where clinical need warrants, the patient referred to another facility along with the required clinical information or notes. There is appropriate arrangement for safe transport of patient.
- e) Reassessments of the admitted patients done at least once in a day and/or according to the clinical needs and these documented.
- f) Any examination, treatment or management of female patient shall be done in the presence of an employed female attendant/female nursing staff, if conducted by male personnel inside the hospital and vice versa.

### **10.3 Informed Consent Procedure**

Informed consent obtained from the patient/next of kin/ legal guardian as and when required as per the prevailing Guidelines / Rules and regulations in the language patient can understand (for e. g., before Invasive procedures, anesthesia, Blood transfusion, HIV testing, Research, etc) .

#### **10.4 Care Of Patient**

- a) The Hospital provide care of patient as per the best clinical practices and reference may be made to Standard Treatment Guidelines that may be notified by the Central /State Government/National and International professional bodies/Standard Text Books.
- b) Patient and/or families educated on preventive, curative, promotive and rehabilitative aspects of care either verbally, or through printed materials. All the relevant documents pertaining to any invasive procedures performed maintained in the record, including the procedure safety check list.
- c) Monitoring of patient done during and after all the procedures and same documented (for example, after anesthesia, surgical procedures, blood transfusion, etc. ) .
- d) Staff involved in direct patient care receives basic training in CPR Emergency Services.

#### **10.5 Emergency Services**

Emergency patients attended on priority. The Emergency department well equipped with trained staff. If emergency services are not available in the hospital, the hospital provides first aid to the patients and arranges appropriate transfer/referral of the patient.

#### **10.6 Medication Prescription, Administration and Monitoring**

- a) Prescription include name of the patient, date, name of medication, dosage, route, frequency, duration, name, signature and registration number of the medical practitioner in legible writing.
- b) Drug allergies shall be ascertained before prescribing and administration; if any allergy is discovered, the same shall be communicated to the patient and recorded in the Case sheet as well.

#### **10.7 Medication-**

- a) Patient identity, medication, dose, route, timing, expiry date verified prior to administration of medication.
- b) Safe injection practices shall be followed as per WHO guidelines. High Risk Medicines shall be identified and verified by two trained health care personnel before administration
- c) Patients shall be monitored after medication administration and adverse drug reaction/events if any shall be recorded and reported.

## **10.8 Infection Control**

- a) The hospital follow standard precautions like practicing hand hygiene, use of personal protection equipment, etc to reduce the risk of healthcare associated infections.
- b) The hospital shall ensure adequate and proper spacing in the patient care area so as to prevent transmission of infections.
- c) Regular cleaning of all areas with disinfectant shall be done as per prescribed and documented procedure. Prescribed and documented Infection Control Practices shall be followed in High risk areas like Operation theatre, ICU, HDU, etc as per good clinical practice guidelines.
- d) Housekeeping/sanitary services shall ensure appropriate hygiene and sanitation in the establishment.

### **Hospital Infection Control Checklist attached as Annexure 12**

## **10.9 Safety of the patient, staff, visitors and relative in a hospital–**

- a) Security and safety of patients, staff, visitors and relatives ensured by provision of appropriate safety installations and adoption of appropriate safety measures. E. g. identification of mother and baby in obstetric facility, etc.
- b) The Hospital undertakes all necessary measures, including demonstration of preparedness for fire and non-fire emergencies, to ensure the safety of patients, attendants, staff and visitors. (Please also see section on Infrastructure and Security and Fire) .
- c) All applicable fire safety measures as per local law shall be adopted. This includes fire prevention, detection, mitigation, evacuation and containment measures. Periodic training of the staff and mock drills shall be conducted and the same documented.
- d) Incase of any epidemic, natural calamity or disaster, the owner/keeper of every Hospital, on being requested by the designated supervising Authority, cooperate and provide such reasonable assistance and medical aid as may be considered essential by the supervising authority at the time of natural calamity or disastrous situation.

## **10.10 Patient information and Education**

- a) The patient and/or family members explained about the disease condition, proposed care, including the risks, alternatives and benefits.
- b) They are informed regarding the expected cost of the treatment. They also informed about the progress and any change of condition.

- c) Patient and/or family are educated about the safe and effective use of medication, food drug interaction, diet, and disease prevention strategies.

**10.11 Discharge–**

- a) A Discharge summary given to all patients discharged from the hospital. The discharge summary shall include the points as mentioned in the annexure in an understandable language and format.
- b) Discharge summary also be given to patient and/or attendant in case of transfer Left against medical advice (LAMA) / Discharge against medical advice (DAMA) or death.

**For content of discharge summary refer to Annexure 10.**

## ANNEXURE – 1

### Minimum space requirements in a Secondary Level Hospital

<b>Total Area</b>		
1	Land Area	Up to 100 beds 0. 25 to 0. 5 Hectare. 101 to 200 beds -0. 5 to 1 H.
<b>Plinth Area</b>		
2	Size of hospital as per number of beds	40 sq. mt/bed as carpet area
<b>Wards</b>		
3	Ward bed and surrounding space	6 sq. mt/bed; in addition circulation space of 30% as indicated in total area shall be provided for Nursing station, Ward store, Sanitary etc. Wards shall be categorized as Male and Female-Medical, Surgical and Post-operative wards. Antenatal and Post natal ward, Pediatric ward with SNCU (nursery) and Isolation rooms for Medical and Pediatrics.
<b>Intensive Care Unit/HDU (if available)</b>		
4	For medical/surgical ICU/HDU bed and surrounding space	10. 5 sq. mt/bed; in addition circulation space of 30% as indicated in the total area shall be provided for nursing station, doctors' duty room, store, clean and dirty utility, circulating area for movement of staff, trolley, toilet etc. Depending on the need Medical, Cardiac, Neuro, Surgical, Neonatal ICU etc
<b>Minor Operation Theatre/Procedure room</b>		
5	OT for minor procedures (where applicable)	Should be located close to Emergency as well as Outpatient department. 10. 5 sq. mt; in addition circulation space of 30% as indicated in total area shall be provided for nursing station, scrub station, clean and dirty utility, dressing room, toilet, store etc.
<b>Labour room</b>		
6	Labour Table and surrounding space	Should ideally be located on the ground floor for ambulance accessibility, if not should be in an easily accessible location, with lifts, ramps or stairs. Should be linked to antenatal and post natal wards, emergency department and blood storage unit. 10. 5 sq. mt/labour table, in addition to 30% indicated as circulation space.

<b>Operation Theatre (OT)</b>		
7	Operating Room Area	Should be located away from general traffic, well protected from sun, heat noise, dust and wind, but linked to Emergency and in patient department, ICU, labour room and blood storage unit. Easily accessible to lift and ramps and imaging services and CSSD. 24. 5 sq. mt per operating room.
<b>Emergency &amp; Casualty (if separate) :</b>		
8	Emergency department	10. 5 sq. m/bed and 30% circulation space, which includes Doctor's examination room, nursing station, nurse's and doctors' duty room, store, Clean and dirty utility, Dressing area, Toilets and Store .
<b>Pharmacy</b>		
10	Pharmacy	The size should be adequate to contain 5 percent of the total clinical visits to the OPD in one session at the rate of 0. 8 m2 per patient.
<b>Bio-medical Waste</b>		
11	<50 beds	5 sq m
12	50-100 beds	10 sq m
13	>100 beds	20 sq m
Other functional areas (laboratory, diagnostics, front office/reception, waiting area, administrative area etc) should be appropriately sized as per the scope of service and patient load of the hospital.		

### **Other requirements:**

#### **1) Out Patient Services**

Outpatient department of a Secondary Level hospital is that part of the hospital which provides diagnostic, curative, preventive and rehabilitative care to people who visit the hospital with health problems. It is the first point of contact between patient and hospital staff. In Secondary Level hospitals Outpatient department will also function as a First referral point catering to patients referred from Primary Level hospitals. It is an important component in the overall functioning of the hospital as it is integrated with the inpatient department and other supportive services.

#### ➤ **Functions**

- Early diagnosis and effective treatment

- Screening and investigation for hospital admission
- Follow up care
- Promote the health of individuals by health education and counseling
- Rehabilitation
- Maintenance of records and generation of epidemiological and public health data
- Referral care plan
- Training of hospital staff and students

➤ **Location**

- The outpatient department preferably be located in an area easily accessible to patients and their attendants
- Easily accessible to ambulance and other emergency vehicles
- The location of outpatient department be easily identifiable through display boards.

➤ **Space and Layout**

- Entrance to the outpatient department be friendly to visually and physically challenged and should have ramps for wheelchairs and side rails, with adequate parking area.
- The design and layout be as per functional flow of activities and have an unidirectional flow of patients and visitors. The lay out follow functional flow of the patients, e. g. : Enquiry → Registration → Waiting → Sub waiting → Clinic → Dressing room/Injection Room → Billing → Diagnostics (lab/X- ray) → Pharmacy → Exit.
- Reception and Enquiry Enquiry/May I Help desk be available with competent staff fluent in local language.
- Wheel chair and trolley areas with adequate number of wheel chairs and trolleys with safety belts
- The floors be non-slippery

- Display boards containing information on name and contacts of responsible persons like Medical superintendent, Hospital Manager, Causality Medical officer, Public Information Officer and all specialties and services available
- Names of specialists with their OP days be displayed in the lobby/waiting area
- The Fire exit plan and route be displayed
- All counters (Registration/Reception/Payment/Insurance) may be computerized
- Token system and display board for each department including OP census may be exhibited
- All Consulting rooms may be numbered
- Primary and secondary waiting areas with adequate seating facilities. The waiting areas be well lighted and ventilated. And have to be 1sq. ft/per average daily patient with a minimum of 400 sq. ft is to be provided.
- The primary waiting area may have amenities including separate toilets for physically challenged/women-with napkin incinerator. The toilets should be stink free with adequate running water
- The waiting area should be clean and comfortable and may be with entertainment facilities including fan/Coolers, Television, Music, Reading materials, IEC materials etc
- Waiting area may have a complaint/suggestion box
- There may be an OP refreshment area with tea/coffee vending machines and free drinking water
- The waiting area should also have adequate number of waste bins for both general waste and biomedical waste
- Public Announcement System and public telephone facility may be available in the Outpatient department
- There should be a breast feeding area and child care area
- Outpatient department may preferably be under CCTV coverage
- There may be separate cubicle for each doctor, which should have ample space to sit for 4-5 people. Chamber size of 12. 0 sq meters is adequate



- The cubicles should have an examination area with adequate lighting and hand washing facilities and ample space to sit
- OBG, Orthopedics, ENT, Dermatology and Ophthalmology departments may each have a separate procedure room attached to the consulting room. Ophthalmology consulting room should also have an area for vision screening
- The clinics for infectious and communicable diseases should be located in isolation, preferably, in remote corner, provided with independent access.
- Room for HIV/STI counseling is to be provided
- All clinics shall be provided with examination table, X-ray- View box, Screens and hand wishing facility and all other equipments and instruments as per requirement
- Separate nursing station with Injection room, Nebulization area and ORT corner.
- Need based space required for Nursing Station in OPD for dispensing nursing services. (Based on OPD load of patient)
- EC Groom
- Separate blood collection area
- There may be a minor procedure room and a dressing room near to the Surgical OPD
- Pharmacy may be located near the exit of outpatient department
- The outpatient department may be connected to the Inpatient department for easy transport of patients
- Patient care coordinators and adequate number of nurses/nursing assistants/attendants be available during OP hours
- The hospital staff should be in clean uniform with ID cards. They should be well informed, helpful, energetic and willing to guide patients and visitors
- Punctuality of staff shall be ensured. Cleanliness of OPD area shall be monitored on regular basis.
- There shall be provision of complaints/ suggestion box. There shall be a mechanism to redress the complaints

- Hospital shall develop standard operating procedures for OPD management, train the staff and implement it accordingly.
- Desirable Services - Air-cooling, Patient calling system with electronic display. Computerized Registration Public Telephone booth Provision of OPD manager
- Quality Assurances in Clinics Work load at OPD shall be studied and measures shall be taken to reduce the Waiting Time for registration, consultation, Diagnostics and pharmacy.

## 2) Wards:

1. The ward shall also have designated areas for nursing station, ideally to be centrally located, nurse's and doctor's duty room and changing room attached with toilet, store room, clean and dirty utility, space for bio medical waste management, janitor room, bathroom and toilets and this shall be provided from circulation area.
2. For a general ward of 12 beds, a minimum of 2 WC and 1 hand wash basin shall be provided along with bath room facilities, for male, female and physically challenged.
3. Distance between beds shall be 1.0 metres
4. Space at the head end of bed shall be 0.25 metres.
5. Bed shall be 0.5 metres away from the wall
6. Door width shall be 1.2 metres and corridor width 2.5 metres
7. Provision for patients and bye-standers dining facilities.
8. Provision for Bye-standers accommodation inside the ward.

## 3) Intensive Care Unit/High Dependency Unit (if available)

1. The unit is to be situated in close proximity of operation theatre, acute care medical and surgical ward units.
2. Minimum 2.5 meters between beds separated by rails and curtains and 1.2 meters clearance from wall to bed.
2. Suction, oxygen supply and compressed air should be provided for each bed.
3. Adequate lighting and uninterrupted power supply shall be provided.
4. Adequate multi-sockets with 5 ampere and 15 ampere sockets and/or as per requirement to be provided for each bed.

5. Nurse call system for each bed.
6. ICU shall have designated area for nursing station, ideally centrally located, nurse's and doctors' duty room and changing room with attached toilet and provision for separate hand washing and scrubbing area with elbow operated taps. Store room, clean and dirty utility rooms and space for bio medical waste management. Circulating area for movement of staff, trolley, bathroom and toilet for patient, shoe change, trolley bay etc. Waiting area for by standers withal provisions.

**4) Labour room:**

1. The obstetrical unit shall provide privacy, prevent unrelated traffic through the unit and provide reasonable protection of mothers from infection and from cross - infection.
2. Provided with a reception and enquiry area at the entry point with by standers waiting area with all provisions.
3. Plan for unidirectional flow of patients. Have an examination cum triage room with adequate beds and seating facilities. Minor procedure room for minor procedures and Ultra Sound Scan. Labour cots should be separated by partition or screen to provide privacy. Provision for needed toilet facilities for the patients in observation and labour.
4. Nursing station have visual observation of all the patients. Duty rooms and changing rooms for nurses and doctors, with toilet facilities.
5. Resuscitation facilities for neonates have to be provided with in the obstetrical unit and convenient to the delivery room-New Born Care Corner.
6. The labour room contains facilities for observation in all stages of labour and charting of the findings. Storage rooms for supplies and equipments, as well as clean and dirty utility rooms including space for bio medical waste management.
7. The labour room be equipped with oxygen and suction

**5) Operation Theatre**

1. The operation theatre complex shall have appropriate zoning - protective, clean, sterile and disposal zones, with a unidirectional flow of patients.
2. The operation theatre complex shall provide appropriate space for other areas- nursing station, doctors' duty room, scrub station, sterile store, Clean and dirty utility, Dress change room, Toilets.
  - a. Sterile area – consists of operating room, sterile store and anesthesia room

- b. Clean zone- consists of equipment/medical store, scrub area, pre and/or post-operative area and linen bay
  - c. Protective zone - consists of change room, nursing and doctors room, pre anesthetic check up room and toilets
  - d. Dirty area (disposal), dirty utility, bio medical waste management and pathological sample transport
  - e. Due considerations are to be given to achieve highest degree of asepsis to provide appropriate environment for staff and patients.
3. Doors of pre-operative and recovery room are to be 1.5 m clear width.
  4. Newborn care corner if Caesarian section is there.
  5. Air Conditioning to be provided in all areas. Window AC and split units should preferably be avoided as they are pure re circulating units and become a source of infection.
  6. Appropriate arrangements for air filtration to be made.
  7. Temperature and humidity in the OT shall be monitored.
  8. Oxygen, Nitrous Oxide, suction and compressed air supply should be provided in all OTs.
  9. All necessary equipment such as shadow-less light, Boyle's apparatus shall be available and in working condition.
  10. Uninterrupted power supply to be provided.
  11. Reception in front of the theatre complex with waiting area for by standers with the needed facilities and stretcher / trolley bay for patient shifting

**6) Emergency room**

1. Emergency bed and surrounding space have minimum 10.5 sq. m/bed area.
2. Have to be located in ground floor with direct access from main road and also a disabled friendly entrance for easy ambulance approach with adequate space for free passage of vehicles and covered area for alighting patients. Should have separate waiting area for ambulance near the entrance and designated wheel chair/trolley area with adequate numbers of it. All doors have to be wide enough for permitting the attendants to accompany either side of the patient on trolley. Should have well lit signage /display boards.
3. There should have a reception counter. Adequate space for the work load to be faced has to be there including triaging, color coding and resuscitating.
4. Doctor's examination room should have adequate lighting, hand washing facilities and needed equipments.

5. Nurses station should have medicine trolley, crash cart, modular drug and consumables facility.
6. Minor procedure room with essential sterilized instruments and equipments with provision for sterilization of them. Dressing and plaster room ensuring adequate privacy.
7. Emergency observation beds separated by curtains, attached toilet facilities and drinking water should be there.
8. Should have easy access to imaging services, laboratory, HDU/ICU, blood storage unit etc.
9. Duty rooms for doctors, nurses and other staff.
10. Sufficient waiting area for bye standers with adequate seating facilities, toilet and drinking water.
11. Public announcement system if needed.

## **7) Pharmacy**

Pharmacy is an integral part and the most extensively used therapeutic facilities in a hospital.

1. Has to be located in such a way that it is conveniently positioned so that IP and OP requirements are met and easy accessible to vehicles.
2. Space has to be customized as per the outpatient flow (0.04 m<sup>2</sup>/patient and 6 sq. ft/bed) .
3. Should have a separate chemical store for bleaching powder, disinfectants etc and separate medical gas store for oxygen, NO<sub>2</sub> etc.
4. Should have dispensing counters of right dimension and comfortable height.
5. Desirable to have waiting area with token system/patient calling system, adequate drinking water.

## **8) Clinical Laboratory**

1. The laboratory and its functional component should be located centrally to attend both IP and OP including emergency. Should have adequate space in proportion to the workload, ensuring facility for waste management including biomedical waste and infection control practices. Logical flow of specimens from receipt to disposal to be ensured. Better to have a signage, ramp, rails and list of services offered including lab timing.

2. Have a reception area with adequate patient amenities, permitting only the authorized persons to enter the laboratory.
3. Specimen collection center have adequate seating and toilet facilities and if needed specimen may be collected also in OPD and Emergency department.
4. Separate work area should be there for Bio Chemistry, Serology, Microbiology and Hematology investigations.

#### **9) Imaging**

1. The department should be located at a place which is easily accessible to both OPD and wards and also to emergency and operation theatre.
2. Signage, warning lights, time frame, patient education, PCPNDT act display also should be there.
3. As the department deals with the high voltage, presence of moisture in the area shall be avoided and the machine should be away from public traffic
4. The size of the department shall depend upon the type of equipment installed and the utilization. The design should be based on radiation safety norms as per approval of BARC/Radiation Protection Rules/AERB.
5. The department/room have a sub-waiting area preferably with toilet facility and a patient change room facility and provision for wheel chair/trolley access.
6. The floorings must be nonconductive, non-slippery and acid/alkali resistant.
7. Should have a reception and reporting room, duty room for all staffs, dark room facilities as per AERB guidelines.

#### **10) Central Sterilization and Supply**

1. Department (CSSD) — Sterilization, being one of the most essential services in a hospital, requires the utmost consideration in planning.
2. Centralization increases efficiency, results in economy in the use of equipment and ensures better supervision and control.
3. The materials and equipment dealt in CSSD shall fall under three categories:
  - a) those related to the operation theatre department,
  - b) common to operating and other departments, and
  - c) pertaining to other departments alone.

4. It has to be designed for a unidirectional flow - the unclean and washing area, the assembly and packing area, sterile area and dispatching area.
5. Should have an entrance lobby, reception and cleaning room, glove room, work room, sterile store room, nurses/managers room and staff changing room.

#### **11) Mortuary**

It provides facilities for keeping dead bodies and conducting autopsy (Government Hospitals) . The Mortuary shall be located in separate building near the Pathology department on the Ground Floor, easily accessible from the wards, Accident and emergency Department and Operation Theatre. It shall be located away from general traffic routes used by public. Post-mortem room shall have stainless steel autopsy table with sink, a sink with running water for specimen washing and cleaning and cup-board for keeping instruments. Proper illumination and air conditioning shall be provided in the post mortem room. A separate room for body storage shall be provided with at least 2 deep freezers for preserving the body. There shall be a waiting area for relatives and a space for religious rites.

For Private Hospital a designated room to keep dead bodies or provide body storage freezer as per the patient load of the hospital.

#### **12) Other Departments.**

Other departments shall have appropriate infrastructure commensurate to the scope of service of the hospital.

**ANNEXURE - 2**  
**FURNITURE AND FIXTURES**

<b>Sl. No.</b>	<b>Articles</b>
1	Examination Table
2	Writing tables
3	Chairs
4	Almirah
5	Waiting Benches
6	Medical/Surgical Beds
7	Labour Table - if applicable
8	Wheel Chair/Stretcher
9	Medicine Trolley, Instrument Trolley
10	Screens/curtains
11	Foot Step
12	Bed Side Table
13	Baby Cot- if applicable
14	Stool
15	Medicine Chest
16	Examination Lamp
17	View box
18	Fans
19	Tube Light/ lighting fixtures
20	Wash Basin
21	IV Stand
22	Colour coded bins for BMW

*\*this is an indicative list and the items shall be provided as per the size of the hospital and scope of service.*



**Annexure - 3**  
**EQUIPMENTS**

**a. Emergency Equipment**

Sl. No	Name of Emergency Equipment
1	Resuscitation equipment including Laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, Ambu Bag - Adult & Pediatric (neonatal if indicated)
2	Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs
3	Suction Apparatus
4	Defibrillator with accessories
5	Equipment for dressing/bandaging/suturing
6	Basic diagnostic equipment- Blood Pressure Apparatus, Stethoscope, weighing machine, thermometer
7	ECG Machine
8	Pulse Oximeter
9	Nebulizer with accessories
10	Glucometer

**b. Other equipment which shall also be available in good working condition as per the scope of services and bed strength (some of the emergency equipment are already mentioned above).**

Department	Equipment	Level 1	Level 2
<b>NON MEDICAL</b>			
<b>Administration</b>			
	Office equipment	Yes	Yes
	Office furniture	Yes	Yes
<b>Electricity</b>			
	Emergency lights	Yes	Yes
<b>Water Supply</b>			
	Hand-washing sinks/taps/ bowls on stands in all areas	Yes	Yes
	Storage tank	Yes	Yes
	Water purification chemicals or filter	Yes	Yes
	Water source for drinking water	Yes	Yes

<b>Waste Disposal</b>			
	Buckets for contaminated waste in all treatment areas	Yes	Yes
	Drainage system	Yes	Yes
	Incinerator or burial pit	Yes	Yes
	Protective boots and utility gloves	Yes	Yes
	Rubbish bins in all rooms	Yes	Yes
	Sanitation facilities for patients	Yes	Yes
	Separate Bio-medical waste disposal	Yes	Yes
	Sharps containers in all treatment areas	Yes	Yes
<b>Safety</b>			
	Fire extinguisher	Yes	Yes
<b>Vehicle</b>			
	Vehicle 4 - wheel drive	No	Yes
	Ambulance 4 - wheel drive	No	Yes
<b>Medical Stores</b>			
	Lockable storage	Yes	Yes
	Refrigeration	Yes	Yes
<b>Housekeeping</b>			
	Buckets	Yes	Yes
	Housekeeping Brooms, brushes and mops	Yes	Yes
<b>Laundry</b>			
	Soap and disinfectant	Yes	Yes
	Detergent /soap	Yes	Yes
	Washing and rinsing equipment/bowls	No	Yes (as applicable)
<b>MEDICAL</b>			
<b>Out Patient Rooms</b>			
	Blood Pressure machine and Stethoscope	Yes	Yes
	Container for sharps disposal	Yes	Yes

	Desk and chairs	Yes	Yes
	Examination gloves	Yes	Yes
	Examination table	Yes	Yes
	Hand washing facilities	Yes	Yes
	Light source	Yes	Yes
	Minor surgical instruments	Yes	Yes
	Ophthalmoscope	Yes	Yes
	Otoscope	Yes	Yes
	Patellar hammer	Yes`	Yes
	Receptacle for soiled pads, dressings, etc	Yes	Yes
	Separate biohazard disposal	Yes	Yes
	Sterile equipment storage	Yes	Yes
	Sutures	Yes	Yes
	Thermometer	Yes	Yes
	Torch with extra batteries	Yes	Yes
	Weighing scale	Yes	Yes
<b>Women and Child Health examination room</b>			
	BP machine and stethoscope	Yes	Yes
	Contraceptive supplies	Yes	Yes
	Child register	Yes	Yes
	Examination gloves	Yes	Yes
	Examination table with stirrups	Yes	Yes
	Fetal stethoscope	Yes (as applicable)	Yes
	Doppler	No	Yes (as applicable)
	Hand washing facility	Yes	Yes
	Height measure	Yes	Yes
	IUD insertion set	Yes	Yes
	Pregnant woman Register	Yes	Yes
	Speculum and vaginal examination kit	Yes	Yes
	Syringes and needles	Yes	Yes

	Tape measure	Yes	Yes
	Toco cardiograph	Yes (as applicable)	Yes
<b>Labour Room</b>			
	Baby scales	No	Yes
	BP machine and stethoscope	No	Yes
	Clean delivery kits and cord ties	No	Yes
	Curtains if more than one bed	No	Yes
	Delivery bed and bed linen	No	Yes
	Fetal stethoscope	No	Yes
	Hand washing facility	No	Yes
	Instrument trolley	No	Yes
	IV treatment sets	No	Yes
	Latex gloves and protective clothing	No	Yes
	Linens for newborns	No	Yes
	Mucus extractor	No	Yes
	Oral airways, various sizes	No	Yes
	Oxygen tank and concentrator	No	Yes
	Partograph charts	No	Yes
	Self-inflating bag and mask - adult and neonatal size	No	Yes
	Suction machine	No	Yes
	Suturing sets	No	Yes
	Thermometer	No	Yes
	Tray with routine & emergency drugs, syringes and needles	No	Yes
	Urinary catheters and collection bags	No	Yes
	Vacuum extractor set	No	Yes
	Work surface near bed for newborn resuscitation	No	Yes
<b>Inpatient Wards</b>			
	Basic examination equipment (stethoscope, BP machine, etc)	Yes	Yes

	Beds, washable mattresses and linen	Yes	Yes
	Curtains	Yes	Yes
	Dressing sets	Yes	Yes
	Dressing trolley/Medicine trolley	Yes	Yes
	Gloves	Yes	Yes
	IV stands	Yes	Yes
	Medicine storage cabinet	Yes	Yes
	Oxygen tank and concentrator	Yes	Yes
	Patient trolley on wheels	Yes	Yes
	PPE kits	Yes	Yes
	Suction machine	Yes	Yes
	Urinals and bedpans	Yes	Yes
<b>Operation Theatre</b>			
	Adequate storage	No	Yes
	Ambu resuscitation set with adult and child masks	No	Yes
	Defibrillator	No	Yes
	Electro cautery	No	Yes
	Fixed operating lights	No	Yes
	Fixed suction machine	No	Yes
	Hand washing facilities	Yes (as applicable)	Yes
	Instrument tray	No	Yes
	Instrument trolley	No	Yes
	Laryngoscope set	No	Yes
	Mayo Stand	No	Yes
	Mobile operating light	Yes (as applicable)	Yes
	Ophthalmic Operating Microscope	No	Yes (as applicable)
	Oral airways, various sizes	Yes (as applicable)	Yes
	Oxygen tank and concentrator	Yes (as applicable)	Yes

	Patient trolley on wheels	Yes (as applicable)	Yes
	Portable suction machine	Yes (as applicable)	Yes
	Safety Box	No	Yes
	Sphygmomanometer and stethoscope	Yes (as applicable)	Yes
	Stool adjustable height	Yes (as applicable)	Yes
	Operating table	No	Yes
	IV Therapy Equipment	No	Yes
	Anesthesia Equipment Anesthetic trolley/machine	No	Yes
	CO <sup>2</sup> Monitor	Yes (as applicable)	Yes
	O <sup>2</sup> Monitor	Yes (as applicable)	Yes
	Endoscopic equipment and necessary accessories	No	Yes (as applicable)
	Bronchoscope	No	Yes (as applicable)
	Colonoscope	No	Yes (as applicable)
	Endoscope	No	Yes (as applicable)
	Fiber Optic Laryngoscope	No	Yes (as applicable)
<b>Central supply</b>			
	Amputation set	No	Yes (as applicable)
	Caesarean/hysterectomy set	No	Yes (as applicable)
	Dilatation and curettage set	No	Yes (as applicable)
	Endoscopic instrument cleaning machines and solutions	No	Yes (as applicable)
	Hernia set	No	Yes (as applicable)

	Laparotomy set	No	Yes (as applicable)
	Linens	Yes	Yes
	Locked storage	Yes	Yes
	Operating drapes	No	Yes
	Ophthalmic instrument	No	Yes (as applicable)
	Protective hats, aprons, shoes and gowns etc	No	Yes
	Pelvic/fistula repair set	No	Yes (as applicable)
	Sterile gloves	Yes	Yes
	Sterilization equipment for instruments and linens	Yes	Yes
	Surgical supplies (e. g., sutures, dressings, etc)	Yes	Yes
	Thoracentesis set	No	Yes (as applicable)
	Thoracostomy set with appropriate tubes and water seal bottles	No	Yes (as applicable)
	Thoracotomy set	No	Yes (as applicable)
	Thyroid/Parathyroid set	No	Yes (as applicable)
	Tracheostomy set	No	Yes
	Tubal ligation set	No	Yes (as applicable)
	Vascular repair set	No	Yes
<b>Other equipment as per the specialized services available shall also be there</b>			

## ANNEXURE 4

### Drugs, Medical Devices and Consumables

#### a. List of Emergency Drugs and consumables (Essential in all hospitals)

Sl. No.	Name of the Drug
<b>INJECTIONS</b>	
1	INJ. DIAZEPAM 10 MG
2	INJ. FRUSEMIDE 20 MG
3	INJ. ONDANSETRON 8 MG/4ML
4	INJ. RANITIDINE
5	INJ NOR ADRENALINE 4 MG
6	INJ. PHENYTOIN 50 MG
7	INJ DICLOFENAC 75 MG
8	INJ. DERIPHYLLINE
9	INJ CHLORPHENIRAMINE MALEATE
10	INJ. HYDROCORTISONE 100 MG
11	INJ. ATROPINE 0. 6 MG
12	INJ. ADRENALINE 1 MG
13	INJ. KCL
14	STERILE WATER
15	INJ. SODA BICARBONATE
16	INJ. DOPAMINE
17	INJ. NALAXONE 400 MCG
18	INJ. LIGNOCAINE 50 ML
19	TAB. SORBITRATE
20	TAB. ASPIRIN
21	INJ. TETANUS
22	INJ. ADENOSINE
<b>OTHER</b>	
23	NEB. SALBUTAMOL2. 5 ML
24	NEB. BUDESONIDE
25	LIGNOCAINE JELLY 2%
26	ACTIVATED CHARCOAL



27	CALCIUM (INJ or TAB)
<b>FLUIDS</b>	
28	RL 500 ML
29	NS 500 ML
30	NS 250 ML
31	NS 100 ML
32	DNS 500 ML
33	DEXTROSE 5% 500 ML
34	DEXTROSE 10% 500 ML
35	PEDIATRIC IV INFUSION SOLUTION 500 ML

- b. The other drugs and consumables shall be available as per the scope of services, bed strength and patient turn over.**
- c. Medical devices shall be available as per the scope of services, bed strength and patient turn over.**

**ANNEXURE - 5**  
**HUMAN RESOURCE**

The Human Resource requirement for any hospital shall be as per the scope of services provided by the hospital.

Hospital employs varieties of personnel with different levels of skill and competency mix. Health Workforce is the most critical component of the hospital resources. This is not only because it consumes 60 to 70% of the recurrent budget allocation but also because of the skills, competency, capacity and commitment of the human resources that determine the efficiency, effectiveness and quality of medical care.

Sl. No.	Human Resource	Requirement
1	Doctor	MBBS doctor shall be available round the clock on site per unit. And 1 Doctor with specialization in the subject concerned as per scope of service (Full-Time / Part-Time or visiting)
2	Nurses	Qualified nurses per unit per shift shall be available as per requirement laid down by The Indian Nursing Council, 1985”, occupancy rate and distribution of bed. (Qualified nurse is a nursing staff approved as per state government rules & regulations as applicable from time to time) . General ward - 1:6, special ward - 1:4, Nursery-1:2, ICU-1:1, Labour room-1:1 per table, Minor OT-1:1 per table, major OT1:2 per table.
3	Pharmacist (If in house pharmacy available)	At least 1 in a hospital and more depends on the IP bed and estimated OP flow.
4	Lab Technician (if in house laboratory service available)	At least 1 in a hospital (minimum DMLT) and more depends on the need.
5	X-ray Technician (if in house X-ray facility available)	At least 1 in a hospital (minimum Diploma in X-Ray Technician course) and more depends on the need.
6	Multi-purpose Worker	Minimum 2 (minimum 12th pass)

## Annexure 6

### List of Legal Requirements

Below is the list of legal requirements to be complied with by a hospital a applicable by the local/state health authority (all may not be applicable) :

Sl. No.	Name of Document	Valid From	Valid Till	Send for renewal by	Remark (Expired/valid/NA)
1	Registration under Nursing Home Act/Medical Establishment Act				
2	Bio-medical Waste Management Licenses				
	Authorization of HCO by PCB				
	MOU with Vendor				
3	AERB Licenses				
4	NOC from Fire Department				
5	Ambulance				
	Commercial Vehicle Permit				
	Commercial Driver License				
	Pollution Control Licenses				
6	Building Completion Licenses				
7	Lift license for each lift				
8	DG Set Approval for Commissioning				
9	Diesel Storage Licenses				
10	Retail and bulk drug license (pharmacy)				
11	Food Safety Licenses				
12	Narcotic Drug Licenses				
13	Medical Gases Licenses/Explosives Act				
14	Clinical Establishments and Registration (if applicable)				
15	Blood Bank Licenses				

16	Boilers Licenses				
17	MoU/agreement with outsourced human resource agencies as per labor laws				
18	Spirit license				
19	Electricity rules				
20	Provident fund/ESI Act				
21	MTP Act				
22	PNDT Act				
23	Sales Tax /GST registration				
24	PAN				
25	No objection certificate under Pollution Control Act (Air/Water)				
26	Wireless operation certificate from Indian P&T				
27	Arms Act, 1950 (if guards have weapons)				

## ANNEXURE - 7

### Content of Medical Record

Medical record shall contain, at the least, the following information:

Sl. No.	Content
1	Name & Registration number of treating doctor
2	Name, demographic details & contact number of patient
3	Relevant Clinical history, Assessment and re- assessment findings, nursing notes and Diagnosis
4	Investigation reports
5	Details of medical treatment, invasive procedures, surgery and other care provided
6	Applicable consents
7	Discharge summary
8	Cause-of-death certificate & Death Summary (where applicable)

## ANNEXURE - 8

### Guidelines of length of preservation of medical records in Taluk hospitals

As per the GO (MS) No. 389/2009/H&FW the length of preservation of medical records are enlisted below. The medical records in Taluk hospitals should be preserved for the prescribed time without the loss of attachments or damage for the further needs.

Sl. No	Record	Time
1	Case record other than MLC	Five years
2	Case record with medico legal importance	Fifteen years
3	Outpatient nominal register	Two years
4	Outpatient register for repeated cases	Two years
5	Outpatient disease register	Two years
6	Casualty register	Three years
7	Casualty register maintained by Duty MO	Two years
8	In patient nominal register	Ten years
9	Ward IP register	Five years
10	Night report and census register	Ten years
11	Diet register (maintained in wards)	Five years
12	Operation register (Minor and Major – Irrespective of specialty)	Ten years
13	Anesthesia register	Ten years
14	Obstetrics register (Birth register/Labour register)	Permanently
15	Death register	Permanently
16	Post- mortem register	Fifteen years
17	Mortuary register	Fifteen years
18	Discharge case sheet register	Two years
19	Register for medical board examination	Five years
20	Police intimation register	Fifteen years
21	Accident register cum wound certificate	Fifteen years
22	Post mortem certificate	Fifteen years
23	Drunkenness certificate	Ten years
24	Common forms/periodicals/Performa	Five years
25	Application received from public and government officials for certificates.	Three years
26	Other documents of medico legal importance (potency test, examination for suspected rape)	Fifteen years
27	Diet sheet	Five years

## ANNEXURE - 9

### Informed consent / Consent Guidelines

The informed consent shall at the least contain the following information in an understandable language and format.

Sl. No.	Content
1	Name of the patient/guardian (in case of minor/mentally disabled).
2	Registration number of patient
3	Date of admission
4	Name & Registration number of treating doctor
5	Name of procedure/operation/investigation/blood transfusion/anesthesia/potential complications
6	Signature of patient/guardian with date and time

## Annexure - 10

### Discharge Summary

The discharge summary shall at the least contain the following information in an understandable language and format.

Sl. No.	Content
1	Name & Registration number of treating doctor
2	Name, demographic details & contact number of patient, if available
3	Date of admission and discharge
4	Relevant clinical history, assessment findings and diagnosis
5	Investigation results
6	Details of medical treatment, invasive procedures, surgery and other care provided
7	Discharge advice (medications and other instructions)
8	Instruction about when and how to obtain urgent care.

**ANNEXURE - 11**

**Check list for Hospital Infection Control Program**

Elements	Manuals	Implementa tion (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)
<b>Chapter 5: Hospital Infection Control (HIC)</b>	HIC			
<b>HIC. 1: The organisation has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care.</b>				
a	The hospital infection prevention and control programme is documented which aims at preventing and reducing the risk of healthcare associated infections in all areas of the hospital. *			
b	The infection prevention and control programme is a continuous process and updated at least once in a year.			
c	The hospital has a multi-disciplinary infection control committee, which co- ordinates all infection prevention and control activities. *			
d	The hospital has an infection control team, which coordinates implementation of all infection prevention and control activities. *			
e	The hospital has designated infection control officer as part of the infection control team. *			
f	The hospital has designated infection control nurse (s) as part of the infection control team. *			

**HIC. 2: The organisation implements the policies and procedures laid down in the Infection Control Manual in all areas of the hospital.**

a	The organisation identifies the various high-risk areas and procedures and implements policies and/or procedures to prevent infection in these areas. *				
b	The organisation adheres to standard precautions at all times. *				
c	The organization adheres to hand - hygiene guidelines. *				
d	The organisation adheres to transmission-based precautions at all times. *				
e	The organization adheres to safe injection and infusion practices. *				
f	The organisation adheres to cleaning, disinfection and sterilization practices. *				
g	An appropriate antibiotic policy is established and documented *				
h	The organisation implements the antibiotic policy and monitors rational use of antimicrobial agents.				
i	The organisation adheres to laundry and linen management processes. *				
j	The organization adheres to kitchen sanitation and food-handling issues. *				
k	The organisation has appropriate engineering controls to prevent infections. *				
l	The organization adheres to housekeeping procedures. *				



<b>HIC. 3: The organisation performs surveillance activities to capture and monitor infection prevention and control data.</b>				
a	Surveillance activities are appropriately directed towards the identified high-risk areas and procedures.			
b	A collection of surveillance data is an on – going process.			
c	Verification of data is done on a regular basis by the infection control team.			
d	The scope of surveillance activities incorporates tracking and analyzing of infection risks, rates and trends.			
e	Surveillance activities include monitoring the compliance with hand- hygiene guidelines.			
f	Surveillance activities include mechanisms to capture the occurrence of epidemiological significant diseases and multi-drug-resistant organisms, and highly virulent infections.			
g	Surveillance activities include monitoring the effectiveness of housekeeping services.			
h	Appropriate feedback regarding healthcare associated infection (HAIs) rates is provided on a regular basis to appropriate personnel.			
i	In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.			
<b>HIC. 4: The organisation takes actions to prevent and control Healthcare Associated Infections (HAI) in patients.</b>				
a	The organisation takes action to prevent catheter associated urinary tract Infections.			

b	The organisation takes action to prevent Ventilator Associated Pneumonia.				
c	The organisation takes action to prevent catheter linked blood stream infections.				
d	The organisation takes action to prevent surgical site infections.				

**HIC. 5: The organisation provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI) .**

a	Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.				
b	Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to health care providers.				
c	Isolation/barrier nursing facilities are available.				
d	Appropriate pre - and post - exposure prophylaxis is provided to all staff members concerned. *				

**HIC. 6: The organisation identifies and takes appropriate action to control outbreaks of infections.**

a	Organisation has a documented procedure for identifying an outbreak. *				
b	Organisation has a documented procedure for handling such outbreaks. *				
c	This procedure is implemented during outbreaks.				
d	After the outbreak is over appropriate corrective actions are taken to prevent recurrence.				

**HIC. 7: There are documented policies and procedures for sterilization activities in the organisation.**

a	The organisation provides adequate space and appropriate zoning for sterilization activities.				
b	Documented procedure guides the cleaning, packing, disinfection and/or sterilization, storing and issue of items. *				
c	Reprocessing of instruments and equipment are covered. *				
d	The organisation shall have a documented policy and procedure for reprocessing of devices whenever applicable. *				
e	Regular validation tests for sterilization are carried out and documented. *				
f	There is an established recall procedure when breakdown in the sterilization system is identified. *				

**HIC. 8: Biomedical waste (BMW) is handled in an appropriate and safe manner.**

a	The organisation adheres to statutory provisions with regard to biomedical waste.				
b	Proper segregation and collection of biomedical waste from all patient-care areas of the hospital is implemented and monitored.				
c	The organization ensures that biomedical waste is stored and transported to the site of treatment and disposal in properly covered vehicles within stipulated time limits in a secure manner.				

d	The biomedical waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorized contractor (s) .				
e	Appropriate personal protective measures are used by all categories of staff handling biomedical waste.				
<b>HIC. 9: The infection control programme is supported by the management and includes training of staff.</b>					
a	The management makes available resources required for the infection control programme.				
b	The organisation earmarks adequate funds from its annual budget in this regard.				
c	The organization conducts induction training for all staff.				
d	The organisation conducts appropriate “in-service” training sessions for all staff at least once in a year.				

## **6. Secondary Care Check List**



Sl. No	Particulars	Yes	No
<b>3</b>	<b>Infrastructure Requirements:</b>		
3.1	Signage -Appropriate signage in two languages. Board displaying the name of the hospital at a prominent location.		
3.2	Informative signage		
a	Name of the care provider with registration number		
b	Registration details of the hospital as applicable.		
c	Facility to obtain information regarding fee structure of the various services provided		
d	Timings of the facility and services provided.		
e	Mandatory information such as under PNDT Act etc. prominently as applicable. Important contact numbers such as Blood Banks, Fire Department, Police and Ambulance Services available in the nearby area.		
f	Patients' rights & responsibilities.		
<b>3.3</b>	<b>Safety signage</b>		
a	Safety Hazard and Caution signs, for e. g. hazards from electrical shock, inflammable articles, radiation etc. at appropriate places, and as applicable under law.		
b	Appropriate Fire exit signage		
c	Signage for "No Smoking".		
<b>3.4</b>	<b>Other requirements</b>		
a	Access to the hospital comfortable for the patient and/or attendants/visitors.		
b	Access provided within the requirements of "Persons with Disabilities Act"		
c	The hospital provide hygienic environment for patients, their attendants, staff and visitors		
d	24hr provision of potable water for drinking & hand hygiene.		
e	24hr supply of electricity, either through direct supply or from other sources.		

Sl. No	Particulars	Yes	No
f	Sensitive areas, such as wards, consulting and treatment rooms and operation theatres are placed away from the outdoor source of noise.		
g	The hospital well illuminated and ventilated		
h	Clean public toilet (s) separate for males and females.		
i	Mechanism for timely maintenance of the hospital building and equipment.		
j	Appropriate internal and external communication facilities.		
k	Furniture and fixtures in accordance with the activities and workload of the hospital, functional and properly maintained.		
	For minimum space requirements refer to <i>Annexure 1</i>		
	For indicative list of furniture and fixtures refer to <i>Annexure 2</i>		
<b>4</b>	<b>Medical Equipment and Instruments:</b>		
4. 1	The hospital has adequate medical equipment and instruments, commensurate to the scope of service and number of beds		
4. 2	Established system for maintenance of critical Equipment		
4. 3	All equipment shall be kept in good working condition through a process of periodic inspection, cleaning and maintenance. An equipment log-book shall be maintained for all the major equipment		
	For indicative list of medical equipment and instruments refer to <i>Annexure 3</i>		
<b>5</b>	<b>Drugs, Medical devices and Consumables:</b>		
5. 1	Adequate drugs, medical devices and consumables commensurate to the scope of services and number of beds.		
5. 2	Emergency drugs and consumables available at all times		
5. 3	Drug storage in a clean, well lit, and safe environment and in consonance with applicable laws and regulations		
5. 4	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas		



Sl. No	Particulars	Yes	No
	For indicative list of drugs, medical devices and consumables refer to <i>Annexure 4</i> .		
<b>6</b>	<b>Human Resource Requirements:</b>		
6.1	Qualified and/or trained medical staff as per the scope of service provided and the medical care provided as per the requirements of professional and regulatory bodies.		
6.2	Qualified and/or trained nursing staff as per the scope of service provided and the nursing care shall be provided as per the requirements of professional and regulatory bodies		
6.3	The support/paramedical staff qualified and/or trained as per the scope of services provided, and as per the requirement of the respective professional or regulatory bodies.		
6.4	For every staff (including contractual staff), personal record containing the appointment order, documentary evidence of qualification and/or training (and professional registration where applicable) .		
6.5	Periodic skill enhancement/updation/refresher training provided for all categories of the staff as relevant to their job profile, as prescribed by professional bodies and as per local law/regulations.		
	For Human resource requirements refer to <i>Annexure 5</i>		
<b>7</b>	<b>Support Services</b>		
7.1	Registration/Help desk and Billing- Registration/ Help-desk & Billing counter, and the scope of this also include provision of patient guidance in matters like services available, cost estimation, healthcare insurance etc.		
7.2	Diagnostic services may be in-house or outsourced. For minimum standards for diagnostic services refer to CEA standards for Imaging and laboratory services. Whether in house or outsourced, the services fulfill the requirements of safe and timely patient care. The diagnostic services, whether in house or outsourced, commensurate with the scope of services.		
7.3	Pharmacy services in a hospital can be in-house or outsourced. All applicable legal requirements complied with. Medicine storage in a clean, well lit, and safe environment, and as per manufacturer's requirements CSSD/Sterilization Area		

Sl. No	Particulars	Yes	No
7.4	CSSD / Sterilization Area- Provision for instrument and linen sterilization and storage of sterile items made available as per the scope of services. Validation of Sterilization done for ensuring the effectiveness of sterilization process		
7.5	Linen management. Soiled linen collected, transported and washed separately in clean and hygienic environment. Where linen is contaminated, appropriate decontamination carried prior to dispatch for washing.		
7.6	Waste Management Services- Segregation, collection, transportation, storage and disposal of biomedical waste as per Bio medical waste handling rules. Waste management guidelines followed in the case of Mercury & other toxic materials as per applicable local laws. Segregation, collection, transportation, storage and disposal of general waste as per applicable local laws .		
7.7	Medical Gas- Oxygen for medical use available. In addition other gases like Nitrous oxide, Carbon dioxide etc. available in consonance with the scope of services and bed strength. Medical gases shall be stored and handled in a safe manner. All applicable legal requirements complied with. Appropriate back-up and safety measures in place to ensure patient safety at all times		
7.8	Ambulance services - The establishment has provision of transporting patients for transfer/referral/investigations etc. in safe manner. Ambulance Services may be in-house or outsourced. The Ambulance services comply with the applicable local laws, even if they are outsourced		
	For ambulance checklist please refer to <i>Annexure 11</i>		
<b>8</b>	<b>Legal/Statutory Requirements:</b>		
	Every application must be accompanied with the documents confirming compliance with local regulations and law.		
	Indicative list is as per <i>Annexure 7</i> .		
<b>9</b>	<b>Record Maintenance and reporting</b>		
9.1	The minimum medical records to be maintained and nature of information to be provided by the Hospitals.		
9.2	Medical Records maintained in physical or digital format		

Sl. No	Particulars	Yes	No
9.3	Confidentiality, security and integrity of records ensured at all times		
9.4	The medical records of IPD patients maintained in consonance with National or local law, MCI guidelines, and court orders.		
9.5	Every Hospital maintain health information and statistics in respect of national programs, notifiable diseases and		
	emergencies/disasters/ epidemics and furnish the same to the district authorities in the prescribed formats and frequency		
	Content of medical record shall be as per <i>Annexure 7</i>		
	Guidelines of length of preservation of medical records in Secondary Care Hospitals as per <i>Annexure 8</i>		
<b>10</b>	<b>Basic Processes</b>		
10.1	Registration / help desk and billing services		
a	The hospital register all patients who visit the hospital except if the required services are not available in the facility, in which case the patient is guided to the appropriate nearest facility. (Please also see Emergency Services) .		
b	Once registered, depending on the clinical need, patient is guided to appropriate service area like OPD, ER etc. Patient guided and informed regarding Patients' rights & responsibilities, cost estimates, third party services (e. g. Insurance) etc.		
c	The billing as per the Hospital tariff list, which shall be available to patients in a suitable format		
10.2	Assessment and Plan of care -		
a	Each patient undergo an initial assessment by qualified and/or trained personnel		
b	Further management of patient done by a Registered Medical Practitioner/Specialist on the basis of findings of initial assessment; for example, OPD treatment, admission, transfer/referral, investigation etc.		
c	At the time of admission of patient, General Consent for admission taken. Please refer to Annexure 9		

Sl. No	Particulars	Yes	No
d	In case of non-availability of beds or where clinical need warrants, the patient referred to another facility along with the required clinical information or notes. There is appropriate arrangement for safe transport of patient		
e	Reassessments of the admitted patients done at least once in a day and/or according to the clinical needs and these shall be documented.		
f	Any examination, treatment or management of female patient done in the presence of an employed female attendant/female nursing staff, if conducted by male personnel inside the hospital and vice versa		
10.3	Informed Consent Procedure - Informed consent obtained from the patient/ next of kin/ legal guardian as and when required as per the prevailing Guidelines / Rules and regulations in the language patient can understand (for e. g., before Invasive procedures, anesthesia, Blood transfusion, HIV testing, Research, etc. ) .		
10.4	Care Of Patient		
a	The Hospital provide care of patient as per the best clinical practices and reference may be made to Standard Treatment Guidelines that may be notified by the Central /State Government/National and International professional bodies/Standard Text Books.		
b	Patient and/or families educated on preventive, curative, promotive and rehabilitative aspects of care either verbally, or through printed materials. All the relevant documents pertaining to any invasive procedures performed maintained in the record, including the procedure safety checklist		
c	Monitoring of patient done during and after all the procedures and same documented (for example, after anesthesia, surgical procedures, blood transfusion, etc. ) .		
d	Staff involved in direct patient care received basic training in CPR Emergency Services		
10.5	Emergency Services- Emergency patients attended on priority. The Emergency department well equipped with trained staff. If emergency services are not available in the hospital, the hospital provide first aid to the patients and arrange appropriate transfer/referral of the patient.		

Sl. No	Particulars	Yes	No
10. 6	Medication Prescription, Administration And Monitoring-		
a	Prescription include name of the patient, date, name of medication, dosage, route, frequency, duration, name, signature and registration number of the medical practitioner in legible writing		
b	Drug allergies ascertained before prescribing and administration; if any allergy is discovered, the same shall be communicated to the patient and recorded in the Case sheet as well		
10. 7	Medication-		
a	Patient identity, medication, dose, route, timing, expiry date verified prior to administration of medication		
b	Safe injection practices followed as per WHO guidelines. High Risk Medicines shall be identified and verified by two trained health care personnel before administration		
c	Patients monitored after medication administration and adverse drug reaction/events if any shall be recorded and reported		
10. 8	Infection Control		
a	The hospital follow standard precautions like practicing hand hygiene use of personal protection equipment, etc. to reduce the risk of healthcare associated infections.		
b	The hospital ensures adequate and proper spacing in the patient care area so as to prevent transmission of infections.		
c	Regular cleaning of all areas with disinfectant done as per prescribed & documented procedure. Prescribed & documented Infection Control Practices followed in High risk areas like Operation theatre, ICU, HDU, etc. as per good clinical practice guidelines.		
d	Housekeeping/sanitary services ensure appropriate hygiene and sanitation in the establishment		
10. 9	Safety of the patient, staff, visitors and relative in a hospital		
a	Security and safety of patients, staff, visitors and relatives ensured by provision of appropriate safety installations and adoption of appropriate safety measures. E. g. identification of mother and baby in obstetric facility, etc.		

<b>Sl. No</b>	<b>Particulars</b>	<b>Yes</b>	<b>No</b>
b	The Hospital undertakes all necessary measures, including demonstration of preparedness for fire and non-fire emergencies, to ensure the safety of patients, attendants, staff and visitors. (Please also see section on Infrastructure and Security and Fire) .		
c	All applicable fire safety measures as per local law adopted. This includes fire prevention, detection, mitigation, evacuation and containment measures. Periodic training of the staff and mock drills conducted and the same shall be documented.		
10. 10	Patient information and Education		
a	The patient and/or family members explained about the disease condition, proposed care, including the risks, alternatives and benefits.		
b	They are informed regarding the expected cost of the treatment. They shall also be informed about the progress and any change of condition		
c	Patient and/or family are educated about the safe and effective use of medication, food drug interaction, diet, and disease prevention strategies		
10. 11	Discharge		
a	A Discharge summary given to all patients discharged from the hospital. For content of discharge summary refer to Annexure 10. The discharge summary include the points as mentioned in the annexure in an understandable language and format		
b	Discharge summary also given to patient and/or attendant in case of transfer LAMA/DAMA or death.		

## 7. Tertiary Care Standard

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## Categorization of Hospitals

The minimum standards for hospital are developed on the basis of level of care provided as defined below:

### **PRIMARY HEALTH CARE INSTITUTIONS-**

- (a) BASIC PRIMARY CARE INSTITUTIONS
- (b) ADVANCED PRIMARY CARE INSTITUTIONS

Primary healthcare services provided by qualified doctors that include General Medicine, Pediatrics, First aid to emergency patient and Out Patient Services, Obstetrics & Gynecology Non-surgical and Minor Surgery and having up to 50 bed strength with no ICU or major theatre facility. The primary healthcare services can be provided through trained and qualified manpower; with support/supervision of registered medical practitioners with the required support systems for this level of care.

### **SECONDARY HEALTH CARE INSTITUTIONS-**

This level may include all the services provided at primary plus also have facility for Surgery and Anesthesia and ICU Level I or level II and major theatre. Secondary healthcare services can be provided through registered medical practitioner under supervision and with support of specialists; it will have other support systems required for these services like pharmacy, laboratory, diagnostic facility etc.

### **TERTIARY HEALTH CARE INSTITUTIONS-**

This level may include all the services provided at primary and secondary plus the following: Multi-specialty clinical care with distinct departments, General Dentistry (this could be optional in case of independent Dental Hospital), Intensive Care Unit level 2 or above. Tertiary healthcare services can be provided through specialists; it will have other support systems required for these services like pharmacy, Laboratory, and Imaging facility.

#### **1. Definition**

A hospital is a clinical establishment providing patient treatment by qualified and trained staff and equipment through Modern system of medicine; where the patients are 'admitted' and stay overnight or more and they are referred as 'inpatients';

while some patients may go to a hospital just for diagnosis, treatment, or therapy and then leave, they are referred as 'outpatients' without staying overnight.

Hospitals usually have facility to admit and care for inpatients whilst the others often clinical establishments are described as clinics or day care centres. There are other exceptions too like Hospice etc.

The general hospital, may have multiple departments taking care of many kinds of disease and injury, and normally has an emergency department to deal with immediate and urgent care.

Specialized hospitals may include trauma centers, rehabilitation hospitals, children's hospitals, Mental hospitals or, and hospitals for dealing with specific medical needs such as psychiatric problems (psychiatric hospital) or Sanatorium, certain disease categories such as neuro, cardiac, oncology, or orthopedic, In vitro fertilization and so forth.

Some hospitals are affiliated with universities for medical research and the training of medical personnel such as physicians and nurses, often called teaching hospitals. Guidelines laid down by MCI or other legal bodies shall be applicable to such hospitals

A hospital can be situated in rural or urban setting. It can be run by Public Sector (Central government/State government/Local government/Public Sector undertaking/ Registered Society etc) or by Private Sector (Individual Proprietorship/ Registered Partnership/Registered Company /Co-operative Society/Trust/Charitable etc) .

*TERTIARY HEALTHCARE INSTITUTION is the clinical establishment that provides tertiary healthcare services by advanced specialists, laboratory and radiology and emergency, intensive care unit and theatre services etc. Tertiary health care is provided by public and private health care organizations. General surgery, pediatrics, general medicine, obstetrics and gynecology services, orthopedics and ENT (on full time or on call basis in case of single specialty tertiary centres)*

*These hospitals may provide following specialized services Cardiology, Cardiothoracic surgery, Neuro medicine, Neurosurgery, Nephrology, Joint replacement, Plastic and reconstructive surgery, Rheumatology, Endocrinology, Respiratory Medicine, Oncology, Nuclear Medicine, Pediatric Surgery, Gastroenterology, GI surgery, Transplantation Services, Blood Storage Centre/Blood Bank etc.*

## **2. Scope**

The scope of services that may be provided at a hospital level 3 practising – Modern system of Medicine may include patient-care services in any or all of the following specialties, but not necessarily limited to:

**Clinical Services:**

2. 1 General Medicine
2. 2 General Surgery
2. 3 Obstetrics and Gynecology
2. 4 Fertility and Assisted Reproduction
2. 5 Pediatrics
2. 6 Pediatric Intensive Care
2. 7 Pediatric surgery
2. 8 Neonatology
2. 9 Orthopedics
2. 10 Orthopedics with Joint Replacement
2. 11 Anesthesiology
2. 12 Emergency Medicine& Trauma
2. 13 Critical Care Medicine (e. g. HDU, ICU)
2. 14 ENT
2. 15 Ophthalmology
2. 16 Neurology
2. 17 Neurosurgery
2. 18 Cardiology
2. 19 Cardiothoracic surgery
2. 20 Urology
2. 21 Nephrology & Dialysis
2. 22 Gastroenterology
2. 23 GI Surgery (Surgical Gastroenterology)
2. 24 Minimally Invasive Surgery or Minimal Access Surgery
2. 25 Respiratory Medicine
2. 26 Endocrinology
2. 27 Rheumatology
2. 28 Clinical Immunology
2. 29 Psychiatry & Mental Health
2. 30 Medical Oncology
2. 31 Surgical Oncology
2. 32 Radiation Oncology

- 2. 33 Nuclear Medicine
- 2. 34 Plastic & Reconstructive Surgery
- 2. 35 Dermatology
- 2. 36 Community Health
- 2. 37 Palliative Medicine
- 2. 38 Geriatric Care
- 2. 39 Family Medicine
- 2. 40 Clinical Hematology
- 2. 41 Organ transplantation
- 2. 42 Genetics
- 2. 43 Dentistry including sub specialties
- 2. 44 Physical Medicine& Rehabilitation
- 2. 45 Transfusion Medicine/Blood Storage Centre/Blood Bank
- 2. 46 Other emerging sub-specialties in any of the above fields, or emerging Independent specialties

**Support services:**

- 2. 1 Registration/help desk and billing
- 2. 2 Diagnostic Services:
  - a Laboratory
  - b Imaging Services
  - c Non-imaging services e. g. Audiology Lab, TMT, Echocardiography, Neurophysiology, Urodynamics, PFT, Sleep Studies (Polysomnography), etc.
- 2. 3 Pharmacy and Stores
- 2. 4 CSSD / Sterilization Area
- 2. 5 Linen and Laundry
- 2. 6 Kitchen & Dietary Services
- 2. 7 Waste Management Services (General and Biomedical)
- 2. 8 Medical Gas Supply, Storage & Distribution
- 2. 9 Ambulance services

### 3 Infrastructure Requirements:

<b>3.1</b>	<b>Signage</b>
3.1.1	The Hospital shall display appropriate signage which shall be in at least two languages (English and Malayalam)
3.1.2	The building shall have a board displaying the name of the hospital at a prominent location
3.1.3	Directional signage shall be placed within the facility to guide the patient.
	<b>Following informative signage shall be displayed:</b>
3.1.4	Names of medical practitioners with specialty, and type of service (Full time or On call) and their registration numbers
3.1.5	Registration details of the hospital as applicable as per KCEA 2018
3.1.6	Availability of fee structure, package rates and charges of services provided (imageology, laboratory etc) of the various services provided. Mode of obtaining treatment expenses, charges, package charges etc will be displayed in the digital or print format at the appropriate counter
3.1.7	Timings of the hospital and services provided
3.1.8	Mandatory information such as under PNDDT Act etc. prominently as applicable.
3.1.9	Important contact numbers such as Blood Banks, Fire Department, Police and Ambulance Services available in the nearby area.
3.1.10	Patients' rights & responsibilities. (Citizens Charter)
	<b>Following safety signage shall be displayed:</b>
3.1.11	Safety Hazard and Caution signs, for e.g. hazards from electrical shock, inflammable articles, radiation etc. at appropriate places, and as applicable under law.
3.1.12	Appropriate Fire exit signage.
3.1.13	Signage for "No Smoking" in prominent places.
<b>3.2.</b>	<b>Other requirements</b>
3.2.1	Access to the hospital shall be comfortable for the patient and/or attendants/visitors.
3.2.2	Access shall be provided within the requirements of "Persons with Disabilities Act" and shall be easy for all those whose mobility may be restricted due to whatever cause.

3. 2. 3	The hospital shall be developed and maintained to provide safe, clean and hygienic environment for patients, their attendants, staff and visitors
3. 2. 4	The hospital shall have 24 hour provision of potable water for drinking & hand hygiene. It shall also have 24 hour supply of electricity, either through direct supply or from other sources like UPS back up, generator facility etc.
3. 2. 5	The building shall be planned as such that sensitive areas, such as wards, consulting and treatment rooms and operation theatres are placed away from the outdoor source of noise. The hospital shall be well illuminated and ventilated
3. 2. 6	The hospital shall have clean public toilet (s) separate for males and females and should be disabled friendly.
3. 2. 7	The hospital shall have mechanism for timely maintenance of the hospital building and equipment through a maintenance department or biomedical department or outsourced as applicable.
3. 2. 8	The hospital shall have appropriate internal and external communication facilities and support e-documentation and disease registry/ notification
3. 2. 9	Furniture and fixtures shall be available in accordance with the activities and workload of the hospital. They shall be functional and properly maintained.
<b>For minimum space requirements refer to Annexure 1</b>	
<b>For indicative list of furniture and fixtures refer to Annexure 2</b>	

#### **4 Medical Equipment and Instruments:**

4. 1	The hospital shall have adequate medical equipment and instruments, commensurate to the scope of service and number of beds.
4. 2	There shall be established system for maintenance of critical equipment with appropriate technician/ technical support to operate the system.
4. 3	All equipment shall be kept in good working condition through a process of periodic inspection, cleaning and maintenance. An equipment log-book shall be maintained for all the major equipments.
<b>For indicative list of medical equipment and instruments refer to Annexure 3</b>	

## **5 Drugs, Medical devices and Consumables:**

5.1	The hospital shall have adequate drugs, medical devices and consumables commensurate to the scope of services and number of beds
5.2	Emergency drugs and consumables shall be available at all times with crash cart facility in wards and critical areas.
5.3	Drug storage shall be in a clean, well lit, and safe environment and shall be in consonance with applicable laws and regulations including cold chain facility.
5.4	The hospital shall have defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas
<b>For indicative list of drugs, medical devices and consumables refer to Annexure 4.</b>	

## **6 Human Resource Requirements:**

6.1	The hospital shall have qualified and/or trained medical staff as per the scope of service provided and the medical care shall be provided as per the requirements of professional and regulatory bodies.
6.2	The hospital shall have qualified and/or trained nursing staff as per the scope of service provided and the nursing care shall be provided as per the requirements of professional and regulatory bodies
6.3	The support/paramedical staff shall be qualified and/or trained as per the scope of services provided, and as per the requirement of the respective professional or regulatory bodies.
6.4	For every staff (including contractual staff), there shall be personal record containing the appointment order, documentary evidence of qualification and/or training (and professional registration where applicable) .
6.5	Periodic skill enhancement/updation/refresher training shall be provided for all categories of the staff as relevant to their job profile, as prescribed by professional bodies and as per local law/regulations.
<b>For human resource requirements refer to Annexure 5</b>	

## 7 Support Services:

<b>Registration/Help desk and Billing:</b>	
7. 1.	The hospital shall have a Registration/ Help-desk & Billing counter, and the scope of this shall also include provision of patient guidance in matters like services available, cost estimation, package rates and treatment costs, healthcare insurance etc.
<b>Diagnostic Services:.</b>	
7. 2.	Diagnostic services may be in-house or outsourced. For minimum standards for diagnostic services refer to annexure – Of tertiary care standards for Imaging and laboratory services.
7. 3.	Whether in house or outsourced, the services shall fulfill the requirements of safe and timely patient care.
7. 4	The diagnostic services, whether in house or outsourced, shall be commensurate with the scope of services
<b>Pharmacy Services</b>	
7. 5	Pharmacy services in a hospital can be in-house or outsourced.
7. 6	All applicable legal requirements (including mandatory excise and drug controller regulations) shall be complied with.
7. 7	Medicine storage shall be in a clean, well lit, and safe environment, and as per manufacturer’s requirements
7. 8	Quality of drugs, medical devices and consumables shall be ensured
<b>CSSD/Sterilization Area</b>	
7. 9	Provision for instrument and linen sterilization and storage of sterile items shall be made available as per the scope of services. (ref to infection control annexure of tertiary care standards)
7. 10	Validation of Sterilization shall be done for ensuring the effectiveness of sterilization process (ref to infection control annexure of tertiary care standards)
<b>Linen management:</b>	
7. 11.	Soiled linen shall be collected, transported and washed separately in clean and hygienic environment. (ref to infection control annexure of tertiary care standards)
7. 12	Where linen is contaminated, appropriate decontamination shall be carried prior to dispatch for washing. (ref to infection control annexure of tertiary care standards)
<b>Waste Management Services:</b>	
7. 13	Segregation, collection, transportation, storage and disposal of biomedical waste shall be as per Bio Medical Waste Handling Rules. (ref to infection control annexure of tertiary care standards)
7. 14	Waste management guidelines shall be followed in the case of Mercury & other toxic materials as per applicable local laws. (ref to infection control annexure of tertiary care standards)



7. 15	Segregation, collection, transportation, storage and disposal of general waste shall be as per applicable local laws (ref to infection control annexure of tertiary care standards)
<b>Medical Gas</b>	
7. 16	Oxygen for medical use shall be available. In addition other gases like Nitrous oxide, Carbon dioxide, compressed air facilities etc. may be available in consonance with the scope of services and bed strength.
7. 17	Medical gases shall be stored and handled in a safe manner.
7. 18	All applicable legal requirements shall be complied with.
7. 19	Appropriate back-up and safety measures shall be in place to ensure patient safety at all times.
<b>Ambulance services</b>	
7. 20.	The hospital shall have provision of transporting patients for transfer/referral/investigations etc in safe manner.
7. 21.	The ambulance service shall be in-house or on call and shall comply with the applicable local laws.
7. 22.	Critical patient shall be transported under supervision of trained and qualified staff in appropriate ICU ambulance services.
<b>For ambulance checklist please refer to Annexure 6.</b>	

## **8 Legal/Statutory Requirements:**

8. 1	Every application must be accompanied with the documents confirming compliance with local regulations and law.
<b>For indicative list refer to Annexure 7</b>	

## **9 Record Maintenance and reporting:**

9. 1	The minimum medical records to be maintained and nature of information to be provided by the Hospitals shall be as per Annexure 7 and as per KCEA 2018, and CG 2
9. 2	Medical Records may be maintained in physical or digital format.
9. 3	Confidentiality, security and integrity of records shall be ensured at all times
9. 4	The medical records of IPD patients shall be maintained in consonance with National or local law, MCI guidelines, and court orders.
9. 5	Every Hospital shall maintain health information and statistics in respect of national programmes, notifiable diseases and emergencies/disasters/ epidemics and furnish the same to the district authorities in the prescribed formats and frequency.
	Content of medical record shall be as per Annexure 7

## 10 Basic Process:

<b>Registration / help desk and billing services</b>	
10.1	The hospital shall register all patients who visit the hospital except if the required services are not available in the facility, in which case the patient is guided to the appropriate nearest facility. (Please also see Emergency Services)
10.2	Once registered, depending on the clinical need, patient is guided to appropriate service area like OPD, ER etc
10.3	Patient shall be guided and informed regarding Patients' rights & responsibilities, cost estimates, third party services (e. g. Insurance) etc.
10.4	The billing shall be as per the Hospital tariff list, which shall be available to patients in a suitable format.
<b>Assessment and Plan of care</b>	
10.5	Each patient shall undergo an initial assessment by qualified and/or trained personnel.
10.6	Further management of patient shall be done by a registered medical practitioner on the basis of findings of initial assessment; for example, OPD treatment, admission, transfer/referral, investigation etc
10.7	At the time of admission of patient, General Consent for admission shall be taken. Refer to Annexure 8
10.8	In case of non-availability of beds or where clinical need warrants, the patient shall be referred to another facility along with the required clinical information or notes. There shall be appropriate arrangement for safe transport of patient. In government hospitals proper back reference system to be implemented to overcome infrastructure burden.
10.9	Reassessments of the admitted patients shall be done at least once in a day and/or according to the clinical needs and these shall be documented.
10.10	Any examination, treatment or management of female patient shall be done in the presence of an employed female attendant/female nursing staff, if conducted by male personnel inside the hospital and vice versa.
<b>Informed Consent Procedure</b>	
10.11	Informed consent shall be obtained from the patient/ next of kin/ legal guardian as and when required as per the prevailing Guidelines / Rules and regulations in the language patient can understand (for e. g. before Invasive procedures, anesthesia, Blood transfusion, HIV testing, Research, etc. )

<b>Care Of Patient</b>	
10. 12.	The Hospital shall provide care of patient as per the best clinical practices and reference may be made to Standard Treatment Guidelines that may be notified by the Central /State Government/National & International professional bodies, standard text books. It is ideal to develop institutional protocols for treatment.
10. 13.	Patient and/or families shall be educated on preventive, curative, promotive and rehabilitative aspects of care either verbally, or through printed materials.
10. 14.	All the relevant documents pertaining to any invasive procedures performed shall be maintained in the record, including the procedure safety checklist.
10. 15.	Monitoring of patient shall be done during and after all the procedures and same shall be documented (for example, after anesthesia, surgical procedures, blood transfusion, etc) .
10. 16.	All staff involved in direct patient care shall receive basic/ advanced training in emergency and trauma care as is appropriate.
10. 17.	Emergency patients shall be attended on priority and tagged appropriately. The Emergency department shall be well equipped with trained staff and obtain periodic refresher courses in emergency management.
10. 18.	If emergency services are not available in the hospital, the hospital shall provide first aid to the patients and arrange appropriate transfer/referral of the patient.
10. 19.	Prescription shall include name of the patient, date, name of medication, dosage, route, frequency, duration, name, signature and registration number of the medical practitioner in legible writing and with appropriate seal.
10. 20.	Known drug allergies shall be ascertained before prescribing and administration; if any allergy is discovered, the same shall be communicated to the patient and recorded in the Case sheet as well.
10. 21.	Patient identity, medication, dose, route, timing, expiry date shall be verified prior to administration of medication
10. 22.	Safe injection practices shall be followed as per statutory norms Safe blood and blood products also should be followed as per mandatory guidelines
10. 23.	High Risk Medicines shall be identified and verified by two trained healthcare personnel before administration.
10. 24.	Patients shall be monitored after medication administration and adverse drug reaction/events if any shall be recorded and reported (please refer http)
<b>Infection Control</b>	

10. 25	The hospital shall follow standard precautions like practicing hand hygiene, use of personal protection equipment etc. to reduce the risk of healthcare associated infections.
10. 26	The hospital shall ensure adequate and proper spacing in the patient care area so as to prevent transmission of infections.
10. 27	Regular cleaning of all areas with disinfectant shall be done as per prescribed & documented procedure.
10. 28	Prescribed & documented Infection Control Practices shall be followed in High risk areas like Operation theatre, ICU, HDU, etc as per good clinical practice guidelines.
10. 29	Housekeeping/sanitary services shall ensure appropriate hygiene and sanitation in the hospital. Pest control measures are to be ensured.
<b>Safety of the patient, staff, visitors and relative in a hospital</b>	
10. 30	Security and safety of patients, staff, visitors and relatives shall be ensured by provision of appropriate safety installations and adoption of appropriate safety measures. E. g. identification of mother and baby in obstetric facility, etc. Hospital administration must ensure that visitor entry is restricted to specific time and number as is appropriate considering patient safety and transmission of infection.
10. 31	The Hospital shall undertake all necessary measures, including demonstration of preparedness for fire and non-fire emergencies, to ensure the safety of patients, attendants, staff and visitors. (Please also see section on Infrastructure and Security and Fire)
10. 32	All applicable fire safety measures as per local law shall be adopted. This includes fire prevention, detection, mitigation, evacuation and containment measures. Periodic training of the staff and mock drills shall be conducted and the same shall be documented.
10. 33	In case of any epidemic, natural calamity or disaster, the owner/keeper of every Hospital shall, on being requested by the designated supervising Authority, cooperate and provide such reasonable assistance and medical aid as may be considered essential by the supervising authority at the time of natural calamity or disastrous situation
<b>Patient Information and Education</b>	
10. 34	The patient and/or family members are explained about the disease condition, proposed care, including the risks, alternatives and benefits. They shall be informed regarding the expected cost of the treatment. They shall also be informed about the progress and any change of condition as and when required. The need for any costly investigation or change in intervention must be explained to the patient/ relatives.

10. 35	Patient and/or family shall be educated about the safe and effective use of medication, food drug interaction, diet, and disease prevention strategies.
<b>Discharge</b>	
10. 36	A detailed discharge summary shall be given to all patients discharged from the hospital. For content of discharge summary refer to Annexure 9.
10. 37	The discharge summary shall include the points as mentioned in the annexure in a standard format
10. 38	Discharge summary shall also be given to patient and/or attendant in case of transfer LAMA/DAMA. Death certificate in a standard format should be duly signed and issued in all non-medico legal cases. In medico legal cases death certificate should not be issued and the postmortem certificate becomes the legal document certifying death.



## ANNEXURE 1

**Minimum space requirements in a hospital level 3 shall be as follows:**

### **Total Area**

1.	Total Area of hospital level 1 including 30% area for circulation space for corridors, lobby, reception area	50 sq. mt/bed as carpet area
<b>Wards</b>		
3.	Ward bed and surrounding space	6sq m/ bed; in addition circulation space of 30% as indicated in total area shall be provided for nursing station, ward store, sanitary etc.
<b>Intensive Care Unit</b>		
4.	For ICU/CCU/Neuro ICU/HDU/Trauma ICU/Renal ICU bed and surrounding space	10. 5 sq. mt/bed; in addition circulation space of 30% as indicated in the total area shall be Provided For Nursing station, doctors' Duty room, store, clean And Dirty utility, Circulating Area For Movement Of staff, trolley, toilet etc.
<b>Minor Operation Theatre/Procedure room</b>		
5.	OT for minor procedures	10. 5 sq. mt; in addition circulation space of 30% as indicated in total area shall be provided for nursing station, scrub station, clean and dirty utility, dressing room, toilet etc.
<b>Labour room</b>		
6.	Labour Table and surrounding space	10. 5 sq m/ labour table
7.	Other areas- nursing station, doctors' duty room, store, Clean and dirty utility, Circulating area, Toilets	10. 5 sq. mt for clean utility and store and 7 sq. mt for dirty utility and 3. 5 sq. mt for toilet
<b>Operation Theatre (OT)</b>		
8.	Operating Room Area	30. 5 sq. mt per operating room.

<b>Emergency &amp; Casualty (if separate) :</b>		
9.	Emergency bed and surrounding space	10. 5 sq. mt/bed: in addition circulation space of 30% as indicated in Total Area Shall Be Provided For Nurse station, doctor duty room store, Clean And Dirty utility, Dressing area, toilet etc.
<b>Pharmacy</b>		
10.	Pharmacy	The size should be adequate to contain 5 percent of the total clinical visits to the OPD in one session at the rate of 0. 8 m <sup>2</sup> per patient.
<b>Bio-medical Waste</b>		
11.	<50 beds	5 sq m
12.	50-100 beds	10 sq m
13.	>100 beds	20 sq m
Other functional areas (laboratory, diagnostics, front office/reception, waiting area, administrative area etc) should be appropriately sized as per the scope of service and patient load of the hospital.		

### Other requirements:

#### Wards:

1. The ward shall also have designated areas for nursing station, doctors' duty room, store, clean and dirty utility, janitor room, toilets and this shall be provided from circulation area.
2. For a general ward of 12 beds, a minimum of 2 WC and 1 hand wash basin shall be provided.
3. Distance between beds shall be 1. 0 meters
4. Space at the head end of bed shall be 0. 25 meters.
5. Door width shall be 1. 2 meters and corridor width 2. 0 meters from 2. 5 meters.

#### Intensive Care Unit:

1. The unit is to be situated in close proximity of operation theatre, acute care medical and surgical ward units.



2. Suction, oxygen supply and compressed air to be provided for each bed.
3. Adequate lighting and uninterrupted power supply shall be provided.
4. Adequate multi-sockets with 5 ampere and 15 ampere sockets and/or as per requirement to be provided for each bed.
5. ICU shall have designated area for nursing station, doctors' duty room, store, clean and dirty utility, circulating area for movement of staff, trolley, toilet, shoe change, trolley bay, janitor closet etc

**Labour room:**

1. The obstetrical unit shall provide privacy, prevent unauthorized traffic through the unit and provide reasonable protection of mothers from infection and from cross-infection.
2. Measures shall be in place to ensure safety and security of neonates.
3. Resuscitation facilities for neonates shall be provided within the obstetrical unit and convenient to the delivery room.
4. The labour room shall contain facilities for medication, hand washing, charting, and storage for supplies and equipment.
5. The labour room shall be equipped with oxygen and suction

**Operation Theatre**

1. The operation theatre complex shall have appropriate zoning.
2. The operation theatre complex shall provide appropriate space for other areas- nursing station, doctors' duty room, scrub station, sterile store, Clean and dirty utility, Dress change room, Toilets:-
  - a. Sterile area – consists of operating room sterile store and anesthesia room
  - b. Clean zone- consists of equipment/medical store, scrub area, pre and/or post-operative area and linen bay
  - c. Protective zone- consists of change room, doctors room and toilets
  - d. Dirty area
  - e. Due considerations are to be given to achieve highest degree of asepsis to provide appropriate environment for staff and patients.
3. Doors of pre-operative and recovery room are to be 1.5 m clear widths.

4. Air Conditioning to be provided in all areas. Window AC and split units should preferably be avoided as they are pure re circulating units and become a source of infection.
5. Appropriate arrangements for air filtration to be made.
6. Temperature and humidity in the OT shall be monitored.
7. Oxygen, Nitrous Oxide, suction and compressed air supply should be provided in all OTs.
8. All necessary equipment such as shadow-less light, Boyle's apparatus shall be available and in working condition.
9. Uninterrupted power supply to be provided.
10. For infection control measures see infection control annexure of tertiary care standards

*Note: For Eye Hospitals only where procedures are done in local and/or regional anesthesia, Minor OT criteria may be applicable.*

### **Emergency room**

1. Emergency bed and surrounding space shall have minimum 10. 5 sq m/ bed area.
2. There shall be designated space for nurse station, doctor duty room store, clean and dirty utility, dressing area, toilet etc.

### **Clinical Laboratory**

1. The laboratory area shall be appropriate for activities including test analysis, washing, biomedical waste storage and ancillary services like Storage of records, reagents, consumables, stationary etc eating area for staff.
2. For detail please refer to lab standards for tertiary hospitals attached as annexure-

### **Imaging**

1. The department shall be located at a place which is easily accessible to both OPD and wards and also to emergency and operation theatre.
2. As the department deals with the high voltage, presence of moisture in the area shall be avoided.
3. The size of the department shall depend upon the type of equipment installed.

4. The department/room shall have a sub-waiting area preferably with toilet facility and a change room facility, if required.
3. For detail please refer to imaging standards for tertiary hospitals attached as annexure-

### **Central Sterilization and Supply**

1. Department (CSSD) — Sterilization, being one of the most essential services in a hospital, requires the utmost consideration in planning.
2. Centralization increases efficiency, results in economy in the use of equipment and ensures better supervision and control.
3. The materials and equipment dealt in CSSD shall fall under three categories:
  - a) those related to the operation theatre department,
  - b) common to operating and other departments, and
  - c) Pertaining to other departments alone.

### **Other Departments**

Other departments shall have appropriate infrastructure commensurate to the scope of service of the hospital.

**ANNEXURE 2**  
**FURNITURE AND FIXTURES**

<b>Sl. No</b>	<b>ARTICLES</b>
3.	Examination Table
4.	Writing tables
5.	Chairs
6.	Almirah
7.	Waiting Benches
8.	Medical/Surgical Beds
9.	Labour Table- if applicable
10.	Wheel Chair/Stretcher
11.	Medicine Trolley, Instrument Trolley
12.	Screens/curtains
13.	Foot Step
14.	Bed Side Table
15.	Baby Cot- if applicable
16.	Stool
17.	Medicine Chest
18.	Examination Lamp
19.	View box
20.	Fans
21.	Tube Light/lighting fixtures
22.	Wash Basin
23.	IV Stand
24.	Colour coded bins for BMW

*\*this is an indicative list and the items shall be provided as per the size of the hospital and scope of service.*

**Annexure 3**  
**EQUIPMENTS**

**a. Emergency Equipment**

Sl. No.	Name of Emergency Equipment
1	Resuscitation equipment including Laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, Ambu Bag- Adult & Paediatric (neonatal if indicated)
2	Oxygen cylinders with flow meter/tubing/catheter/face mask/nasal prongs
3	Suction Apparatus
4	Defibrillator with accessories
5	Equipment for dressing/bandaging/suturing
6	Basic diagnostic equipment - Blood Pressure Apparatus, Stethoscope, weighing machine, thermometer, glucometer
7	ECG Machine
8	Pulse Oximeter
9	Nebulizer with accessories

**b. Other equipment, which shall also be available in good working condition as per the scope of services and bed strength (some of the emergency equipment are already mentioned above) .**

Department	Equipment	Level 1	Level 2	Level 3
<b>NON MEDICAL</b>				
<b>Administration</b>				
	Office equipment	Yes	Yes	Yes
	Office furniture	Yes	Yes	Yes
<b>Electricity</b>				
	Emergency lights	Yes	Yes	Yes
<b>Water Supply</b>				
	Hand-washing sinks/taps/bowls on stands in all areas	Yes	Yes	Yes
	Storage tank	Yes	Yes	Yes
	Water purification chemicals or filter	Yes	Yes	Yes
	Water source for drinking water	Yes	Yes	Yes
<b>Waste Disposal</b>				

	Buckets for contaminated waste in all treatment areas	Yes	Yes	Yes
	Drainage system	Yes	Yes	Yes
	Incinerator or burial pit	Yes	Yes	Yes
	Protective boots and utility gloves	Yes	Yes	Yes
	Rubbish bins in all rooms	Yes	Yes	Yes
	Sanitation facilities for patients	Yes	Yes	Yes
	Separate Bio-medical waste disposal	Yes	Yes	Yes
	Sharps containers in all treatment areas	Yes	Yes	Yes
<b>Safety</b>				
	Fire extinguisher			
<b>Vehicle</b>				
	Vehicle	No	Yes	Yes
	Ambulance	No	No	Yes
<b>Medical Stores</b>				
	Lockable storage	Yes	Yes	Yes
	Refrigeration	Yes	Yes	Yes
<b>Kitchen</b>				
	Cooking pots and utensils	No	Yes	Yes
	Cooking stove	No	Yes	Yes
	Food refrigeration	No	Yes	Yes
	Plates, cups & cutlery	No	Yes	Yes
	Storage	No	Yes	Yes
	Washing and drying area facilities	Yes	Yes	Yes
<b>Laundry</b>				
	Detergent/soap	Yes	Yes	Yes
	Washing and rinsing equipment/bowls	No	Yes	Yes
	Housekeeping Brooms, brushes and mops	Yes	Yes	Yes
<b>Housekeeping</b>				
	Buckets	Yes	Yes	Yes
	Soap and disinfectant	Yes	Yes	Yes
<b>MEDICAL</b>				
<b>Outpatient Rooms</b>				
	Blood pressure machine and stethoscope	Yes	Yes	Yes
	Container for sharps disposal	Yes	Yes	Yes
	Desk and chairs	Yes	Yes	Yes

	Examination gloves	Yes	Yes	Yes
	Examination table	Yes	Yes	Yes
	Hand washing facilities	Yes	Yes	Yes
	Light source	Yes	Yes	Yes
	Minor surgical instruments	No	Yes	Yes
	Ophthalmoscope	No	Yes (as applicable)	Yes
	Otoscope	No	Yes (as applicable)	Yes
	Patellar hammer	No	Yes	Yes
	Receptacle for soiled pads, dressings, etc	Yes	Yes	Yes
	Separate biohazard disposal	Yes	Yes	Yes
	Sterile equipment storage	Yes	Yes	Yes
	Sutures	Yes	Yes	Yes
	Thermometer	Yes	Yes	Yes
	Torch with extra batteries	Yes	Yes	Yes
	Weighing scale	Yes	Yes	Yes
	Glucometer	Yes	Yes	Yes
	Pulse oximeter	Yes	Yes	Yes
<b>Women and Child health examination room</b>				
	BP machine and stethoscope	Yes	Yes	Yes
	Contraceptive supplies	Yes	Yes	Yes
	Child register	Yes	Yes	Yes
	Examination gloves	Yes	Yes	Yes
	Examination table with stirrups	Yes	Yes	Yes
	Fetal stethoscope	No	Yes	Yes
	Doppler	No	No	Yes
	Hand washing facility	Yes	Yes	Yes
	Height measure	Yes	Yes	Yes
	IUD insertion set	Yes	Yes	Yes
	Pregnant woman Register	Yes	Yes	Yes
	Speculum and vaginal examination kit	Yes	Yes	Yes
	Syringes and needles	Yes	Yes	Yes
	Tape measure	Yes	Yes	Yes
	Cardiotocograph	No	No	Yes
	Glucometer	Yes	Yes	Yes
	Pulse oximeter	Yes	Yes	Yes

	Foetoscope	Yes	Yes	Yes
<b>Labour room</b>				
	Baby scales	Yes	Yes	Yes
	BP machine and stethoscope	Yes	Yes	Yes
	Clean delivery kits and cord ties	Yes	Yes	Yes
	Curtains If More Than One bed	Yes	Yes	Yes
	Delivery bed and bed linen	Yes	Yes	Yes
	Fetal stethoscope	Yes	Yes	Yes
	Hand washing facility	Yes	Yes	Yes
	Instrument trolley	Yes	Yes	Yes
	IV treatment sets	Yes	Yes	Yes
	Latex gloves and protective clothing	Yes	Yes	Yes
	Linens for newborns	Yes	Yes	Yes
	Oral airways, various sizes	Yes	Yes	Yes
	Oxygen tank and concentrator	Yes	Yes	Yes
	Partograph charts	Yes	Yes	Yes
	Self inflating bag and mask- adult and neonatal size	Yes	Yes	Yes
	Suction machine	Yes	Yes	Yes
	Suturing sets	Yes	Yes	Yes
	Thermometer	Yes	Yes	Yes
	Tray with routine & emergency drugs, syringes and needles	Yes	Yes	Yes
	Urinary catheters and collection bags	Yes	Yes	Yes
	Vacuum extractor set	Yes	Yes	Yes
	Work surface near bed for newborn resuscitation	Yes	Yes	Yes
	Glucometer	Yes	Yes	Yes
	Pulse oximeter	Yes	Yes	Yes
	CTG (Cardio tocograph)	Yes	Yes	Yes
	New Born warmer	Yes	Yes	Yes
	Baby intubation set	Yes	Yes	Yes
	Infusion pump	Yes	Yes	Yes
<b>Inpatient Wards</b>				
	Basic examination equipment (stethoscope, BP machine, etc)	Yes	Yes	Yes
	Beds, washable mattresses and linen	Yes	Yes	Yes
	Curtains	Yes	Yes	Yes



	Dressing sets	Yes	Yes	Yes
	Dressing trolley/Medicine trolley	Yes	Yes	Yes
	Gloves	Yes	Yes	Yes
	IV stands	Yes	Yes	Yes
	Medicine storage cabinet	Yes	Yes	Yes
	Oxygen tank and concentrator	Yes	Yes	Yes
	Patient trolley on wheels	Yes	Yes	Yes
	PPE kits	Yes	Yes	Yes
	Suction machine	Yes	Yes	Yes
	Urinals and bedpans	Yes	Yes	Yes
	Glucometer	Yes	Yes	Yes
	Pulse oximeter	Yes	Yes	Yes
	Defibrillator	Yes	Yes	Yes
	HDU area	No	No	Yes
	Non Invasive Monitor	No	No	Yes
	Infusion pump	No	No	No
<b>Operation Theatre</b>				
	Adequate storage	No	Yes	Yes
	Ambu resuscitation set with adult and child masks		Yes	Yes
	Defibrillator	Yes	Yes	Yes
	Electro cautery	Yes	Yes	Yes
	Fixed operating lights	No	Yes	Yes
	Fixed suction machine	No	No	Yes
	Hand washing facilities	Yes	Yes	Yes
	Instrument tray	Yes	Yes	Yes
	Instrument trolley	No	Yes	Yes
	Laryngoscope set	No	Yes	Yes
	Mayo Stand	No	Yes	Yes
	Mobile operating light	Yes	Optional	Optional
	Ophthalmic Operating Microscope	No	Yes (as applicable)	Yes (as applicable)
	Oral airways, various sizes	No	Yes	Yes
	Oxygen tank and concentrator	No	Yes	Yes
	Patient trolley on wheels	No	Yes	Yes
	Portable Suction machine	No	Yes	Yes
	Safety Box	No	Yes	Yes

	Sphygmomanometer and stethoscope	No	Yes	Yes
	Stool adjustable height	No	Yes	Yes
	Operating	No	Yes	Yes
	IV Therapy Equipment	No	Yes	Yes
	Anesthesia Equipment Anesthetic trolley/machine	No	Yes	Yes
	CO <sub>2</sub> Monitor	No	Yes	Yes
	O <sub>2</sub> Monitor	No	Yes	Yes
	Endoscopic equipment and necessary accessories	No	No	Yes
	Bronchoscope	No	No	As per scope
	Colonoscope	No	No	As per scope
	Endoscope	No	No	As per scope
	Fiber Optic Laryngoscope	No	No	As per scope
<b>Central Supply</b>				
	Amputation set	No	No	Yes
	Caesarean/hysterectomy set	No	Yes	Yes
	Dilatation and curettage set	No	Yes	Yes
	Endoscopic instrument cleaning machines and solutions	No	No	Yes
	Hernia set	No	No	Yes
	Laparotomy set	No	Yes	Yes
	Linens	Yes	Yes	Yes
	Locked storage	Yes	Yes	Yes
	Operating drapes	No	Yes	Yes
	Ophthalmic instrument	No	Yes	Yes
	Protective hats, aprons, shoes and gowns etc.	Yes	Yes	Yes
	Pelvic/fistula repair set	No	No	Yes
	Sterile gloves	Yes	Yes	Yes

	Sterilization equipment for instruments and linens	Yes	Yes	Yes
	Surgical supplies (e. g., sutures, dressings, etc.)	Yes	Yes	Yes
	Thoracentesis set	No	No	Yes
	Thoracostomy set With appropriate Tubes and water seal bottles	No	No	Yes
	Thoracotomy set	No	No	Yes
	Thyroid/Parathyroid set	No	No	Yes
	Tracheostomy set	No	Yes	Yes
	Tubal ligation set	No	Yes	Yes
	Vascular repair set	No	Yes	Yes
<b>Other equipment as per the specialized services available shall also be there</b>				

#### ANNEXURE 4

#### DRUGS, MEDICAL DEVICES AND CONSUMABLES

##### c. List of Emergency Drugs and consumables (Essential in all hospitals)

Sl. No.	Name of the Drug
	<b><i>INJECTIONS</i></b>
1.	INJ. DIAZEPAM 10 MG
2.	INJ. FRUSEMIDE 20 MG
3.	INJ. ONDANSETRON 8 MG/4ML
4.	INJ. RANITIDINE
5.	INJ NOR ADRENALINE 4 MG
6.	INJ. PHENYTOIN 50 MG
7.	INJ DICLOFENAC 75 MG
8.	INJ. DERIPHYLLINE
9.	INJ CHLORPHENIRAMINE MALEATE
10.	INJ. HYDROCORTISONE 100 MG
11.	INJ. ATROPINE 0. 6 MG
12.	INJ. ADRENALINE 1 MG
13.	INJ. KCL
14.	STERILE WATER
15.	INJ. SODA BICARBONATE
16.	INJ. DOPAMINE
17.	INJ. NALAXONE 400 MCG
18.	INJ. LIGNOCAINE 50 ML

19.	TAB. SORBITRATE
20.	TAB. ASPIRIN
21.	INJ. TETANUS
22.	INJ. ADENOSINE
	<b><i>OTHER</i></b>
23.	NEB. SALBUTAMOL2. 5 ML
24.	NEB. BUDESONIDE
25.	LIGNOCAINE JELLY 2%
26.	ACTIVATED CHARCOAL
27.	CALCIUM (INJ or TAB)
	<b><i>FLUIDS</i></b>
28.	RL 500 ML
29.	NS 500 ML
30.	NS 250 ML
31.	NS 100 ML
32.	DNS 500 ML
33.	DEXTROSE 5% 500 ML
34.	DEXTROSE 10% 500 ML
35.	PEDIATRIC IV INFUSION SOLUTION 500 ML
36.	Handling of poisoning & antidotes ( attached as annexure) as per scope

- b. The other drugs and consumables shall be available as per the scope of services, bed strength and patient turnover.**
- c. Medical devices shall be available as per the scope of services, bed strength and patient turnover.**

## Annexure 5

### HUMAN RESOURCE

The Human Resource requirement for any hospital shall be as per the scope of services provided by the hospital. *The requirement mentioned below is the minimum requirement for a multispecialty hospital with **less than 50 beds** and it can be prorated as required.*

Based on the levels of care provided, the minimum staffing requirements for Hospital level 3 shall be as follows:

Sl. No.	Human Resource	Requirement
1.	Doctor	MBBS doctor shall be available round the clock on site per unit 1 Doctor with specialization in the subject concerned as per scope of service (Full-Time/Part-Time or visiting) Each ICU should have one MBBS doctor and additional for every 20 beds, on- site for 24X7
2.	Nurses	Qualified nurses per unit per shift shall be available as per requirement laid down by “The Indian Nursing Council, 1985”, occupancy rate and distribution of bed. (Qualified nurse is a nursing staff approved as per state government rules & regulations as applicable from time to time) .
3.	Pharmacist	One pharmacist per pharmacy throughout the working time of the institution. Qualification as per Indian pharmacy act.
4.	Lab Technician	One lab technician per lab throughout the working time of the institution. (minimum DMLT)
5.	X-ray Technician	One x ray technician per x ray unit throughout the working time of the institution. (minimum Diploma in X v)
6.	Other Technicians	As per requirement
7.	Nutritionist	As per requirement
8.	Social worker	As per requirement
9.	Administrative Assistant	As per requirement
10.	Medical Record Technician	As per requirement
11.	Driver	As per requirement
12.	Security Guard	As per requirement
13.	Multi-purpose Worker	Minimum 2 (minimum 12 <sup>th</sup> pass)

\* Requirement of other staff (Support and administrative) will depend on the scope of the hospital.

**Annexure 6**

**LIST OF LEGAL REQUIREMENTS**

Below is the list of legal requirements to be complied with by a hospital applicable by the local state health authority (all may not be applicable) :

<b>Sl. No</b>	<b>Name of Document</b>	<b>Valid From</b>	<b>Valid Till</b>	<b>Send for renewal by</b>	<b>Remark (Expired/valid/NA)</b>
1.	Registration under Nursing Home Act/ Medical Establishment Act				
2.	Bio-medical Waste Management Licenses				
	Authorization of HCO by PCB				
	MOU with Vendor				
3.	AERB Licenses				
	Type approval				
	Layout Approval				
	License for CT - interventional/ Registration for other machines				
4.	NOC from Fire Department				
5.	Ambulance				
	Commercial Vehicle Permit				
	Commercial Driver License				
	Pollution Control Licenses				
6.	Building Completion Licenses				
7.	Lift licenses for each lift				

<b>Sl. No</b>	<b>Name of Document</b>	<b>Valid From</b>	<b>Valid Till</b>	<b>Send for renewal by</b>	<b>Remark (Expired/valid/NA)</b>
8.	DG Set Approval for Commissioning				
9.	Diesel Storage Licenses				
10.	Retail and bulk drug license (pharmacy)				
11.	Food Safety Licenses				
12.	Narcotic Drug Licenses				
13.	Medical Gases Licenses/ Explosives Act				
14.	Clinical Establishments and Registration (if applicable)				
15.	Blood Bank Licenses				
16.	Boilers Licenses				
17.	MoU / agreement with outsourced human resource agencies as per labor laws				
18.	Spirit License				
19.	Electricity rules				
20.	Provident fund/ESI Act				
21.	MTP Act				
22.	PNDT Act				
23.	Transplantation of Human organs Act				
24.	Sales Tax registration				

<b>Sl. No</b>	<b>Name of Document</b>	<b>Valid From</b>	<b>Valid Till</b>	<b>Send for renewal by</b>	<b>Remark (Expired/valid/NA)</b>
25.	PAN				
26.	No objection certificate under Pollution Control Act (Air/Water)				
27.	Wireless operation certificate from Indian P&T				
28.	Arms Act, 1950 (if guards have weapons)				

### Annexure 7

#### **CONTENT OF MEDICAL RECORD**

Medical record shall contain, at the least, the following information:

<b>Sl. No.</b>	<b>Content</b>
1.	Name & Registration number of treating doctor
2.	Name, demographic details & contact number of patient
3.	Relevant Clinical history, Assessment and re-assessment findings, nursing notes and Diagnosis
4.	Investigation reports
5.	Details of medical treatment, invasive procedures, surgery and other care provided
6.	Applicable consents
7.	Discharge summary
8.	Cause-of-death certificate & Death Summary (where applicable)



### **Annexure 8**

#### **INFORMED CONSENT/CONSENT GUIDELINES**

The informed consent shall at the least contain the following information in an understandable language and format.

<b>Sl. No.</b>	<b>Content</b>
1.	Name of the patient/ guardian (in case of minor/mentally disabled) .
2.	Registration number of patient
3.	Date of admission
4.	Name & Registration number of treating doctor
5.	Name of procedure/operation/investigation/blood transfusion/anaesthesia/potential complications
6.	Signature of patient/guardian with date and time

### **Annexure 9**

#### **Discharge Summary**

The discharge summary shall at the least contain the following information in an understandable language and format.

<b>Sl. No.</b>	<b>Content</b>
1.	Name & Registration number of treating doctor
2.	Name, demographic details & contact number of patient, if available
3.	Date of admission and discharge
4.	Relevant clinical history, assessment findings and diagnosis
5.	Investigation results,
6.	Details of medical treatment, invasive procedures, surgery and other care provided
7.	Discharge advice (medications and other instructions) .
8.	Instruction about when and how to obtain urgent care.



## 8. Tertiary Care Check List

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## **1 CATEGORY OF HOSPITAL**

### **2 Scope of service**

The scope of services that may be provided at a hospital level 3 practicing–Modern system of Medicine may include patient-care services in any or all of the following specialties, but not necessarily limited to:

#### **Clinical Services:**

2. 1 General Medicine
2. 2 General Surgery
2. 3 Obstetrics and Gynecology
2. 4 Fertility and Assisted Reproduction
2. 5 Pediatrics
2. 6 Pediatric Intensive Care
2. 7 Pediatric surgery
2. 8 Neonatology
2. 9 Orthopedics
2. 10 Orthopedics with Joint Replacement
2. 11 Anesthesiology
2. 12 Emergency Medicine & Trauma
2. 13 Critical Care Medicine (e. g. HDU, ICU)
2. 14 ENT
2. 15 Ophthalmology
2. 16 Neurology
2. 17 Neurosurgery
2. 18 Cardiology
2. 19 Cardiothoracic surgery
2. 20 Urology
2. 21 Nephrology & Dialysis
2. 22 Gastroenterology
2. 23 GI Surgery (Surgical Gastroenterology)
2. 24 Minimally Invasive Surgery or Minimal Access Surgery
2. 25 Respiratory Medicine

- 2. 26 Endocrinology
- 2. 27 Rheumatology
- 2. 28 Clinical Immunology
- 2. 29 Psychiatry & Mental Health
- 2. 30 Medical Oncology
- 2. 31 Surgical Oncology
- 2. 32 Radiation Oncology
- 2. 33 Nuclear Medicine
- 2. 34 Plastic & Reconstructive Surgery
- 2. 35 Dermatology
- 2. 36 Community Health
- 2. 37 Palliative Medicine
- 2. 38 Geriatric Care
- 2. 39 Family Medicine
- 2. 40 Clinical Hematology
- 2. 41 Organ transplantation
- 2. 42 Genetics
- 2. 43 Dentistry including sub specialties
- 2. 44 Physical Medicine & Rehabilitation
- 2. 45 Transfusion Medicine/Blood Storage Centre/Blood Bank
- 2. 46 Other emerging sub-specialties in any of the above fields, or emerging independent specialties

**Support services:**

- 2. 1 Registration / help desk and billing
- 2. 2 Diagnostic Services:
  - a Laboratory
  - b Imaging Services
  - c Non-imaging services e. g. Audiology Lab, TMT, Echocardiography, Neurophysiology, Urodynamics, PFT, Sleep Studies (Polysomnography), etc.

- 2.3 Pharmacy and Stores
- 2.4 CSSD / Sterilization Area
- 2.5 Linen and Laundry
- 2.6 Kitchen & Dietary Services
- 2.7 Waste Management Services (General and Biomedical)
- 2.8 Medical Gas Supply, Storage & Distribution
- 2.9 Ambulance services

### 3 Infrastructure Requirements:

<b>3.1</b>	<b>Signage</b>	
3.1.1	Appropriate signage which shall be in at least two languages (English and Malayalam)	YES /NO
3.1.2	Board displaying the name of the hospital at a prominent location	YES /NO
3.1.3	Directional signage & facility to guide the patient.	YES /NO
<b>Following informative signage shall be displayed:</b>		
3.1.4	Names of medical practitioners with specialty, and type of service (Full time or On call)	YES /NO
3.1.5	Registration details of the hospital as applicable as per KCEA 2018	YES /NO
3.1.6	Facility to obtain information regarding charges available	YES /NO
3.1.7	Timings of the hospital and services provided	YES /NO
3.1.8	Mandatory information such as under PNDT Act etc. displayed prominently as applicable.	YES /NO
3.1.9	Important contact numbers such as Blood Banks, Fire Department, Police and Ambulance Services available in the nearby area.	YES /NO
3.1.10	Patients' rights & responsibilities. (Citizens Charter)	YES /NO
<b>Following safety signage shall be displayed:</b>		
3.1.11	Safety Hazard and Caution signs, for e. g. hazards from electrical shock, inflammable articles, radiation etc. at appropriate places, and as applicable under law.	YES /NO
3.1.12	Appropriate Fire exit signage.	YES /NO
3.1.13	Signage for "No Smoking" in prominent places.	YES /NO
<b>3.2.</b>	<b>Other requirements</b>	
3.2.1	Convenient entry point to the hospital	YES /NO
3.2.2	Access within the requirements of "Persons with Disabilities Act" and for all those whose mobility may be restricted due to whatever cause.	YES /NO



3. 2. 3	Safe, clean and hygienic environment for patients, their attendants, staff and visitors	YES /NO
3. 2. 4	24 hour provision of potable water for drinking & hand hygiene, 24 hour supply of electricity, either through direct supply or from other sources like UPS back up, generator facility etc.	YES /NO
3. 2. 5	The hospital is adequately illuminated, ventilated and noise free	YES /NO
3. 2. 6	Clean public toilet (s) separate for males and females and disabled friendly.	YES /NO
3. 2. 7	Mechanism for timely maintenance of the hospital building and equipment through a maintenance department or biomedical department or outsourced as applicable.	YES /NO
3. 2. 8	Appropriate internal and external communication facilities and support e-documentation and disease registry/ notification	YES /NO
3. 2. 9	Furniture and fixtures in accordance with the activities and workload of the hospital. They shall be functional and properly maintained. Complying with the requirements in Annexure 1 and 2	YES /NO
<b>For minimum space requirements refer to Annexure 1</b>		
<b>For indicative list of furniture and fixtures refer to Annexure 2</b>		

#### **4. Medical Equipment and Instruments:**

4. 1	Adequate medical equipment and instruments, commensurate to the scope of service and number of beds.	YES /NO
4. 2	Established system for maintenance of critical equipment with appropriate technician/ technical support to operate the system.	YES /NO
4. 3	A process of periodic inspection, cleaning and maintenance with an equipment log-book maintained for all the major equipments.	YES /NO
<b>For indicative list of medical equipment and instruments refer to Annexure 3</b>		

**5. Drugs, Medical devices and Consumables:**

5.1	Adequate drugs, medical devices and consumables commensurate to the scope of services and number of beds	YES /NO
5.2	Emergency drugs and consumables available at all times with crash cart facility in wards and critical areas.	YES /NO
5.3	Drug storage in a clean, well lit, and safe environment in consonance with applicable laws and regulations including cold chain facility.	YES /NO
5.4	Defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	YES /NO
<b>For indicative list of drugs, medical devices and consumables refer to Annexure 4.</b>		

**6. Human Resource Requirements:**

6.1	Qualified and/or trained medical staff as per the scope of service provided and the medical care shall be provided as per the requirements of professional and regulatory bodies.	YES /NO
6.2	Qualified and/or trained nursing staff as per the scope of service provided and the nursing care shall be provided as per the requirements of professional and regulatory bodies	YES /NO
6.3	The support/paramedical staff shall be qualified and/or trained as per the scope of services provided, and as per the requirement of the respective professional or regulatory bodies.	YES /NO
6.4	For every staff (including contractual staff), there shall be personal record containing the appointment order, documentary evidence of qualification and/or training (and professional registration where applicable) .	YES /NO
6.5	Periodic skill enhancement/updation/refresher training provided for all categories of the staff as relevant to their job profile, as prescribed by professional bodies and as per local law/regulations.	YES /NO
<b>For human resource requirements refer to Annexure 5</b>		

**7. Support Services:**

<b>Registration/Help desk and Billing:</b>		
7.1.	Registration/ Help-desk & Billing counter with patient guidance in matters like services available, cost estimation, package rates and treatment costs, healthcare insurance etc.	YES /NO

<b>Diagnostic Services:</b>		
7. 2.	Diagnostic services may be in-house or outsourced as per minimum standards for diagnostic services (Refer to annexure – of tertiary care standards for Imaging and laboratory services. )	YES /NO
7. 3.	Whether in house or outsourced, the services fulfill the requirements of safe and timely patient care.	YES /NO
7. 4.	The diagnostic services, whether in house or outsourced, are commensurate with the scope of services	YES /NO
<b>Pharmacy Services</b>		
7. 5.	Pharmacy services available, in-house or outsourced.	YES /NO
7. 6.	All applicable legal requirements (including mandatory excise and drug controller regulations) complied with.	YES /NO
7. 7.	Medicine storage in a clean, well lit, and safe environment, and as per manufacturer’s requirements	YES /NO
7. 8.	Quality of drugs, medical devices and consumables ensured by appropriate system	YES /NO
<b>CSSD / Sterilization Area</b>		
7. 9.	Provision for instrument and linen sterilization and storage of sterile items shall be made available as per the scope of services and in accordance with the infection control annexure of tertiary care standards)	YES /NO
7. 10.	Validation of Sterilization done for ensuring the effectiveness of sterilization process as per infection control annexure of tertiary care standards)	YES /NO
<b>Linen management:</b>		
7. 11.	Soiled linen collected, transported and washed separately in clean and hygienic environment. (ref to infection control annexure of tertiary care standards)	YES /NO
7. 12.	Where linen is contaminated, appropriate decontamination carried prior to dispatch for washing. (ref to infection control annexure of tertiary care standards)	YES /NO
<b>Waste Management Services:</b>		
7. 13.	Segregation, collection, transportation, storage and disposal of biomedical waste as per Bio Medical Waste Handling Rules. (ref to infection control annexure of tertiary care standards)	YES /NO

7. 14.	Waste management guidelines followed in the case of Mercury & other toxic materials as per applicable local laws. (ref to infection control annexure of tertiary care standards)	YES /NO
7. 15.	Segregation, collection, transportation, storage and disposal of general waste as per applicable local laws (ref to infection control annexure of tertiary care standards)	YES /NO
<b>Medical Gas</b>		
7. 16.	Oxygen for medical use available. In addition other gases like Nitrous oxide, Carbon dioxide, compressed air facilities etc. may be available in consonance with the scope of services and bed strength.	YES /NO
7. 17.	Medical gases stored and handled in a safe manner.	YES /NO
7. 18.	All applicable legal requirements complied with.	YES /NO
7. 19.	Appropriate back-up and safety measures in place to ensure patient safety at all times.	YES /NO
<b>Ambulance services</b>		
7. 20.	The hospital has provision of transporting patients for transfer/referral/investigations etc. in safe manner.	YES /NO
7. 21.	The ambulance service (in-house or on call) complies with the applicable local laws.	YES /NO
7. 22.	Critical patient transported under supervision of trained and qualified staff in appropriate ICU ambulance services.	YES /NO
<b>For ambulance checklist please refer to Annexure 6.</b>		

## 8. Legal/Statutory Requirements:

8. 1	Compliance with local regulations and law.	YES /NO
<b>For indicative list refer to Annexure 7</b>		

## 9. Record Maintenance and reporting:

9. 1	The minimum medical records to be maintained and nature of information to be provided by the Hospitals shall be as per Annexure 7 and as per KCEA 2018.	YES /NO
9. 2	Medical Records maintained in physical or digital format.	YES /NO

9.3	Confidentiality, security and integrity of records ensured at all times	YES /NO
9.4	The medical records of IPD patients maintained in consonance with National or local law, MCI guidelines, and court orders.	YES /NO
9.5	Maintenance of health information and statistics in respect of national programmes, notifiable diseases and emergencies/disasters/ epidemics and furnish the same to the district authorities in the prescribed formats and frequency.	YES /NO
	Content of medical record shall be as per Annexure 7	

#### 10. Basic Process:

<b>Registration / help desk and billing services</b>		
10.1	The hospital register all patients who visit the hospital except if the required services are not available in the facility, in which case the patient is guided to the appropriate nearest facility. (Please also see Emergency Services)	YES /NO
10.2	Once registered, depending on the clinical need, patient is guided to appropriate service area like OPD, ER etc.	YES /NO
10.3	Patient guided and informed regarding Patients' rights & responsibilities, cost estimates, third party services (e. g. Insurance) etc.	YES /NO
10.4	The billing shall be as per the Hospital tariff, which shall be available to patients in a suitable format.	YES /NO
<b>Assessment and Plan of care</b>		
10.5	Each patient undergoes an initial assessment by qualified and/or trained personnel.	YES /NO
10.6	Further management of patient done by a registered medical practitioner on the basis of findings of initial assessment; for example, OPD treatment, admission, transfer/referral, investigation etc.	YES /NO
10.7	At the time of admission of patient, General Consent for admission taken. Refer to Annexure 8	YES /NO

10. 8	In case of non-availability of beds or where clinical need warrants, the patient shall be referred to another facility along with the required clinical information or notes. There shall be appropriate arrangement for safe transport of patient. In government hospitals proper back reference system to be implemented to overcome infrastructure burden.	YES /NO
10. 9	Reassessments of the admitted patients done at least once in a day and/or according to the clinical needs and these shall be documented.	YES /NO
10. 10	Any examination, treatment or management of female patient done in the presence of an employed female attendant/female nursing staff, if conducted by male personnel inside the hospital and vice versa.	YES /NO
<b>Informed Consent Procedure</b>		
10. 11	Informed consent obtained from the patient/ next of kin/ legal guardian as and when required as per the prevailing Guidelines / Rules and regulations in the language patient can understand (for e. g. before Invasive procedures, anesthesia, Blood transfusion, HIV testing, Research, etc. )	YES /NO
<b>Care Of Patient</b>		
10. 12.	The Hospital provide care of patient as per the best clinical practices and reference may be made to Standard Treatment Guidelines that may be notified by the Central /State Government/ National & International professional bodies, standard text books. It is ideal to develop institutional protocols for treatment.	YES /NO
10. 13.	Patient and/or families educated on preventive, curative, promotive and rehabilitative aspects of care either verbally, or through printed materials.	YES /NO
10. 14.	All the relevant documents pertaining to any invasive procedures performed maintained in the record, including the procedure safety checklist.	YES /NO
10. 15.	Monitoring of patient done during and after all the procedures and same shall be documented (for example, after anesthesia, surgical procedures, blood transfusion, etc) .	YES /NO
10. 16.	All staff involved in direct patient care receives basic/ advanced training in emergency and trauma care as is appropriate.	YES /NO

10. 17.	Emergency patients attended on priority and tagged appropriately. The Emergency department adequately equipped with trained staff	YES /NO
10. 18.	If emergency services are not available in the hospital, the hospital provides first aid to the patients and arranges appropriate transfer/referral of the patient.	YES /NO
10. 19.	Prescription include name of the patient, date, name of medication, dosage, route, frequency, duration, name, signature and registration number of the medical practitioner in legible writing and with appropriate seal.	YES /NO
10. 20.	Known drug allergies ascertained before prescribing and administration; if any allergy is discovered, the same communicated to the patient and recorded in the Case sheet as well.	YES /NO
10. 21.	Patient identity, medication, dose, route, timing, expiry date verified prior to administration of medication	YES /NO
10. 22.	Safe injection practices followed as per statutory norms Safe blood and blood products also should be followed as per mandatory guidelines	YES /NO
10. 23.	High Risk Medicines identified and verified by two trained healthcare personnel before administration.	YES /NO
10. 24.	Patients monitored after medication administration and adverse drug reaction/events if any recorded and reported.	YES /NO
<b>Infection Control</b>		
10. 25	The hospital follows standard precautions like practicing hand hygiene, use of personal protection equipment etc. to reduce the risk of healthcare associated infections.	YES /NO
10. 26	The hospitals ensure adequate and proper spacing in the patient care area so as to prevent transmission of infections.	YES /NO
10. 27	Regular cleaning of all areas with disinfectant done as per prescribed & documented procedure.	YES /NO
10. 28	Prescribed & documented Infection Control Practices followed in High risk areas like Operation theatre, ICU, HDU, etc. as per good clinical practice guidelines.	YES /NO
10. 29	Housekeeping/sanitary services ensure appropriate hygiene and sanitation in the hospital. Pest control measures are to be ensured.	YES /NO
<b>Safety of the patient, staff, visitors and relative in a hospital</b>		

10.30	Security and safety of patients, staff, visitors and relatives shall be ensured by provision of appropriate safety installations and adoption of appropriate safety measures.	YES /NO
10.31	The Hospital undertakes all necessary measures, including demonstration of preparedness for fire and non-fire emergencies, to ensure the safety of patients, attendants, staff and visitors. (Please also see section on Infrastructure and Security and Fire)	YES /NO
10.32	All applicable fire safety measures as per local law adopted. This includes fire prevention, detection, mitigation, evacuation and containment measures. Periodic training of the staff and mock drills shall be conducted and the same shall be documented.	YES /NO
10.33	Disaster preparedness ensured by yearly drills and protocols	YES /NO
<b>Patient Information and Education</b>		
10.34	The patient and/or family members are explained about the disease condition, proposed care, including the risks, alternatives and benefits. They shall be informed regarding the expected cost of the treatment. They shall also be informed about the progress and any change of condition as and when required. The need for any costly investigation or change in intervention must be explained to the patient/relatives.	YES /NO
10.35	Patient and/or family educated about the safe and effective use of medication, food drug interaction, diet, and disease prevention strategies.	YES /NO
<b>Discharge</b>		
10.36	A detailed discharge summary given to all patients discharged from the hospital. For content of discharge summary refer to Annexure 9.	YES /NO
10.37	The discharge summary include the points as mentioned in the annexure in a standard format	YES /NO
10.38	Discharge summary shall also be given to patient and/or attendant in case of transfer LAMA/DAMA. Death certificate in a standard format should be duly signed and issued in all non-medico legal cases. In medico legal cases death certificate should not be issued and the postmortem certificate becomes the legal document certifying death.	YES /NO



## 9. Specialty Templates

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ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT				
	Template for Minimum standards for Hospital	BASIC (General purpose)	Advance	Remarks
1	<b>Definition</b>			
2	<b>Scope</b>	Providing Anaesthesia services for Surgical Specialties e.g. (General Hospital with Single Specialties/Multiple Specialties example CHC SDH, DH, Civil Hospital, Private Hospital, Nursing Home) etc	Providing Anaesthesia services for Surgical Specialties and Super specialties example Civil Hospital, Regional Hospital, Nursing Home, Private Hospital etc.	
I	<b>Services Provided</b>			
	1. General purpose	Yes		
	2. Single Specialty	Yes	Yes	
	3. Multispecialty	Yes	Yes	
	4. Super specialty	NA	Yes	
3	<b>Human resources</b>			
	1. 1 Doctors			
		<b>1 Qualified Anaesthetist/OT/per operation</b>	<b>1 Qualified Anaesthetist/OT/per operation</b>	<b>M-Mandatory One Anaesthetist per OT per 8hour shift, subject to a maximum of 42 hours per week per Anaesthetist. Full time employment for at</b>

ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT				
	Template for Minimum standards for Hospital	BASIC (General purpose)	Advance	Remarks
				least one full time anesthetist mandatory.
		MD/DNB/Diploma Anaesthesia	MD/DNB/Diploma Anesthesia	M-Mandatory
				D-Desirable
			1 consultant Intensivist/6 ICU Beds **	* D-Desirable (MBBS Doctor with training in emergency Medicine or Sr. Resident) ** M- Mandatory
	Duty Doctors		1 MBBS Doctor/6 ICU Beds /for round the clock medical cover **	* D ** M
	1. 2 Nurses			
	Nursing head	1 Head Nurse/OT	1 Head Nurse/OT	As per Nursing Council norm
	General nurses	1 Nurse/OT	2 Nurses/OT	M
	Trained Nurses for ICU/OT/HDU		1 Nurse/1 Ventilator patient; 1 Nurse/1NICU Beds;1 Nurse/2 ICU beds	M
	1. 3 Pharmacist			part of hospital
	1. 4 Para Medical staff			
	Lab Tech	NA for Anaesthesia	NA for Anaesthesia	
	X-ray Technician	NA for Anaesthesia	NA for Anaesthesia	
	OT Technician	1/OT;I Supervisor/2 OT	1/OT;I Supervisor/2 OT	M- Mandatory

<b>ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT</b>				
	<b>Template for Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>Advance</b>	<b>Remarks</b>
	ECG Technician	NA for Anaesthesia	NA for Anaesthesia	
	Dietitian	NA for Anaesthesia	NA for Anaesthesia	
	Physiotherapist	NA for Anaesthesia	NA for Anaesthesia	
	Psychologist	NA for Anaesthesia	NA for Anaesthesia	
	Medico social worker	NA for Anaesthesia	NA for Anaesthesia	
	1. 5 Support Staff			
	a. Receptionist & Billing	Yes	Yes	Part of hospital
	b. MRD Office	Yes	Yes	Part of hospital
	c. Security closed circuit surveillance and sanitation	Yes	Yes	Part of hospital
	d. Transport facility including driver	Yes	Yes	Own or outsource
	e. Data entry operators	Yes	Yes	Part of hospital
	f. House keeping	Yes	Yes	M
	1. 6 Rapid Response Team	Yes	Yes	Part of hospital
	1. 7 others			
	Policy Manpower/ posting/ rotation/ of medical and ALLIED HEALTH PROFESSIONAL	Yes	Yes	M
	STANDARD PERTAINING TO PERSONAL RECORD KEEPING	Yes	Yes	M

ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT				
	Template for Minimum standards for Hospital	BASIC (General purpose)	Advance	Remarks
	AND TRAINING			
	PAYMENT/ROSTER OF STAFF	Yes	Yes	part of hospital
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff in lab, blood bank, TLD badges	Yes	Yes	part of hospital policy
<b>4</b>	<b>Equipment</b>			
	Therapeutic	OT- Anaesthesia Work Station (Anaesthesia Delivery System) attached to cylinders and /or piped gases, Defibrillator for one OT complex of twin theatre depending upon the type of cases, can be reduced for ASA grade 1 or 2 cases, Laryngoscopes with blades of all sizes. Endotracheal tubes of all sizes, Anatomical face	D type Oxygen cylinders / O2 tank and / or concentrator. Liquid oxygen set up with emergency cylinder supply, Nitrous oxide supply through cylinders bank, Medical Air supply and vacuum set up. Piped medical gases. Anesthesia Equipment Anesthetic /machine with hypoxic guard, inbuilt oxygen analyser and ventilator. Anesthesia monitor with facility for monitoring SpO2, Pulse rate, NIBP, ECG and EtCO2. Anesthesia monitor with facility for monitoring SpO2,	

**ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT**

	<b>Template for Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>Advance</b>	<b>Remarks</b>
		masks of all sizes, Guedal's Airway of all sizes, Laryngeal Mask Airway of all sizes, Intubating Stylet and Bougie. Central venous canulation set, Spinal and epidural set, videolaryngoscope.	Pulse rate, NIBP, ECG, <b>temperature</b> and EtCO <sub>2</sub> . <b>Flexible Fiberoptic Bronchoscope/Flexible Intubating video endoscope.</b> Self-inflating resuscitator bag and mask - adult and neonatal size Anesthesia Equipment Laryngoscope with blades of all sizes Endotracheal tubes of all sizes Magill`s forceps, video laryngoscope Intubating stylet and bougie Oral and nasal airways (all sizes) Anesthesia Equipment Laryngoscope with blades of all sizes Endotracheal tubes of all sizes Magill`s forceps Intubating stylet and bougie with oxygen port. Oral and nasal airways (all sizes) Laryngeal mask airway (classic/proseal, all sizes) ETCO <sub>2</sub> hand held, transport monitor- ECG, SPO <sub>2</sub> , NIBP.	

ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT				
	Template for Minimum standards for Hospital	BASIC (General purpose)	Advance	Remarks
			Anatomical face masks all sizes Breathing circuits (Adult and pediatric) Laryngeal mask airway (classic/proseal, all	
	Surgical		Percutaneous tracheostomy set, Cricothyrotomy set,	
	Diagnostic		Ultrasound for nerve blocks and central Venous cannulation with basic ECHO machine for IOP and ICU.	
	Emergency	<b>Equipment:</b> Difficult Airway Cart, Oxygen cylinders with flow meter/tubing/catheter/face mask/nasal prongs, Suction apparatus (electrical and manual, central optional, Portable defibrillator with accessories, Equipment for dressing/ bandage/ suturing, Basic Diagnostic	<b>Equipment:</b> Difficult Airway Cart, Oxygen cylinders with flow meter/tubing/catheter/face mask/nasal prongs, Suction apparatus (electrical and manual, central optional, Portable defibrillator with accessories, Equipment for dressing/ bandage/ suturing, Basic Diagnostic equipment: BP apparatus, stethoscope, weighing machine, thermometer, ECG machine, Pulse oximeter, nebulizer and accessories	<b>Difficult airway cart would include the following items:</b> Resuscitation equipment including Laryngoscope with cells and different blades, endotracheal tubes of all sizes (2.5 TO 8.5mm ID), suction equipment (electrical and manual, central optional), lignocaine spray, oropharyngeal and nasopharyngeal airways,



**ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT**

	<b>Template for Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>Advance</b>	<b>Remarks</b>
		equipment: BP apparatus, stethoscope, weighing machine, thermometer, ECG machine, Pulse oximeter, nebulizer and accessories. <b>Emergency Drugs:</b> Injections: Diazepam, Furosemide, Ondasetron, Ranitidine, Nor-adrenaline, Phenytoin, Diclofenac, Deriphylline, Chlorpheniramine maleate, Hydrocortisone, Atropine, Adrenaline, KCl, Sterile water, Sodium bicarbonate, Dopamine, Naloxone (400mcg), Lignocaine (preservative free (50m) l, Suxamethoium, Atracurium/ Vecuronium/ Rocronium, Neostigmine, Calcium Chloride and gluconate,	<b>Emergency Drugs:</b> Injections: Diazepam, Furosemide, Ondasetron, Ranitidine, Nor- adrenaline, Phenytoin, Diclofenac, Deriphylline, Chlorpheniramine maleate, Hydrocortisone, Atropine, Adrenaline, KCl, Sterile water, Sodium bicarbonate, Dopamine, Naloxone (400mcg), Lignocaine (preservative free (50m) l, Suxamethoium, Atracurium/ Vecuronium/Rocronium, Neostigmine, Calcium Chloride and gluconate, Morphine/ Pethidine, Metoclopramide, Tramadol, Salbutamol Nebulizer, Steroid (Budesonide) Nebulizer, Lignocaine Jelly, Activated Charcoal: IV Fluids: Ringer lactate/acetate, Normal saline, (500, 250, 100 ml), 5% dextrose, 10% dextrose, 10% Dextrose, Paediatric Infusion slolution,	anatomical face masks (all sizes) self-inflating resuscitator bag- Adult & Paediatric (neonatal if indicated) laryngeal mask airway .

ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT				
	Template for Minimum standards for Hospital	BASIC (General purpose)	Advance	Remarks
		Morphine/ Pethidine, Metoclopramide, Tramadol, Salbutamol Nebulizer, Steroid (Budesonide) Nebulizer, Lignocaine Jelly, Activated Charcoal: IV Fluids: Ringer lactate/acetate, Normal saline, (500, 250, 100 ml), 5% dextrose, 10% dextrose, 10% Dextrose, Paediatric Infusion solution,		
	Sterilizing	Yes	Yes	M-Mandatory
	Drugs, Medical devices and consumables	Anaesthesia <b>Inductions Agents:</b> Thiopentone/ Propofol/ Ketamine / Etomidate (optional), <b>Inhalational Agents:</b> Sevoflurane/ Isoflurane/ Halothane: <b>Muscle Relaxants:</b> Suxamethonium,	Anaesthesia Inductions Agents: Thiopentone/ Propofol/ Ketamine / Etomidate (optional), Inhalational Agents: Sevoflurane/ Isoflurane/ Halothane: Muscle Relaxants: Suxamethonium, Vecuronium/ Pancuronium/ Atracurium/ Rocuronium, Opioids: Pentazocine/ Tramadol/ Morphine/ Pethidine,	

**ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT**

	<b>Template for Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>Advance</b>	<b>Remarks</b>
		Vecuronium/ Pancuronium/ Atracurium/ Rocuronium, <b>Opioids:</b> Pentazocine/ Tramadol/ Morphine/ Pethidine, Fentanyl/ Buprenorphine, <b>Others:</b> Neostigmine, Atropine, Glycopyrolate, Midazolam, Diazepam (Inj & Tab), Alpralozolam (tab), Diclofenac (Injection, and suppositories), Paracetamol (Inj and suppositries), Adrenaline, Magnesium sulphate and other emergency drugs to be finalized in the meeting	Fentanyl/ Buprenorphine, Others: Neostigmine, Atropine, Glycopyrolate, Midazolam, Diazepam (Inj & Tab), Alpralozolam (tab), Diclofenac (Injection, and suppositories), Paracetamol (Inj and suppositries), Adrenaline, Magnesium sulphate and other emergency drugs to be finalized in the meeting	
	List of disposables	Endotracheal tubes, Spinal sets, Epidural sets, Central venous canulation sets	Endotracheal tubes, Spinal sets, Epidural sets, Central venous canulation sets, arterial cannula, laryngeal mask airways	M

ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT				
	Template for Minimum standards for Hospital	BASIC (General purpose)	Advance	Remarks
	Annual Maintenance records of equip	Yes	Yes	M
<b>5</b>	<b>Support Service</b>			
	Reception & Billing	Yes	Yes	part of hospital
	Laboratory	Yes	Yes	part of hospital
	Imaging	Yes	Yes	part of hospital
	Pharmacy	Yes	Yes	part of hospital
	sterilization/CSSD	Yes	Yes	M
	Laundry/Kitchen	Yes	Yes	part of hospital
	Medical Gas/Manifold	Liquid oxygen set up with emergency cylinder supply, Nitrous oxide supply through cylinders bank, Medical Air supply and vacuum set up	Liquid oxygen set up with emergency cylinder supply, Nitrous oxide supply through cylinders bank, Medical Air supply and vacuum set up	part of hospital
	Blood storage unit/blood Bank	With adequate storage of all blood groups and blood products depending upon the requirement of Hospital set up	With adequate storage of all blood groups and blood products depending upon the requirement of Hospital set up	part of hospital
	Ambulance service	Yes	Yes	part of hospital Own or

ANAESTHESIOLOGY/INTENSIVE CARE/EMERGENCY DEPT				
	Template for Minimum standards for Hospital	BASIC (General purpose)	Advance	Remarks
				Outsource
<b>6</b>	<b>support services</b>			
	a. sterilization/CSSD	Yes	M	
	b. security	Yes	D	
	c. BMW management	Yes	M	
	d. Laundry	Yes	own/outsourced	
<b>7</b>	<b>Standard on basic processes</b>			
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M	
	<b>b. Infection control practices</b>	Yes	M	
	soap and water	Yes	M	
	facilities for hand washing and disinfection	Yes	M	
	Disinfection of work Area	Yes	M	
	Use of disposable services	Yes	M	
	small autoclave	Yes	M	
	<b>c. Policy on outsourced services</b>	Yes	D	
		<b>M-Mandatory</b>	<b>D- Desirable</b>	

NEUROLOGY CLINIC			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	Specialist	
2	<b>Scope</b>		
	Services Provided	Neurology OPD Consultation	
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M
	ii. consultation/waiting area	Yes	M
4	<b>Human Resources</b>		
	Med person incharge	DM/DNB NEUROLOGY	M
	Tech staff	NURSE-1	D
	Non Tech staff	Attendant-1	M
	Duty and salary roster	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	Yes	D
5	<b>Equipment</b>		
	a. Stethoscope	Yes	M
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	M
	e. Weigh machine	Yes	M
	f. Others	HAMMER	M

NEUROLOGY CLINIC			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	g. Emergency kit and medicine	Yes	Refer document of Clinic/Polyclinic; INCLUDE DIAZEPAM , LORAZEPAM
	h. Drugs,Medical devices and consumables	Yes	M
	i. List of disposables	Yes	M
	j. Annual Maintenance records of equip	Yes	D
<b>6</b>	<b>support services</b>		
	a. sterlization/CSSD	Yes	M
	b. security	Yes	D
	c. BMW management	Yes	M
	d. Laundry	Yes	own/outsourced
<b>7</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients,privacy for patients while examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D
		<b>M-Mandatory</b> <b>D- Desirable</b>	

CLINIC WITH NEUROSURGERY SERVICES			
	Minimum standards for Clinics/Polyclinics	CONSULTATION SERVICES	REMARK
1	<b>Definition</b>	Specialist	
2	<b>Scope</b>		
	Services Provided	Consultation Services	
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M
	ii. consultation/waiting area	Yes	M
4	<b>Human resources</b>		
	Med person in charge	M. Ch/ DNB NEUROSURGERY	M
	Tech staff	NURSE-1	Optional
	Non Tech staff	Attendant-1	M
	Duty and salary roster	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	Yes	D
5	<b>Equipment</b>		
	a. Stethoscope	Yes	M
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	M
	e. Weigh machine	Yes	M
	f. Emergency kit and medicine	Yes	Refer document clinic / Polyclinic



CLINIC WITH NEUROSURGERY SERVICES			
	Minimum standards for Clinics/Polyclinics	CONSULTATION SERVICES	REMARK
	g. Drugs, Medical devices and consumables	Yes	M
	h. List of disposables	Yes	M
	i. Annual Maintenance records of equip	Yes	D
	<b>support services</b>		
6	a. sterilization/CSSD	Yes	M
	b. security	Yes	D
	c. BMW management	Yes	M
	d. Laundry	Yes	own/outsourced
7	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	M	M
	small autoclave	Yes	M
	facilities for sterilization	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D

NEUROSURGERY SERVICES IN HOSPITAL				
	Template for Minimum standards for Hospital	BASIC	ADVANCE	Remarks
1	<b>Scope</b>	Providing Basic Neurosurgery services (example SDH, District Hospital, Civil Hospital, Private Hospital, Nursing Home) etc	Providing Neurosurgery services (example Civil Hospital, Regional Hospital, Nursing Home, Private Hospital etc. )	
	<b>Services Provided</b>			
	1. 1 General purpose	Yes		
	1. 2 Single Specialty	yes		
	1. 3. Multispecialty	yes		
	1. 4. Super specialty		Yes	
2	<b>Human resources</b>			
	Med person in charge	MCh/ DNB Neurosurgery-1	MCh/ DNB Neurosurgery-1/6 beds	M
		also MS General SURGEON-3	also MS General SURGEON-3	M
	Duty Doctors	MBBS Doctors for round the clock cover	MBBS Doctors for round the clock cover	M
	<b>2. 2 Nurses</b>			
	Nursing head	1	Yes	M
	General nurses	2	1 per 3 bed	M
	Trained Nurses for ICU/OT/HDU	2	1 per 1 bed	M
	2. 3 Pharmacist	Yes	1 per 50 beds	M- Inhouse pharmacy

NEUROSURGERY SERVICES IN HOSPITAL				
	Template for Minimum standards for Hospital	BASIC	ADVANCE	Remarks
	2. 4 Para Medical staff			
	a. Lab Tech	Yes	Yes	M- if own lab
	b. X-ray Technician	Yes	Yes	M- if own
	c. OT Technician	Yes	Yes	M
	d. ECG Technician	Yes	Yes	D
	e. Dietician	Yes	Yes	D
	f. Physiotherapist	Yes	Yes	D
	g. Psychologist	Yes	Yes	D
	h. Medico social worker	Yes	Yes*	*M
<b>3</b>	<b>Equipment</b>			
	a. Surgical	Basic Surgical Tray/ Open surgery tray /Laproscopy	Basic Surgical Tray/ Open surgery tray/ Laproscopy/ Equipment for neuro surgery super specialty; C Arm Machine- 1 (for intraoperative spinal neurosurgical operations)	M
	b. Diagnostic	EEG, EMG, XRay machine-both portable and fixed-1 for 50 beds/CT Scan 64 Slice - 1	EEG, EMG, X-ray machine-both portable and fixed-1 for 50 beds/CT Scan 64 Slice- 1	M
	c. Emergency	Yes	Yes	Refer document of

NEUROSURGERY SERVICES IN HOSPITAL				
	Template for Minimum standards for Hospital	BASIC	ADVANCE	Remarks
				Hospital
	d. Sterlizing	Yes	Yes	M
	d. Drugs, Medical devices and consumables	Yes	Yes	Refer document of Hospital
	e. List of disposables	Yes	Yes	M
	f. Annual Maintenance records of equip	Yes	Yes	D
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	own or Outsourced
	4. 2. Imaging	Yes	Yes	own or Outsourced
	4. 3. Pharmacy	Yes	Yes	M
	4. 4. sterilization/CSSD	Yes	Yes	M
	4. 5. Medical Gas/Manifold	Yes	Yes	M
	4. 6. Blood storage unit/blood Bank	Yes	Yes	M-own/outsourced/TIE UP
	4. 7. Ambulance service	Yes	Yes	M-own/outsourced/TIE UP
		<b>M-Mandatory</b>	<b>D- Desirable</b>	

<b>EQUIPMENTS FOR NEUROSURGERY OPERATION THEATRE</b>				
		<b>EMERGENCY</b>	<b>ELECTIVE</b>	<b>REMARKS</b>
1.	OPERATING MICROSCOPE	M	M	
2.	CUSA	D	M	
3.	C-ARM	M	M	
4.	BIPOLAR CAUTERY	M	M	
5.	INTRAOPERATIVE NERVE MONITOR	D	M	
6.	INTRAOPERATIVE USG/DOPPLER	D	M	
7.	CRANIOTOME WITH HIGHSPEED DRILL	M	M	
8.	NEUROENDOSCOPY SYSTEM	D	M	
9.	NEURONAVIGATION SYSTEM	D	M	
10.	PLASMA STERLIZATION	M	M	
11.	CRANIOTOMY SET FOR ELECTIVE CASES- NOS		M	
12.	SPINE TRAUMA SET 2NOS	M		
13.	CRANIOTOMY SET FOR TRAUMA 2NOS	M		
14.	SPINE SET FOR ELECTIVE SURGERY 2NOS		M	
15.	MULTPARAMETER MONITOR WITH ICP MONITORING	M	M	
16.	WORKSTATION FOR ANAESTHESIA	M	M	
17.	CALF PUMP	M	M	
18.	PATIENT WARMER	M	M	
19.	NEUROSURGERY OPERATING TABLE- C ARM COMBATIBLE	M	M	
20.	CT/MRI LOBBY	M	M	
21.	LED OPERATING LIGHTS	M	M	

**ADDITIONAL EQUIPMENTS FOR NEUROSURGERY ICU REQUIRED**

<b>ADDITIONAL EQUIPMENTS FOR NEUROSURGERY ICU REQUIRED</b>				
1.	MOTORIZED FOWLERS COTS			
2.	MULTIPARAMETER MONITOR WITH ICP M FACILITY OER BED			
3.	INFUSION PUMP			
4.	SYRINGE PUMP			
5.	CALF PUMP PER BED			
6.	FULL FUNCTION VENTILATOR PER BED			
7.	CHEST VIBRATOR			
8.	ULTRASOUND MACHINE			
9.	DIGITAL PORTABLE X-RAY			
10.	TRACHEOSTOMY SET			
11.	CUT DOWN SET			
12.	LP SET			
13.	EVD SET			
14.	PERCUTANEOUS TRACHEOSTOMY KIT			
15.	CENTRAL LINE KIT			
16.	LUMBAR DRAIN SET			
17.	OPHTHALMOSCOPE			
18.	NEUROLOGICAL EXAMINATION KIT			

CARDIOLOGY SERVICES IN HOSPITAL					
	Template for Minimum standards for Hospital	BASIC (General purpose)	NON INVASIVE	INVASIVE	Remarks
1	<b>Scope</b>	provides resuscitation and short term Cardio respiratory support including defibrillation: require to ventilate for 24 to 48 hrs. ( eg. General Hospital with Single Specialties/Multiple Specialties example CHC SDH, DH, Civil Hospital, Private Hospital, Nursing Home etc )	Cardiology interventions ( eg. General Hospital with Single specialties/Multiple specialties example CHC SDH, DH, Civil Hospital, Private Hospital, Nursing Home etc)	invasive procedures requiring ICU care with long term acute care of highest standard	
	<b>Services Provided</b>				
	1. 1 General purpose	yes			
	1. 2 Single Specialty		yes	yes	
	1. 3. Multispecialty		yes	yes	
	1. 4. Super specialty		yes	yes	
2	<b>Human resources</b>				
	2. 1 Doctors	MD/DNB Medicine	DM /DNB Cardiology MD/DNB Medicine	DM/DNB Cardiology	M-Mandatory

<b>CARDIOLOGY SERVICES IN HOSPITAL</b>				
<b>Template for Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>NON INVASIVE</b>	<b>INVASIV E</b>	<b>Remarks</b>
Duty Doctors	MBBS doctors to provide round the clock Medical cover	MBBS doctors to provide round the clock Medical cover	MBBS doctors to provide round the clock Medical cover	M-Mandatory
2. 2 Nurses				
General nurses	yes	Yes	Yes	M-Mandatory
Trained Nurses for ICU/OT/HDU		Nurse Station: one ECG lead from each patient and as well as relevant haemodynamic and respiratory data should continuously be present on central screen	Nurse Station: one ECG lead from each patient and as well as relevant haemodynamic and respiratory data should continuously be present on central screen	M-Mandatory
2. 3 Pharmacist	Yes	Yes	Yes	M-mandatory, part of hospital
2. 4 Para Medical staff				
a. Lab Tech	Yes	Yes	Yes*	*M-Emergency Lab ; part of hospital
b. Xray Technician	Yes	Yes	Yes*	*M-own for invasive cardiology; others D-own/outsourced



CARDIOLOGY SERVICES IN HOSPITAL					
	Template for Minimum standards for Hospital	BASIC (General purpose)	NON INVASIVE	INVASIVE	Remarks
	c. Technician			Trained cath Lab Technician*	*M-own for invasive cardiology
	d. ECG Technician	Yes	Yes*	Yes*	*M-Mandatory
	e. Dietician	Yes	Yes	Yes*	*M-Mandatory
	f. Physiotherapist	Yes	Yes	Yes*	*M-Mandatory
	g. Medico social worker			Yes	D-Desirable
<b>3</b>	<b>Equipment</b>				
	a. Therapeutic			Patient monitoring unit, with 2 ECG channels, invasive pressure channel, non-invasive blood pressure monitor, Sao2 meter 50% beds -5 ECG channels, 2 additional hemodynamic channel, end tidal CO2, Noninvasive cardiac output, thermometer.	

<b>CARDIOLOGY SERVICES IN HOSPITAL</b>					
	<b>Template for Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>NON INVASIVE</b>	<b>INVASIV E</b>	<b>Remarks</b>
				Other equipment: Volumetric pump/automatic syringe, Mechanical respirators 1 machine/2 beds, Intra-aortic balloon pump, haemodialysis and haemofiltration machine, pacemaker, defibrillator, external pacemaker , temporary pacemaker, mobile echocardiography, with TEE probe, blood clot meter, mechanical compressor device for groin and radial haemostatis	
	b. Diagnostic	ECG machine	TMT, Holter	X-ray system for fluroscopy, digital cardiac mobile C arm, -A fully equipped Cardiac Cath Lab	M-Mandatory
	c. Emergency	Yes	Yes	Yes	Refer to Document on Hospital

CARDIOLOGY SERVICES IN HOSPITAL					
	Template for Minimum standards for Hospital	BASIC (General purpose)	NON INVASIVE	INVASIV E	Remarks
	d. Sterilizing	Yes	Yes	Yes	M-mandatory
	e. Drugs, Medical devices and consumables	Yes	Yes	Yes	Refer to Document on Hospital
	f. List of disposables	Yes	Yes	Yes	M-mandatory
	g. Annual Maintenance records of equip	Yes	Yes	Yes	M-mandatory
<b>5</b>	<b>Support Service</b>				
	a. Laboratory	yes	yes	Biochemical markers kits, for MI, Glucose level measurement kit, Blood gases and electrolyte analyzer	Can be own or Outsourced
	b. Imaging	yes		Yes*	*M-own for invasive; others own/outsourced
	c. sterilization/CSSD	Yes	Yes	Yes	M-own

CARDIOLOGY SERVICES IN HOSPITAL					
	Template for Minimum standards for Hospital	BASIC (General purpose)	NON INVASIVE	INVASIVE	Remarks
	d. Medical Gas/Manifold	Yes	Yes	Yes	M-mandatory
	e. Blood storage unit/ blood Bank	Yes	Yes	Yes	M-own/outsourced
	f. Ambulance service	Yes	Yes	Yes*	*M-CCU Ambulance for invasive/ non invasive cardiology service centres

CLINIC WITH CARDIOLOGY SERVICES			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	Specialist	
2	<b>Scope</b>		
	Services Provided	consultation services	<b>MD Medicine can provide consultation services but signage of Cardiology not allowed</b>
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i) . Reception	Yes	M-Mandatory
	ii) . consultation/waiting area	Yes	M-Mandatory
	iii) . OPD Area	Yes	M-Mandatory
4	<b>Human resources</b>		
	a. Doctors	DM/ DNB Cardiology (MD Medicine can provide Cardiology Services but signage not allowed)	
	b. Tech staff	ECG Tech	D
	c. Non Tech staff	yes	M
	d. Duty and salary roster	Yes	D
	e. OTHER REQUIREMENT LIKE PERIODIC	Yes	D-Desirable

CLINIC WITH CARDIOLOGY SERVICES			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	HEALTH CHECK UPS		
<b>5</b>	<b>Equipment</b>		
	a. Stethoscope	Yes	M-Mandatory
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	M-Mandatory
	e. Weighing machine	Yes	M-Mandatory
	f. Others	ECG Machine*, ECHO, TMT Holter	*M-Mandatory others are desirable and can be own/outsourced
	g. Drugs, Medical devices and consumables	clopid, Aspirin, others	Refer to document of Clinic/Polyclinic
	h. List of disposables	M	M
	i. Annual Maintenance records of equip	Yes	D-Desirable
<b>6</b>	<b>support services</b>		
	a. security	Yes	D-Desirable; Own or outsourced

CLINIC WITH CARDIOLOGY SERVICES			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	b. BMW management	Yes	M-Mandatory
	c. Laundry	Yes	D-Desirable; Own or outsourced
7	<b>Standard on basic processes</b>		
	a. Receiving patients, privacy for patients while examining especially females	Yes	M-Mandatory
	b. Infection control practices	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	facilities for sterilization	Yes	If applicable
	c. Policy on outsourced services	Yes	D

CLINIC WITH UROLOGY SERVICES				
	Minimum standards for Clinics/Polyclinics	CONSULTATION SERVICES	DAY CARE PROCEDURE	REMARK
1	<b>Definition</b>	Specialist	Specialist	
2	<b>Scope</b>			
	Services Provided	CONSULTATION SERVICES, DRESSING, FOLEY'S CATHETERISATION, FOLEY'S REMOVAL, USG GUIDED PROCEDURE:PCN, PROSTATE BIOPSY, UROFLOWMETRY, URO DYNAMICS (OPTIONAL)	PROCEDURES UNDER LA, SUPRAPUBIC CATHETERIZATION, PCN, URETHRAL DILATATION, MEATOPLASTY, LOWER TRACT ENDOSCOPY TEST MINOR OPEN PROCEDURES ORCHIDECTOMY, MEATOPLASTY, TESTICULAR BIOPSY	M
3	<b>Physical Infrastructure</b>			
	<b>a. Space requirement</b>			
	i. Reception	Yes	Yes	M-Mandatory
	ii. consultation/waiting area	Yes	Yes	M-Mandatory
	iii. OPD Area	Yes	Yes	M-Mandatory; <b>Minor OT mandatory in Day care</b>



<b>CLINIC WITH UROLOGY SERVICES</b>				
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>CONSULTATION SERVICES</b>	<b>DAY CARE PROCEDURE</b>	<b>REMARK</b>
<b>4</b>	<b>Human resources</b>			
	Doctors	MS GENERAL SURGEON	M. Ch UROLOGY	M
	Tech staff	NURSE-1	OT TECHNICIAN-1/ NURSE-1	M
	Non Tech staff	Attendant-1	Attendant-1	M-Mandatory
	Duty and salary roster	Yes	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff in lab, blood bank, TLD badges	Yes	Yes	D
<b>5</b>	<b>Equipment</b>			
	a. Stethoscope	Yes	Yes	M
	b. Thermometer	Yes	Yes	M
	c. BP Apparatus	Yes	Yes	M
	d. Glucometer	Yes	Yes	M
	e. Weigh machine	Yes	Yes	M
	f. Emergency kit and medicine	DRESSING TRAY, CATHETERISATION TRAY, PORTABLE LIGHT	ENDOSCOPY FOR LOWER TRACT ONLY (OPTIONAL) OPEN SURGERY SET	Also refer to Clinic/ Polyclinic document
	g. Drugs, Medical devices and consumables	Yes	Yes	M
	h. List of disposables	Yes	Yes	M

CLINIC WITH UROLOGY SERVICES				
	Minimum standards for Clinics/Polyclinics	CONSULTATION SERVICES	DAY CARE PROCEDURE	REMARK
	i. Annual Maintenance records of equip	Yes	Yes	D
<b>6</b>	<b>support services</b>			
	sterilization/CSSD	Autoclave	Autoclave	M
	security	Yes	Yes	D
	BMW management	Yes	Yes	M
	Laundry	Yes	Yes	own/outsourced
<b>7</b>	<b>Standard on basic processes</b>			
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	Yes	M
	<b>b. Infection control practices</b>	Yes	Yes	M
	soap and water	Yes	Yes	M
	facilities for hand washing and disinfection	Yes	Yes	M
	Disinfection of work Area	Yes	Yes	M
	Use of disposable services	Yes	Yes	M
	small autoclave	Yes	Yes	M
	facilities for sterilization	Yes	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	Yes	D

UROLOGY				
	Minimum standards for Hospital	BASIC (General Purpose)	ADVANCED	Remarks
1	Scope	Providing services ( example Primary Health Centre, Community Health Centre, SDH, District Hospital, Private Hospital, Nursing Home etc)	Providing services (example Civil Hospital, regional Hospital, Nursing Home, Private Hospital etc of similar scope)	
	Services Provided	OPEN SURGERY, OTHER SURGERIES EXCLUDING	OPEN SURGERIES, ENDO UROLOGY, LAPROSCOPIC	
		ADVANCED RECONSTRUCTIVE SURGERIES LIKE RADICAL	UROLOGICAL PROCEDURES, ESWL, URODYNAMICS	
		PROSTECTOMIES, AND ONCOLOGY SURGERIES. SIMPLE	FACILITIES (PREFERRED) RECONSTRUCTIVE SURGERY	
		LAPROSCOPIC SURGERIES E. G., NEPHRECTOMY,		
		URETERLITHOTOMY, NO ENDOSCOPIC SURGERIES		
		ALLOWED.		
	1. 1 General purpose	Yes		
	1. 2 Single Specialty		Yes	
	1. 3. Multispecialty		Yes	
	1. 4. Super		Yes	

UROLOGY				
	Minimum standards for Hospital	BASIC (General Purpose)	ADVANCED	Remarks
	specialty			
2	<b>Human resources</b>			
	Med person incharge	MS GENERAL SURG/MCh /DNB UROLOGY	M. Ch /DNB UROLOGY-1	M
	Full time consultant	Yes or	also GENERAL SURGEON-2	M
	Part time consultant	Yes or	Yes or	M
	visiting consultant	Yes or	Yes or	M
	Duty Doctors	MBBS Doctor for round the Clock medical cover	MBBS doctor for round the Clock medical cover	M
	2. 2 Nurses			
	General nurses	2	Yes	
	Trained Nurses for ICU/OT	1	2	As per ICU norms
	2. 3 Pharmacist	Yes	yes	M-for inhouse pharmacy
	2. 4 Para Medical staff			
	a. Lab Tech	Yes	Yes	M-if own
	b. X-ray Technician	Yes	Yes	M-if own

UROLOGY				
	Minimum standards for Hospital	BASIC (General Purpose)	ADVANCED	Remarks
	c. OT Technician	1/OT	1/OT	M-Mandatory
	d. ECG Technician	Yes	Yes	D-own/outsource
	e. Dietitian	Yes	Yes	on call
	f. Physiotherapist	Yes	Yes	D
	g. Psychologist	Yes	Yes	D
	h. Medico social worker	Yes	Yes	D
<b>3</b>	<b>Equipment</b>			
	Therapeutic	LAPROSCOPY SET, OPEN SURGERY EQUIPMENT	LAPROSCOPY SET, OPEN SURGERIES INSTRUMENT, UPPER AND LOWER TRACT ENDOSCOPY, emergency electrocauery, laser /pneumatic lithtripter (D) laproscopy. open sugery set for Gynae, general surgery and urology -Mandatory	<b>M -lithotripsy stand alone not permitted</b>
	Emergency	yes	yes	Refer to hospital document
	Sterilizing	yes	yes	M-MANDATORY
	Drugs, Medical devices and consumables	Yes	yes	Refer to hospital document

UROLOGY				
	Minimum standards for Hospital	BASIC (General Purpose)	ADVANCED	Remarks
	List of disposables	Yes	Yes	M
	Annual Maintenance records of equip	Yes	Yes	D
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	M-own/outsourced
	4. 2. Imaging	Yes		M-own/outsourced
	4. 3. Pharmacy	Yes	Yes	M-IN ADVANCE
	4. 4. sterilization/CSSD	Yes	Yes	M
	4. 5. Medical Gas/Manifold	Yes	Yes	M
	4. 6. Blood storage unit/blood Bank	Yes	Yes	M-own /outsourced / TIE UP
	4. 7. Ambulance service	Yes	Yes	M-own/outsourced / TIE UP

CLINIC FOR GI SURGERY				
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Day Care	Remarks
1	<b>Definition</b>	<b>Specialist</b>	<b>Specialist</b>	
2	<b>Scope</b>			
	Services Provided	Only consultation services; minor procedure	Day Care Procedures: 1. Diagnostics Biopsies (US guided / Endoscopic) 2. Endoscopic-Diagnostic/Therapeutic/UGI Colonoscopy, UGI scopy with stricture dilatation 3. Protoscopic procedures-Haemorrhoidal band ligation/sclerotherapy, fistula threading/wiring under LA	
3	<b>Physical Infrastructure</b>			
	<b>a. Space requirement</b>			
	i. Reception	Yes	Yes	M
	ii. consultation/waiting area	Yes	Yes	M
4	<b>Human resources</b>			

CLINIC FOR GI SURGERY				
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Day Care	Remarks
	Med person incharge	M Ch/DNB (GI Surgery) /MS General Surgery with 3 years of experience in recognized GI Surgery Department)	M Ch/DNB (GI Surgery) /MS General Surgery with 3 years of experience in recognized GI Surgery Department)	M
	Tech staff	NURSE-1	NURSE-1	M-Mandatory
	Non Tech staff	Attendant	Attendant	M
	Duty and salary roster	Yes	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	yes	yes	D-Desirable
<b>5</b>	<b>Equipment</b>			
	a. Stethoscope	Yes	Yes	Yes
	b. Thermometer	Yes	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	Yes	M
	e. Weigh machine	Yes	Yes	M



CLINIC FOR GI SURGERY				
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Day Care	Remarks
	f. Emergency kit and medicine	yes	yes	Refer to document on clinic/Polyclinic
	g. Drugs, Medical devices and consumables	Yes--2 rigid proctoscope with single light source, Haemorrhoidal band applicator device, punch biopsy forcep, dressing set, specimen vial. (short stay facility)	Yes--2 rigid proctoscope with single light source, Haemorrhoidal band applicator device, punch biopsy forcep, dressing set, specimen vial. Sigmoidoscope-	M
	h. List of disposables	Yes	Yes	M
	i. Annual Maintenance records of equip	Yes	Yes	D-Desirable
<b>6</b>	<b>support services</b>			
	a. sterilization/CSSD	Yes	Yes	M-Mandatory
	b. security	Yes	Yes	M-Mandatory
	c. BMW management	Yes	Yes	M-Mandatory
	d. Laundry	Yes	Yes	Own/outsourced
<b>7</b>	<b>Standard on basic processes</b>			

CLINIC FOR GI SURGERY				
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Day Care	Remarks
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	Yes	M-Mandatory
	<b>b. Infection control practices</b>	Yes	Yes	M
	soap and water	Yes	Yes	M
	facilities for hand washing and disinfection	Yes	Yes	M
	Disinfection of work Area	Yes	Yes	M
	Use of disposable services	Yes	Yes	M
	small autoclave	Yes	Yes	M
	facilities for sterilization	Yes	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	Yes	D-Desirable

GI SURGERY SERVICES IN HOSPITAL			
	Minimum standards for Hospital	Minimum Standards (Non Teaching)	Remarks
1	<b>Scope</b>	All G I Surgeries; Also diagnostic gastroscopy, colonoscopy, sigmoidoscopy, Oesophageal stricture dilatation.	
	<b>Services Provided</b>		
	Super specialty	Yes	
2	<b>Human resources</b>		
	<b>2. 1 Doctors</b>		
	Med person in charge	Surgeon should fulfill MCI/DNB guidelines or have one year full time training in GI surgery after getting General Surgery degree	
		Critical care specialist/Intensivist in ICU-1	M-Mandatory
	Duty Doctors	MBBS Doctors for round the clock medical cover	M-Part of Hospital
	<b>2. 2 Nurses</b>		
	Trained Nurses for ICU/OT/HDU	Yes	1 per 2 beds
	2. 3 Pharmacist	Yes	M-Mandatory
	<b>2. 4 Para Medical staff</b>		
	a. Lab Tech	Yes	M- if own lab;part of hospital
	b. X-ray Technician	Yes	M- if own;part of hospital
	c. OT Technician	Yes	M-Mandatory
	d. ECG Technician	Yes	M-Mandatory
	e. dietician	Yes	M-Mandatory

GI SURGERY SERVICES IN HOSPITAL			
	Minimum standards for Hospital	Minimum Standards (Non Teaching)	Remarks
	f. Physiotherapist	Yes	M-Mandatory
	g. Psychologist	Yes	D-Desirable
	h. Medico social worker	Yes	D-Desirable
<b>3</b>	<b>Equipment</b>		
	a. Therapeutic	ABG machine is must, no other special equipment	M-Mandatory
	b. Surgical	Surgical Tray set	M-Mandatory
	c. Diagnostic	Yes	as applicable
	d. Emergency	Yes	Refer document of hospital
	e. Sterilizing	Yes	M-Mandatory
	f. Drugs, Medical devices and consumables	Yes	Refer document of hospital
	g. List of disposables	Yes	M-Mandatory
	h. Annual Maintenance records of equip	Yes	D-Desirable
<b>4</b>	<b>Support Services</b>		
	a. Laboratory	Yes	own or Outsourced
	b. Imaging	Portable USG machine with a qualified Radiologist available on call	M-Mandatory
	c. Pharmacy	Yes	M-Mandatory
	d. sterilization/CSSD	Yes	M-Mandatory
	e. Medical Gas/Manifold	Yes	M-Mandatory
	f. Blood storage unit/blood Bank	Yes	M-own/outsourced/TIE UP
	g. Ambulance service	Yes	M-own/outsourced/TIE UP

CLINIC with CTVS SERVICES			
	Minimum standards for Clinics/ Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	Specialist	
2	<b>Scope</b>		
	Services Provided	Consultation Services	
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. consultation/waiting area	Yes	M-Mandatory
4	<b>Human resources</b>		
	Med Person Incharge	M. Ch. /DNB CTVS	M
	Tech staff	ECG Tech	M
	Non Tech staff	Yes	M
	Duty and salary roster	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	Yes	D
5	<b>Equipment</b>		
	a. Stethoscope	Yes	M
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	M
	e. Weigh machine	Yes	M
	f. Others	ECG Machine, Echo Machine,	M, Echo Machine

CLINIC with CTVS SERVICES			
	Minimum standards for Clinics/ Polyclinics	Minimum Standards	Remarks
		Bronchoscope, Oesophagoscope	
	g. Emergency kit and medicine	Clopid, Aspirin	Refer to document on Clinic/Polyclinic
	h. Drugs, Medical devices and consumables	Yes	M
	i. List of disposables	Yes	M
	j. Annual Maintenance records of equip	Yes	D
	<b>6 Support services</b>		
	a. Security	Yes	M
	b. BMW management	Yes	M
	c. Laundry	Yes	D-own/outsourced
7	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M-Mandatory
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	D-if applicable
	facilities for sterlization	Yes	D-if applicable
	<b>c. Policy on outsourced services</b>	Yes	D

CTVS IN HOSPITAL				
	Minimum standards for Hospital	Single Superspecialty	Multi Superspecialty	Remarks
1	<b>Scope</b>	Providing CTVS services (example Civil Hospital, regional Hospital, Nursing Home, Private	Providing services (example District Hospital, regional Hospital, Nursing Home, Private Hospital etc.	
	<b>Services Provided</b>	Services relating to cardiothoracic and vascular specialty	Services relating to cardiothoracic and vascular specialties in Multispecialty set up	
	1. 1 General purpose			
	1. 2 Single Specialty	Yes		
	1. 3. Multispecialty		yes	
	1. 4. Superspecialty	yes	Yes	
2	<b>Human resources</b>			
	<b>2. 1 Doctors</b>			
	Med person Incharge	MCH/DNB-1per OT	MCH/DNB-1per OT	M
	Full time consultant	Gen Surgeon/MBBS-1	Gen Surgeon -1, MBBS-1	M
	Duty Doctors	Qualified Trained Anesthetist MBBS Doctors for round the clock service	Qualified Trained Anesthetist MBBS Doctors for round the clock service	M
	<b>2. 2 Nurses</b>			
	General nurses	Yes	Yes	M-Mandatory
	Trained Nurses for ICU/OT/HDU	2	2	ICU Norms

CTVS IN HOSPITAL				
	Minimum standards for Hospital	Single Superspecialty	Multi Superspecialty	Remarks
	2. 3 Pharmacist			
	2. 4 Para Medical staff		Perfusionist-1	M
	a. Lab Tech	Yes	Yes	M
	b. X-ray Technician	Yes	Yes	M
	c. OT Technician	Yes	Yes	M
	d. ECG Technician	Yes	Yes	M
	e. dietician	Yes	Yes	D-Desirable
	f. Physiotherapist	Yes	Yes	D-Desirable
	h. Medico social worker	Yes	Yes	D
<b>3</b>	<b>Equipment</b>			
	Therapeutic	Open Heart Tray, Gas pipelines Lung Machine with TCM, 3 invasive pressure monitor at Anesthesia work station, suction, defibrillator, ABG Machine, ACT Machine, Single chambered pacemaker, Hypothermia machine, IABP, temp monitoring module, cautery	Open Heart Tray, Gas pipelines Heart Lung Machine with TCM, 3 invasive pressure monitor at Anesthesia work station, suction, defibrillator, ABG Machine, ACT Machine, Single chambered pacemaker, Hypothermia machine, IABP, temp monitoring module, Cautery	M-Mandatory
	Surgical	2 sets of operating equipment	2 sets of operating equipment	M-Mandatory
	Diagnostic	Yes	Yes	M-Mandatory
				Refer to document



CTVS IN HOSPITAL				
	Minimum standards for Hospital	Single Superspecialty	Multi Superspecialty	Remarks
	Emergency	Y	yes	on Hospital
	Sterilizing	Yes	yes	M-Mandatory
	Drugs, Medical devices and consumables	Inotropes, protamine, heparin, isopronaline, anti-arrhythmic, lifesaving drugs	Inotropes, protamine, heparin, isopronaline, anti-arrhythmic, lifesaving drugs, anesthetic drug.	Also refer to documents on hospital
	List of disposables	Yes	Yes	M
	Annual Maintenance records of equip	Yes	Yes	M
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	own or Outsourced
	4. 2. Imaging	yes	Yes	own or Outsourced
	4. 3. Pharmacy	Yes	Yes	M-own/outsourced
	4. 4. Medical Gas/Manifold	Yes	Yes	M-IN ADVANCE
	4. 5. Blood storage unit/blood Bank	Yes	Yes	M-own/outsourced/TIE UP
	4. 6. AMB service	CCU AMB	CCU AMB	M-own/outsourced/TIE UP

DERMATOLOGY CLINIC				
	Template for Minimum standards for Clinics/Polyclinics	Dermatology Clinic	Cosmetology centre with Dermatologist	Remarks
1	<b>Definition</b>	Specialist	Specialist	
2	<b>Scope</b>			
	Services Provided	Consultation services, skin biopsy, warts, Electrocautery, RFA, Nail biopsy, ingrowing nail excision, Intralesional injections, chemical peels, Phototherapy, Cryotherapy, Chemical Cautery. Lab Diagnosis: For RTI/STI & Leprosy, Dermatology	Consultation, Laser treatment, Dermabrasion, Punch graft, Blister graft, Phototherapy, Cryotherapy, Iontophoresis, Electrocautery, Electrolysis PRP, DPCP, Melanocyte Transplant, Hair Transplant	<b>Dermatologists providing Cosmetology services must have certificate from Govt. recognized centers. No chemical or laser permitted without dermatologist at beauty clinic. No liposuction/ lipolysis without plastic surgeon at Beauty clinic.</b>
3	<b>Physical Infrastructure</b>			
	<b>a. Space requirement</b>			
	i. Reception	Yes	Yes	M-Mandatory
	ii. Consultation/waiting area	Yes	Yes	M-Mandatory
4	<b>Human resources</b>			

DERMATOLOGY CLINIC				
	Template for Minimum standards for Clinics/Polyclinics	Dermatology Clinic	Cosmetology centre with Dermatologist	Remarks
	Doctors	MD/DNB/DIPLOMA DERMATOLOGY	MD/DNB/DIPLOMA DERMATOLOGY with 6 months training from a Recognized center	M-Mandatory
	Nurses	Yes	Yes	M-Mandatory
	Lab Technician	Yes	Yes	M-Mandatory
	Assistant Leprosy Officer (ALO)	Yes	Yes	M-Mandatory
	STI Counselor	Yes	Yes	M-Mandatory
	Non Tech staff	ATTENDANT, Nurses, Lab Tech, ALO, STI Counselor	ATTENDANT, Nurses	M-Mandatory
	Duty and salary roster	Yes	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	Yes	Yes	M-Mandatory
	<b>5 Equipment</b>			
	a. Stethoscope	Yes	Yes	M-Mandatory
	b. Thermometer	Yes (Non Mercury)	No	
	c. BP Apparatus	Yes (Non Mercury)	Yes	
	d. Glucometer	Yes	No	D-Desirable

DERMATOLOGY CLINIC				
	Template for Minimum standards for Clinics/Polyclinics	Dermatology Clinic	Cosmetology centre with Dermatologist	Remarks
	e. Weighing machine	Yes	No	M-Mandatory
	f. Other	ELECTROCAUTERY/RFA- ESSENTIAL PHOTOTHERAPY, LASER, CHEMICAL PEEL- DESIRABLE	LASER, CHEMICAL PEEL- DESIRABLE	D-Desirable
	g. Emergency kit and medicine	Yes	No	Refer to document on clinic/Polyclinic
	h. Drugs, Medical devices and consumables	Yes*	No	*M-Mandatory
	i. List of disposables	Yes	Yes	M-Mandatory
	j. Annual Maintenance records of equip	Yes	Yes	M-Mandatory
<b>6</b>	<b>Support services</b>			
	a. sterilization/CSSD	Autoclave	Autoclave	M
	b. security	Yes	Yes	D-Desirable
	c. BMW management	Yes	Yes	M-Mandatory
	d. Laundry	Yes	Yes	own or outsourced
<b>7</b>	<b>Standard on basic processes</b>			

DERMATOLOGY CLINIC				
	Template for Minimum standards for Clinics/Polyclinics	Dermatology Clinic	Cosmetology centre with Dermatologist	Remarks
	a. Receiving patients, privacy for patients while examining especially females	Yes	Yes	M-Mandatory
	b. Infection control practices	Yes	Yes	M-Mandatory
	soap and water	Yes	Yes	M-Mandatory
	facilities for hand washing and disinfection	Yes	Yes	M
	Disinfection of work Area	Yes	Yes	M
	Use of disposable services	Yes	Yes	M
	small autoclave	Yes	Yes	M
	c. Policy on outsourced services	Yes	Yes	D-Desirable

DERMATOLOGY SERVICES IN HOSPITAL			
Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
<b>1 Scope</b>	Skin Diseases, Skin surgeries (Biopsy), Nail Surgeries, Electrocautery / Radiofrequency), LASER TREATMENT, Chemical Cautery, Cryotherapy, Phototherapy, Chemical Peels.	Skin Diseases, Skin surgeries, LASER TREATMENT; all advanced dermatology procedures, Iontophoresis, Cryotherapy, Dermabrasion, PRP, DPCP, Punch Graft, Suction Blister Graft, Melanocyte Transplant, Hair Transplant.	
<b>Services Provided</b>			
1. 1 General purpose	Yes, Lab Diagnosis for Dermatology, Venereology, Leprosy		
1. 2 Single Specialty		Yes	
1. 3. Multispecialty		Yes	
<b>2 Human resources</b>			
<b>2. 1 Doctors</b>			
Med person Incharge	MD/DNB/DIPLOMA DERMATOLOGY	MD/DNB /DIPLOMA DERMATOLOGY	M ; indoor full time Dermatologist / on visiting basis

DERMATOLOGY SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
			M. D. Dermatology, D. V. D, D. N. B Dermatology. LASER Surgeries including Chemical Peels can be performed only by a registered M. D. / DNB/ Diploma holders in Dermatology with a certificate of training from recognized institution for 6 months duration (as part of MD Training)	Addition of 6 months training in advance Dermatology as part of MD to be considered by MCI
	Duty Doctors	MBBS doctor for round the clock medical cover	Also MBBS-1 (with 6 months house job in Dermatology)	M; part of Hospital
	2. 2 Nurses			
	General nurses	Yes	Yes	M; part of Hospital
	Trained Nurses for ICU/OT/HDU	Yes	Yes	M; part of Hospital
	2. 3 Pharmacist	Yes	Yes*	*M; in advance dermatology hospital
	2. 4 Para Medical staff			
	a. Lab Tech	DMLT/SMEAR TECHNICIAN for Diagnosis of Dermatology,	DMLT/ SMEAR TECHNICIAN for Dermatology, Venereology	M-Mandatory; part of Hospital

DERMATOLOGY SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
		Venereology and leprosy Cases	and Leprosy Cases	
	b. X-ray Technician	Yes	Yes	Part of Hospital
	c. ALO	Yes	Yes	D; part of Hospital
	d. STI Counselor	Yes	Yes	D; part of Hospital
	e. Physiotherapist	Yes	Yes	D; part of Hospital
	f. Psychologist	Yes	Yes	M IF PSYCHIATRIST; part of Hospital
	g. Medico social worker	Yes STI, ALO Counselor	Yes*	*D; part of Hospital
<b>3</b>	<b>Equipment</b>			
	a. Therapeutic	Yes Electrocautery, RF, Iontophoresis	Microdermabrader, Dermabrader, Sets for PRP, DPCP Phototherapy (Desirable), LASER, Cryotherapy, DIF	D
	b. Surgical	Yes	Electrocautery/ Radiofrequency, Hair Transplant and Melanocyte transfer	D
	c. Diagnostic	Yes	as required for Biopsy procedures, Woods lamp, Dermatoscope Microscope, Dark Ground Microscope	M
	d. Emergency	Yes	Narrow band or phototherapy	M



DERMATOLOGY SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
			chamber	
	e. Sterilizing	Yes	Facility for Autoclaving	M
	f. Drugs, Medical devices and consumables	Yes	Chemical Peels*, Stains for microbiological examination, CO2 laser*	* D Also refer to documents on hospital
	g. List of disposables	Yes	Biopsy punch PUVA therapy optional	M
	h. Annual Maintenance records of equipment	Yes	Yes	M
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	own / Outsourced
	4. 2. Imaging	Yes	Yes	own / Outsourced
	4. 3. Pharmacy	Yes	Yes*	*M
	4. 4. Sterilization/CSSD	Yes	Yes	M
	4. 6. Medical Gas/Manifold	Yes	Yes*	*M
	4. 7. Blood storage unit/blood Bank	Yes	Yes	D
	4. 8. Amb service	Yes	Yes*	Yes*
M-Mandatory      D-Desirable				

STD CLINIC		
Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
<b>1 Definition</b>	<b>Specialist</b>	
<b>2 Scope</b>		
Services Provided	Consultation services/Counseling services	
<b>3 Physical Infrastructure</b>		
<b>a. Space requirement</b>		
i. Reception	Yes	M-Mandatory
ii. consultation/waiting area	Yes	M-Mandatory
<b>4 Human resources</b>		
Doctors	MD/DNB/DIPLOMA in Dermatology, Venereology and Leprosy	M-Mandatory
Non Tech staff	ATTENDANT	D-Desirable
Duty and salary roster	Yes	M-Mandatory
OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	Yes	M-Mandatory
<b>5 Equipment</b>		
a. Stethoscope	Yes	M
b. Thermometer	Yes	M (Mercury free)
c. BP Apparatus	Yes	M (Mercury free)
d. Glucometer	Yes	M
e. Weigh machine	Yes	M
f. Emergency kit and medicine	Yes	Refer to document on Clinic/Polyclinic

STD CLINIC		
Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
g. Drugs, Medical devices and consumables	Yes	M
h. List of disposables	Yes	M
i. Annual Maintenance records of equip	Yes	M-Mandatory
<b>6 support services</b>		
a. sterilization/CSSD	Autoclave	Autoclave
b. security	Yes	D
c. BMW management	Yes	M-Mandatory
d. Laundry	Yes	own or outsourced
<b>7 Standard on basic processes</b>		
a. Receiving patients, privacy for patients while examining especially females	Yes	M-Mandatory
b. Infection control practices	Yes	M-Mandatory
c. soap and water	Yes	M-Mandatory
d. facilities for hand washing and disinfection	Yes	M-Mandatory
e. Disinfection of work Area	Yes	M-Mandatory
f. Use of disposable services	Yes	M-Mandatory
g. small autoclave	Yes	M-Mandatory
h. Policy on outsourced services	Yes	D

<b>CLINIC WITH OTORHINOLARYNGOLOGY SERVICES</b>			
	<b>Template for Minimum standards for Clinics/ Polyclinics</b>	<b>Minimum Standards</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	<b>Specialist</b>	
<b>2</b>	<b>Scope</b>		
	Services Provided	OPD Diagnostics, syringing, wax, epistaxis management, laryngoscopy and simple nasal and ear foreign body removal	
<b>3</b>	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. consultation/waiting area	Yes	M-Mandatory
	iii. OPD Area	Yes	M-Mandatory
<b>4</b>	<b>Human resources</b>		
	Med person in charge	MS/DNB/DLO ENT	M
	Tech staff	Nurse-1	optional
	Non Tech staff	Attendant-1	M
	Duty and salary roster	Yes	D-Desirable
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	yes	D
<b>5</b>	<b>Equipment</b>		
	Stethoscope	Yes	M
	Thermometer	Yes	Yes (Non Mercury)
	BP Apparatus	Yes	Yes (Non Mercury)

CLINIC WITH OTORHINOLARYNGOLOGY SERVICES			
	Template for Minimum standards for Clinics/ Polyclinics	Minimum Standards	Remarks
	Glucometer	Yes	M
	Weigh machine	Yes	M
		Speculum, ENT Tray, Portable light, suction machine-1	M-mandatory; <b>ENT Tray</b> -Tongue depressor- 10, Thudiculum nasal speculum- 10, Aural speculum- 10 (different sizes), Tilley's forcep, Indirect laryngoscopy mirror-5, posterior rhinoscopy
	Emergency kit and medicine	Emergency Kit ; medicine saline and xylometazolidine nasal drops, antibiotic and anti -fungal ear drops, betadine gargle, antihistamine, 10% xylocaine spray, betadine solution. For epistaxis-Killian's nasal speculum, Tilley's forceps, Tongue depressor, Bowl, Nasal packs- anterior/posterior	<b>Emergency Kit</b> - Killians Nasal speculum-1, Tilley's Forcep- 1, Tongue depressor-1, Bowl- 1, Nasal packs- anterior-2,
	Drugs, Medical devices and consumables	sterile gauze pieces, gloves, dressing, adhesive	M
	List of disposables	Yes	M
	Annual Maintenance records of equip	Yes	D-Desirable
<b>6</b>	<b>support services</b>		

CLINIC WITH OTORHINOLARYNGOLOGY SERVICES			
	Template for Minimum standards for Clinics/ Polyclinics	Minimum Standards	Remarks
	a. sterilization/CSSD	Table top/boiler-1	M
	b. security	Yes	D
	c. BMW management	Yes	M
	d. Laundry	Yes	own/outsourced
7	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M-Mandatory
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D

<b>OTORHINOLARYNGOLOGY SERVICES IN HOSPITAL</b>				
	<b>Template for Minimum</b>	<b>BASIC (General Purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
<b>1</b>	<b>Scope</b>	Providing services ( example Primary Health Centre, Community Health Centre, SDH, District Hospital, Private Hospital, Nursing Home etc)	Providing services (example Civil Hospital, regional Hospital, Nursing Home, Private Hospital of similar scope) .	
	<b>Services Provided</b>	OPD ENT diagnostics- Audiometry, tympanometry, Emergency ENT procedures, Stridor, Tracheostomy, Foreign Body removal (nasal and aural), nasal packing, incision and drainage of simple neck abscess	OPD ENT diagnostics including endoscopy, Emergency ENT procedures, Stridor, Tracheostomy, Foreign Body removal (nasal and aural), nasal packing, incision and drainage of head & neck abscess, bronchoscopy, Nasoendoscopic surgeries. Microscopic, endoscopic and open ENT surgeries, Skull base surgery	
	1. 1. General purpose	Yes		
	1. 2. Single Specialty	Yes	Yes	
	1. 3. Multispecialty	Yes	Yes	
<b>2</b>	<b>Human resources</b>			
	2. 1 Doctors			
	Med person in charge	MS/DNB /DLO ENT Surgeon-1	MS/DNB /DLO/ENT Surgeon-2	M-Mandatory

<b>OTORHINOLARYNGOLOGY SERVICES IN HOSPITAL</b>				
	<b>Template for Minimum</b>	<b>BASIC (General Purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
	Full time consultant	Yes or	Yes or	
	Part time consultant	Yes or	Yes or	
	visiting consultant	Yes	Yes	
	Duty Doctors	MBBS Doctors	MBBS Doctors	MBBS Doctors for round the clock Medical Cover; part of hospital
	2. 2 Nurses			
	General nurses	1	Yes	Part of Hospital
	Trained Nurses for ICU/OT/HDU	1	Yes	ICU norms
	2. 3 Pharmacist	Yes	Yes	M-Mandatory in inhouse pharmacy
	2. 4 Para Medical staff			
	a. Tech	Audiometry technician/Assistant-1	Audiometry technician/Assistant-1; speech pathologist-1	M-Mandatory
	b. X-ray Technician	Yes	Yes	M-own/outsourced
	c. OT Technician	Yes	Yes	M-own/outsourced
	d. ECG Technician	Yes	Yes	D-own/outsourced
	e. Dietician	yes	Yes	D-Desirable
	f. Physiotherapist	yes	Yes	D-Desirable
	g. Psychologist	yes	Yes	D-Desirable



OTORHINOLARYNGOLOGY SERVICES IN HOSPITAL				
	Template for Minimum	BASIC (General Purpose)	ADVANCE	Remarks
	h. Medico social worker	yes	Yes	D-Desirable
<b>3</b>	<b>Equipment</b>			
	Therapeutic	Tongue depressor, Thudicum nasal speculum, Aural speculum, Tilley's forcep, Indirect laryngoscopy mirrors, Posterior rhinoscopy mirror, Wax probe, Alligator forceps, Eustachian Tube catheter, Spirit lamp, Suction tip connector, Suction tips	Tongue depressor, Thudicum nasal speculum, Aural speculum, Tilley's forcep, Indirect laryngoscopy mirrors, Posterior rhinoscopy mirror, Wax probe, Alligator forceps, Eustachian Tube catheter, Spirit lamp, Suction tip connector, Suction tips	M
	Surgical	Portable Light, Tracheostomy set, Minor set, general set.	Portable Light, Tracheostomy set, Thyroid set, MLS set, general set, minor set, direct laryngoscopy set, bronchoscopy set, CWL set, FESS set, Endoscopes with monitor, surgical drill, mastoid set, shea set, myringoplasty set, surgical microscope, tonsillectomy set, microdebrider, CO2 laser machine, nerve monitor machine, vascular set.	M-Mandatory

OTORHINOLARYNGOLOGY SERVICES IN HOSPITAL				
	Template for Minimum	BASIC (General Purpose)	ADVANCE	Remarks
	Diagnostic	ENT Tray, portable head light	ENT Tray, portable head, endoscopes, surgical microscope	M-mandatory; <b>ENT Tray</b> - Tongue depressor- 10, Thudiculum nasal speculum-10, Aural speculum- 10 (different sizes), Tilley's forcep, Indirect laryngoscopy mirror- 5, posterior rhinoscopy mirrors- 5, wax probe-2, Alligators forcep-5, Eustachian tube catheter-1, spirit lamp-1, suction tip connector-1, suction tips (different sizes) - 5
	Emergency	For epistaxis-Killian's nasal speculum, Tilley's forceps, Tongue depressor, Bowl, Nasal packs- anterior/posterior. Emergency Set	For epistaxis-Killian's nasal speculum, Tilley's forceps, Tongue depressor, Bowl, Nasal packs- anterior/posterior. Emergency set- 1;Tracheostomy set-1;general set- 1;surgical microscope-1.	<b>Emergency Kit</b> - Killians Nasal speculum-1, Tilley's Forcep-1, Tongue depressor-1, Bowl- 1, Nasal packs-
	Sterilizing	autoclave/boiler-1	autoclave	M-Mandatory
	Drugs, Medical devices and consumables	Lifesaving drugs	Lifesaving drugs	Refer to Hospital documents
	List of disposables	gloves, sterile gauze, cotton, gown	gloves, sterile gauze, cotton, gown	M

<b>OTORHINOLARYNGOLOGY SERVICES IN HOSPITAL</b>				
	<b>Template for Minimum</b>	<b>BASIC (General Purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
	Annual	yes	yes	D-Desirable
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	M-if own lab
	4. 2. Imaging			M-if own
	4. 3. Pharmacy	Yes	Yes	M-IN ADVANCE
	4. 4. sterilization/CSSD	Yes	Yes	M
	4. 5. Medical Gas/Manifold	Yes	Yes	M-own/outsourced
	4. 6. Blood storage unit/blood Bank	Yes	Yes	M-own/ outsourced/ TIE UP
	4. 7. Ambulance service	Yes	Yes	M-own/ outsourced/ TIE UP

PAEDIATRIC CLINIC			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	General/Specialist	
2	<b>Scope</b>		
	Services Provided	OPD consultation, Immunization (optional),	
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i) Reception	Yes	
	ii) consultation/waiting area	Yes	
4	<b>Human Services</b>		
	a. Doctors	MD/DNB/DCH-PAEDIATRICALS/MBBS	
	b. Tech staff	NURSE-1	D
	c. Non Tech staff	Attendant-1	D
	d. Duty and salary roster	Yes	M
			Either Nurse/Attendant
	e. OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS		D
5	<b>Equipment</b>		
	a. Stethoscope	Yes	M (paediatric)
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Non Mercury)

PAEDIATRIC CLINIC			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	d. Glucometer	Yes	D
	e. Weighing machine, measuring tape, Stadiometer, Growth chart, kit for developing assessment, Torch, Tongue depressor, knee hammer	Paediatric weighing scale, pulse oximeter*	M except pulse oximeter* D
		Refrigerator (if immunization)	M-if Immunization
	f. Emergency kit and medicine	Yes	As provided in clinic/polyclinic document
	g. Drugs, Medical devices and consumables	Yes	M
	h. List of disposables	Yes	M
	i. Annual Maintenance records of equip	Yes	D applicable for major equipment
<b>6</b>	<b>support services</b>		
	a. sterilization/CSSD	Yes	M if immunization
	b. security	Yes	D
	c. BMW management	Yes	M
	d. Laundry	Yes	Own / Outsourced (if applicable)
<b>7</b>	<b>Standard on basic processes</b>		
	a. Receiving patients, privacy for patients while examining especially females	Yes	M

PAEDIATRIC CLINIC			
	Template for Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	b. Infection control practices	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	c. Policy on outsourced services	Yes	D
<b>M- Mandatory      D - Desirable</b>			

PAEDIATRIC SURGERY CLINIC/POLYCLINIC			
	Minimum standards for Clinics/Polyclinics	With minor OT	Remarks
1	<b>Definition</b>	PAEDIATRIC SURGERY	
2	<b>Scope</b>		
	Services Provided	CONSULTATION, SUTURING AND SUTURE REMOVAL, INJECTIONS	(No Surgical procedure)
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. consultation/waiting area	Yes	M-Mandatory
4	<b>Human resources</b>		
	Med person in charge	MCh /DNB Paediatric Surgery	
	Technician	NURSE-1 or	M-Mandatory
	Non Tech staff	Attendant-1	
	Duty and salary roster	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	Yes	D
5	<b>Equipment</b>		
	Stethoscope	with small chest piece	M
	Thermometer	Yes	Yes (Non Mercury)
	BP Apparatus	Yes	Yes (Non Mercury)
	Glucometer	Yes	M
	Weigh machine (electronic)	Yes	M
	Emergency kit and medicine	Yes	Refer to document on clinic/ Polyclinic

PAEDIATRIC SURGERY CLINIC/POLYCLINIC			
	Minimum standards for Clinics/Polyclinics	With minor OT	Remarks
	Drugs, Medical devices and consumables	Yes	M-Mandatory
	List of disposables	disposable gloves, sterile syringe, liquid soap, hand sanitizer, infant feeding tube, iv cannula (24g, 26g)	M-Mandatory
	Annual Maintenance records of equip	Yes	D
<b>6</b>	<b>support services</b>		
	sterilization/CSSD	Yes	M-MANDATORY
	security	Yes	D
	BMW management	Yes	M
	Laundry	Yes	Own/outsourced
<b>7</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M-MANDATORY
	Disinfection of work Area	Yes	M-MANDATORY
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	facilities for sterilization	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D



PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
1	<b>Scope</b>	OPD Services, Short stay services e. g., treating dehydration, nebulization, immunization (e. g. CHC, SDH, District Hospital, Civil Hospital, Private Hospital, Nursing Home etc. )	Provide advance paediatrics care E. g. Civil Hospital, regional Hospital, Nursing Home, Private Hospital etc.	
	<b>Services Provided</b>			
	1. 1General purpose	Yes		
	1. 2Single Specialty	Yes	Yes	
	1. 3Multispecialty	Yes	Yes	
	1. 4Superspecialty	NA	Yes	
2	<b>Human resources</b>			
	2. 1 Doctors			
	Med person in charge	MD PAEDIATRICS/DNB/DCH	Senior Consultant-1 (MD/DNB)	M-Mandatory
	Full time consultant		Junior consultant-1 or	M-Mandatory
	Part time consultant		or 1	
	visiting consultant		or 1	
	Duty Doctors	MBBS Doctor to provide round the clock Medical cover	MBBS Doctor to provide the clock Medical cover (Prefer MD/DNB/DCH Paediatrics)	M

PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
	2. 2 Nurses			
	Nursing head			
	General nurses	1	Nurse-1/4 beds	
	Trained Nurses for ICU/OT/HDU	Not Essential	Yes*	As per norms of Nursing Council
	2. 3 Pharmacist			Own / outsource
	2. 4 Para Medical staff			
	a. Lab Tech	Yes	Yes	M- if own lab
	b. X-ray Technician	Yes	Yes	M- if own
	c. OT Technician			part of Hospital
	d. ECG Technician	Yes	Yes	D Part of Hospital
	e. Dietician	Not Required	Yes**	*Desirable **Mandatory
	f. Physiotherapist	No Required	Yes*	part of Hospital (if required) *Desirable
	g. Psychologist	No Required	Yes*	M IF PSYCHIATRIST *Desirable
	h. Medico social worker	No Required	Yes*	*Desirable
<b>3</b>	<b>Equipment</b>			
	a. Therapeutic	For neonatal service-phototherapy unit-1 radiant warmer-2 suction-1	For neonatal service-phototherapy unit-1 radiant warmer-2 suction-1	M
	b. Surgical	Yes	Yes	if applicable

<b>PAEDIATRIC SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
	c. Emergency	Yes	Yes	Refer to documents on Hospital
	d. Sterlizing	Yes	Yes	M
	e. Drugs, Medical devices and consumables	Yes	Yes	Refer to Documents on Hospital
	f. List of disposables	Yes	Yes	M
	g. Annual Maintenance records of equip	Yes	Yes	M
<b>4</b>	<b>Support Services</b>			
	a. Laboratory	Yes	Yes	M; own/ Outsource/ Tie up
	b. Imaging	Yes	Yes	M; own/ Outsource/ Tie up
	c. Pharmacy	Yes*	Yes	M-IN ADVANCED *Desirable
	d. sterlization/CSSD	Yes	Yes	M
	e. Medical Gas/Manifold	Yes	Yes	M
	f. Blood storage unit/blood Bank	Yes	Yes	M-own/ outsourced/ TIE UP
	g. Amb service	Yes	Yes	M-own/ outsourced/ TIE UP
	h. other requirement			D - separate enclosure for male and female PATIENTS AGED 12 yrs AND ABOVE
		M- Mandatory	D- Desirable	

NEONATOLOGY				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	REMARK
1	<b>Scope</b>	<p>Providing services for eg. (General Hospital with Single Specialties / Multiple Specialties example Sub Divisional Hospital, District Hospital, Civil Hospital, Private Hospital, Nursing Home) etc</p> <p>For post delivery Newborn care, prevention of Hypothermia, management of low birth weight baby, jaundice</p>	<p>Providing services for Superspecialties example Civil Hospital, Regional Hospital, Nursing Home, Private Hospital etc.</p> <p>Treatment of babies with respiratory failure, c pap, ventilator, seizure disorder, septicemia, jaundice, LBW and VLBW babies</p>	
	<b>Services Provided</b>			
	1. 1 General purpose	Yes		
	1. 2 Single Specialty	Yes		
	1. 3. Multi specialty	Yes		
	1. 4. Superspecialty		Yes	
2	<b>Human resources</b>			
	1. 1 Doctors			
	Med person In charge	MD/DNB/DIPLOMA/ PAEDIATRICS /MATERNAL AND CHILD HEALTH FROM RECOG INSTITUTION WITH 03 YRS EXPERIENCE IN	MD/DNB/DIPLOMA/ PAEDIATRICS FROM RECOG INSTITUTION WITH 03 YRS	MD/DNB Paediatrics with fellowship of 2years would suffice.

PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
		NEONATOLOGY - Desirable	EXPERIENCE IN NEONATOLOGY - Mandatory DM/DNB NEONATOLOGY or equivalent foreign qualification: desirable	
	OpOphthalmology, ENT experts for follow-up of high-risk neonates		Yes	D
	Duty Doctors	MBBS Doctors for round the clock cover	MBBS Doctors for round the clock cover	At least DCH mandatory
	1. 2 Nurses			
	General nurses	1 per 5 beds	1 per 3 beds	M
	Trained Nurses for ICU/OT/HDU	1 per 5 beds	1 per 2 beds	M
	Hospital Infection Control		1	D
	1. 3 Pharmacist	Yes	Yes	yes, if inhouse pharmacy; part of Hospital
	1. 4 Para Medical and other			

PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
	staff			
	a. Lab Tech	Yes	Yes	M- if own lab
	b. Xray Technician	Yes	Yes	M-if own
	c. ECG Technician	Yes	Yes	M
	d. Dietician (Lactational Councillor)	Yes	M	M- (Trained in Breast Feeding and KMC)
	e. Physiotherapist	yes	yes	D
	f. Psychologist	Yes	Yes	D
	g. Medicosocial worker	Yes	Yes	D
	h. Cleaner	Yes	Yes	Appropriate Manpower to ensure adequate disinfection One per shift: Desirable
	i. Attendant		Yes	
<b>3</b>	<b>Equipment</b>			
	Therapeutic	1. Open care system: radiant warmer, fixed height, servo- controlled with trolley, drawers, O2-bottles, 2) Phototherapy unit 3) Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated,	1. Open care system: radiant warmer, fixed height, servo- controlled with trolley, drawers, O2-bottles, 2) Phototherapy unit	M 21-29: Desirable

PAEDIATRIC SERVICES IN HOSPITAL			
Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
	neonate, 500 ml, 750 ml, 4) Electronic Weighing Scale, 5) Electric suction machine /central suction system 6) Manual suction machine 7) Thermometer, clinical, digital, 8) Examination Light, mobile 9) Laryngoscope with 0, 1size blade, 10) Washbasin 11) Hub Cutter, syringe 12) Oxygen cylinder/Central oxygen supply 13) fire safety equipment as per requirement 14) ABG machine 15) Pulse oximeter 16) Portable X Ray 17) CPAP machine 18) minimum 3 para monitor (SpO2, HR, ECG) Infusion pumps	3)Resuscitator (silicone resuscitation bag and mask with reservoir) hand-operated, neonate, 500 ml, 750 ml, 4) Electronic Weighing Scale, 5) Electric suction machine /central suction system 6) Manual suction machine 7) Thermometer, clinical, digital, 8) Examination Light, mobile 9) Laryngoscope with 0, 1size blade, 10) Washbasin 11) Hub Cutter, syringe 12) Oxygen cylinder/Central	

PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
			oxygen supply, Air O <sub>2</sub> blender 13) 13) fire safety equipment as per requirement 14) ABG machine 15) Pulse oximeter 16) Portable X Ray 17) CPAP machine (blender) 18) Minimum 3 Para monitor (SpO <sub>2</sub> , HR, ECG) 19) Infusion pumps 20) Ventilator 21) Compressed air line or stand alone compressors for ventilators Ultrasound machine; Echo optional	
	Diagnostic	ABG machine, glucometer	Yes	M-Mandatory



PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
	Surgical	Chest tube drainage, dressing tray/CSF/LP		
	Emergency	Yes		
	Sterilizing	Yes	Yes	M
	Drugs, Medical devices and consumables	10% dextrose, 25% dextrose, Calcium gluconate, dopamine, dobutamine, adrenaline, midazolam, salbutamol, antibiotic as per institutional protocol, a hand sanitizer, liquid soap, phenytoin, phenobarbitone, Intra Venous Cannula 24g, 26g Mucus Extractor, 20 ml, sterile, Oxygen Cylinder, Sterile Gloves, Hand Sanitizer Measuring tape, all I V Fluid.	10% dextrose, 25% dextrose, Calcium gluconate, dopamine, dobutamine, adrenaline, midazolam, salbutamol, antibiotic as per institutional protocol, a hand sanitizer, liquid soap, phenytoin, phenobarbitone, Intra Venous Cannula 24g, 26g Mucus Extractor, 20 ml, sterile, Oxygen Cylinder, Sterile Gloves, Hand Sanitizer Measuring tape, all I V Fluid.  Intravenous lipid and amino acid solutions for parenteral nutrition, Antibiotics, PGEI/	

PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
			Surfactant	
	List of disposables	ET Tube, Infusion set, burrete, Disposable syringe- (1ml, 2ml, 5ml, 10ml, 10ml, 20ml, 50ml ), Umbilical catheter, infant feeding tube (6, 8), Oxygen catheter, Sterile glove of various sizes, measuring tap, gown, NIBP, Glucometer	ET Tube, Infusion set, burrete, Disposable syringe- (1ml, 2ml, 5ml, 10ml, 10ml, 20ml, 50ml ), Umbilical catheter, infant feeding tube (6, 8), Oxygen catheter, Sterile glove of various sizes, measuring tap, gown, NIBP, Glucometer	M
	Annual Maintenance records of equip	yes	yes	D
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Hb, TLC, DLC, PS examination/Serum bilirubin/CSF examination/CRP/Blood sugar/Blood calcium estimation.	own or Outsourced
	4. 2. Imaging	Yes	Yes	own or Outsourced
	4. 3. Pharmacy	Yes	Yes	M-own/outsourced

PAEDIATRIC SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
	4. 4. sterlization/CSSD	Yes	Yes	M
	4. 5 biomedical waste management,	Yes	Yes	M
	4. 5. Medical Gas/Manifold	Yes	Yes	M
	4. 6. Blood storage unit/blood Bank	Yes	Yes	M-own /outsourced / TIE UP
	4. 7. Amb service	Yes	Yes	M-own / outsourced/ TIE UP
<b>5</b>	<b>Process</b>			
	Protocols and Policies		written protocols in the unit (should cover common neonatal problems, follow-up care, infection control policies, daily ICU routines, etc	M
M- Mandatory D- Desirable				

<b>NEONATOLOGY CLINIC</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>Minimum Standards</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	<b>Specialist</b>	
<b>2</b>	<b>Scope</b>		
	Services Provided	Consultation services, Immunisation Services, upper respiratory tract infection not requiring admission	
<b>3</b>	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. Consultation/waiting area	Yes	M-Mandatory
<b>4</b>	<b>Human resources</b>		
	Med person Incharge	MD/DNB/DIPLOMA PAEDIATRICS/MATERNAL AND CHILD HEALTH FROM RECOG INSTITUTION WITH 03 YRS EXPERIENCE IN NEONATOLOGY, DM/DNB NEONATOLOGY	MD/DNB Paediatrics with fellowship of 2years would suffice.
	Tech staff	NURSE-1 or	2 Mandatory
	Non Tech staff	Attendant-1	M
	Duty and salary roster	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff in lab, blood Bank, TLD badges	Yes	M-Mandatory

NEONATOLOGY CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
<b>5</b>	<b>Equipment</b>		
	Stethoscope	with small chest piece	M
	Thermometer	Yes	Yes (Non Mercury)
	BP Apparatus	small calf for neonate /NIBP	Yes (Non Mercury)
	Glucometer	Yes	M
	Weigh machine (Electronic-Desirable)	Yes	M
	Emergency kit and medicine	Midazolam, phenytoin, adrenaline, dopamine, dobutamine, calcium gluconate, 10%, 25% dextrose, IV fluid, O <sub>2</sub> cylinder, Ambu bag	M; Also refer to document on clinic/Polyclinic
	Drugs, Medical devices and consumables	Disposable gloves, sterile syringe, liquid soap, hand sanitizer, infant feeding tube, iv cannula (24g, 26g)	M; Also refer to document on clinic/Polyclinic
	List of disposables	Yes	M
	Annual Maintenance records of equipment	Yes	D
<b>6</b>	<b>support services</b>		
	sterilization/CSSD	Yes	M
	security	Yes	D
	BMW management	Yes	M
	Laundry	Yes	own/outsourced
<b>7</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M

NEONATOLOGY CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	facilities for sterilization	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D

ENDOCRINOLOGY CLINIC				
	Template for Minimum standards for Clinics/Polyclinics	Diabetology Clinic	Endocrinology clinic	Remarks
1	<b>Definition</b>	<b>General/Specialist</b>	<b>Specialist</b>	
2	<b>Scope</b>			
	Services Provided	providing consultation services for Diabetes	consultation services	
3	<b>Physical Infrastructure</b>			
	<b>a. Space requirement</b>			
	i. Reception	yes	yes	M-Mandatory
	ii. consultation/waiting area	Yes	Yes	M-Mandatory
	iii. OPD Area	yes	yes	M-Mandatory
4	<b>Human resources</b>			
	Med person in charge	DM /DNB Endocrinology or MD/DNB Medicine /MBBS with minimum one year Diploma / training in Diabetology, both from recognized institution (Mandatory)	MD/DNB Medicine (M- Mandatory) Endocrinology DM/DNB	
	Non Tech staff	Attendant	Attendant	D-Desirable

ENDOCRINOLOGY CLINIC				
	Template for Minimum standards for Clinics/Polyclinics	Diabetology Clinic	Endocrinology clinic	Remarks
	Duty and salary roster	Yes	Yes	D-Desirable
	Others	Diabetic educator/ Nurse educator	Diabetic educator/ Nurse educator	D-Desirable
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	as required	as required	D-Desirable
<b>5</b>	<b>Equipment</b>			
	a. Stethoscope	Yes	Yes	M
	b. Thermometer	Yes	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	Yes	M
	e. Weigh machine	Yes	Yes	M
	f. Emergency kit and medicine	Yes	Yes	Refer to documents on clinic/Polyclinic
	g. Drugs, Medical devices and consum	Yes	Yes	M
	h. List of disposables	Yes	Yes	M-Mandatory
	i. Annual Maintenance records of	Yes	Yes	D-Desirable



ENDOCRINOLOGY CLINIC				
	Template for Minimum standards for Clinics/Polyclinics	Diabetology Clinic	Endocrinology clinic	Remarks
	equip			
<b>6</b>	<b>support services</b>			
	a. sterilization/CSSD	Yes	Yes	M
	b. security	Yes	Yes	D
	c. BMW management	as per policy laid down	as per policy laid down	M
	d. Laundry	Yes	Yes	D-Desirable own/outsourced
<b>9</b>	<b>Standard on basic processes</b>			
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	Yes	M
	<b>b. Infection control practices</b>	Yes	Yes	M
	soap and water	Yes	Yes	M
	facilities for hand washing and disinfection	Yes	Yes	M
	Disinfection of work Area	Yes	Yes	M
	Use of disposable services	Yes	Yes	M
	small autoclave	Yes	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	Yes	D

<b>ENDOCRINOLOGY SERVICES IN HOSPITAL</b>				
	<b>Template for Minimum standards for Hospital under CEA</b>	<b>Endocrinology</b>	<b>with Endocrinology Surgery</b>	<b>Remarks</b>
<b>1</b>	<b>Scope</b>	Related to Endocrine diseases		
	<b>Services Provided</b>			
	1. 1 Single Specialty	yes ( Beds Optional )	yes	
	1. 2. Multispecialty	yes	yes	
	1. 3. Super specialty	yes	yes (Min 2 beds)	
<b>2</b>	<b>Human resources</b>			
	2. 1 Doctors			
	Med person in charge	DM /DNB Endocrinology (M-Mandatory)	M. Ch /DNB Endocrinology surgery (D- Desirable)	only very few institutes giving MCh Endocrinology surgery Neurosurgeon/ENT Surgeons/General surgeons can also do the endocrinal surgeries.
	Full time consultant	Yes	Yes	
	Part time consultant	Yes	Yes	
	visiting consultant	Yes	Yes	
	Duty Doctors	Yes	Yes	MBBS Doctors for round the clock Medical cover
	2. 2 Nurses			
	General nurses	Yes	Yes	M-Mandatory

<b>ENDOCRINOLOGY SERVICES IN HOSPITAL</b>				
	<b>Template for Minimum standards for Hospital under CEA</b>	<b>Endocrinology</b>	<b>with Endocrinology Surgery</b>	<b>Remarks</b>
	Trained Nurses for ICU/OT/HDU	Yes	1 for OT	M-Mandatory
	2. 3 Pharmacist	Yes	Yes	M; part of Hospital
	2. 4 Para Medical staff			
	a. Lab Tech	Yes	1	M- if own lab
	b. X-ray Technician	Yes	Yes	M- if own
	c. OT Technician		Yes	M-Mandatory
	d. ECG Technician	Yes	Yes	M-Mandatory
	e. Dietician	yes	yes	M-Mandatory
	f. Physiotherapist	Yes	yes	D-Desirable
	g. Psychologist	Yes	Yes	D-Desirable
	h. Medico social worker	Yes	Yes	D-Desirable
<b>3</b>	<b>Equipment</b>			
	Emergency	Yes	Yes	Refer to documents on Hospital
	Sterilizing	Yes	Yes	M-Mandatory
	Drugs, Medical devices and consumables	Yes	Yes	Refer to documents on Hospital
	List of disposables	Yes	Yes	M-Mandatory
	Annual Maintenance records of equip	Yes	Yes	M-Mandatory

<b>ENDOCRINOLOGY SERVICES IN HOSPITAL</b>				
	<b>Template for Minimum standards for Hospital under CEA</b>	<b>Endocrinology</b>	<b>with Endocrinology Surgery</b>	<b>Remarks</b>
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Hormonal estimation lab, Dexa lab, BMD-Tie up	Hormonal estimation lab, Dexa lab, BMD-Tie up	own or Outsourced or Tie up
	4. 2. Imaging	Yes	yes	own or Outsourced
	4. 3. Pharmacy	Yes	Yes	M-Mandatory
	4. 4. sterilization /CSSD	Yes	Yes	M-Mandatory
	4. 5. Medical Gas/Manifold	Yes	Yes	M-Mandatory

<b>GASTROENTEROLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital under CEA</b>	<b>Basic (General Purpose)</b>	<b>Advance</b>	<b>Remarks</b>
<b>1</b>	<b>Scope</b>	Only Gastroscopy and COLONOSCOPY	All other advanced procedure of Gastroenterology as well.	
	<b>Services Provided</b>			
	1. 1 General purpose	Yes		
	1. 2 Single Specialty		Yes	
	1. 3. Multispecialty		Yes	
	1. 4. Super specialty		Yes	
<b>2</b>	<b>Human resources</b>			
	2. 1 Doctors			
	Med person In charge	MD /DNB (MEDICINE) / PAEDIATRICS with certified training of six months in Endoscopy	DM/DNB in Gastroenterology	M-Mandatory
	Duty Doctors	MBBS Doctor for round the clock Medical cover	MBBS Doctor for round the clock Medical cover	M-Mandatory in Inpatient
	2. 2 Nurses			Part of hospital
	Nursing head	Yes	Yes	AS PER NURSING COUNCIL
	General nurses	Yes	Yes	AS PER NURSING COUNCIL

<b>GASTROENTEROLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital under CEA</b>	<b>Basic (General Purpose)</b>	<b>Advance</b>	<b>Remarks</b>
	Trained Nurses for ICU/OT/HDU	Yes	Yes	AS PER NURSING COUNCIL
	2. 3 Pharmacist	Yes	Yes	D-Desirable
	2. 4 Para Medical staff			
	a. Lab Tech	Yes	Yes	M-Mandatory ;if own lab services
	b. Xray Technician	Yes	Yes	M-Mandatory; if own services
	c. Technician	Any Trained Technician	GE trained Technician	M-Mandatory
	d. ECG Technician	Yes	Yes	D
	e. Dietician	Yes*	Yes**	*Desirable **-Mandatory
	f. Physiotherapist	Yes*	Yes**	*-Desirable **-Mandatory
	g. Medico social worker	No	Yes	D-Desirable; in advance
<b>3</b>	<b>Equipment</b>			
	a. Therapeutic	Gastroscope-1 No Colonoscope- 1 No Side viewing scope- 1 No Image Processors- 2Nos	Gastroscope-1 No Colonoscope- 1 No Side viewing scope- 1 No Image Processors- 2Nos C-Arm (Dedicated to Gastroenterology) – 1Nos.	M-Mandatory

<b>GASTROENTEROLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital under CEA</b>	<b>Basic (General Purpose)</b>	<b>Advance</b>	<b>Remarks</b>
	b. Surgical		Cardiac monitor, defibrillator and accessories, sengstaken tube	M-Mandatory
	c. Diagnostic	Yes	Yes	M-Mandatory
	d. Emergency	Yes	Yes	Refer to document on Hospital
	e. Sterilizing	Yes	Yes	M-Mandatory
	f. Drugs, Medical devices and consumables	Emergency Drugs, Terlipressin	Emergency Drugs, Terlipressin, Sengstaken tube	Refer to document on Hospital
	g. List of disposables	Yes	Yes	M-Mandatory
	h. Annual Maintenance records of equip	Yes	Yes	M-Mandatory
<b>4</b>	<b>Support Services</b>			
	4. 1. Pharmacy	Yes	Yes*	*M-IN ADVANCE
	4. 2. sterilization/CSSD	Yes	Yes	M-Mandatory
	4. 4. Medical Gas/Manifold	Yes	Yes	M-IN ADVANCE
	4. 5. Blood storage unit/blood Bank	Yes	Yes	D-Desirable
	4. 6. Ambulance service	Yes	Yes	M-own /outsourced / TIE UP

<b>CLINICS WITH GASTROENTEROLOGY SERVICES</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>Minimum Standards</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	<b>Specialist</b>	
<b>2</b>	<b>Scope</b>		
	Services Provided	PROVIDING GASTROENTEROLOGY CONSULTATION SERVICES/BASIC PROCEDURES (Gastroscopy & Colonoscopy)	
<b>3</b>	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. consultation/waiting area	Yes	M-Mandatory
	iii. OPD Area	Yes	M-Mandatory
<b>4</b>	<b>Human resources</b>		
	Doctors	DM /DNB GASTROENTEROLOGY ;MD (Med/Paeds) with certified training of 6 mths in endoscopy	M-Mandatory
	Tech staff	Nurses 3-4	M-Mandatory
	Non Tech staff	Attendant	M-Mandatory
	Duty and salary roster	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	Yes	D- Desirable
<b>5</b>	<b>Equipment</b>		



CLINICS WITH GASTROENTEROLOGY SERVICES			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	a. Stethoscope	Yes	M-Mandatory
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	M-Mandatory
	e. Weight machine	yes	M-Mandatory
		Gastroscope, Colonoscope	O-Optional
	f. Emergency kit and medicine	cardiac monitor, defibrillator and accessories,	Also Refer to document on clinic/polyclinic
	g. Drugs, Medical devices and consumables	Yes	M
	h. List of disposables	Yes	M
	i. Annual Maintenance records of equip	Yes	M-Mandatory
<b>6</b>	<b>support services</b>		
	a. sterilization/CSSD	Autoclave	M
	b. security	Yes	D- Desirable
	c. BMW management	Yes	M-Mandatory
	d. Laundry	Yes	own or outsourced
<b>7</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M

CLINICS WITH GASTROENTEROLOGY SERVICES			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	facilities for sterilization	Yes	M-if applicable
	<b>c. Policy on outsourced services</b>	Yes	D

GYNAECOLOGICAL ONCOLOGY				
	Minimum standards for Hospital	Basic ( General Purpose)	Advance (Non Teaching)	Remarks
1	<b>Scope</b>	e.g. (General Hospital with Single specialties/Multiple specialties example Community Health Centre Sub Divisional Hospital, District Hospital, Civil Hospital, Private Hospital, Nursing Home) etc	eg., Civil Hospital, Regional Hospital, Nursing Home, Private Hospital etc. Of similar scope	
	Services Provided			
	1. 1 General purpose	Yes		
	1. 2 Single Specialty			
	1. 3. Multispecialty	yes	yes	
	1. 4. Super specialty	yes	yes	
2	<b>Human resources</b>			
	1. 1 Doctors			
	Med person in charge	Mch Gynaecological oncology from a recognized centre or MD/MS/DNB Gynaecology and Obstetrics with 02 years experience in Gynaecological oncology	MCh Gynaecological Oncology specialist- 2	Trained in Colposcopy desired

GYNAECOLOGICAL ONCOLOGY				
	Minimum standards for Hospital	Basic ( General Purpose)	Advance (Non Teaching)	Remarks
		in a recognized center		
	Duty Doctors	Yes	Yes	MBBS Doctors, round the clock cover
	2. 2 Nurses			
	Nursing head		yes 1 for OT	M
	General nurses	Yes	Yes	M
	Trained Nurses for ICU/OT/HDU	1Nurse per 2 patients	1Nurse per 2 patients	M
	2. 3 Pharmacist	Yes	Yes	M
	2. 4 Para Medical staff			
	Lab Tech	Yes	yes	M- if own lab, part of Hospital (lab with frozen section -M mandatory
	X-ray Technician	Yes	Yes	M- if own, part of Hospital
	OT Technician	yes	Yes	M- if own, part of Hospital
	ECG Technician	Yes	Yes	M-part of Hospital
	Dietician	yes	yes	M-part of Hospital
	Physiotherapist	Yes	Yes	D-part of Hospital
	Psychologist	Yes	Yes	D-part of Hospital
	Medico social worker	Yes	Yes	D-part of Hospital
<b>3</b>	<b>Equipment</b>			
	a. Therapeutic	Basic Surgical Equipment,	Basic Surgical Equipment	M

GYNAECOLOGICAL ONCOLOGY				
	Minimum standards for Hospital	Basic ( General Purpose)	Advance (Non Teaching)	Remarks
	b. Surgical	DRESSING TRAY, CATHETERISATION TRAY, PORTABLE LIGHT	DRESSING TRAY, CATHETERISATION TRAY, PORTABLE LIGHT	M
	c. Emergency	Yes	Yes	Refer to Documents on Hospital
	d. Sterilizing	Yes	Yes	M
	e. Drugs, Medical devices and consumables	Yes	Yes	Refer to Documents on Hospital
	f. List of disposables	Yes	Yes	M
	g. Annual Maintenance records of equip	Yes	Yes	M
<b>4</b>	<b>Support Services</b>			
	b. Laboratory	Yes	Yes	own or Outsourced
	c. Imaging	Yes	yes	own or Outsourced
	d. Pharmacy	Yes	Yes*	*M
	g. Medical Gas/Manifold	Yes	Yes*	*M
	i. Ambulance service	Yes	Yes	M-own/outsourced/TIE UP
		M-Mandatory	D- Desirable	

GYNAECOLOGICAL ONCOLOGY CLINIC/POLYCLINIC			
	Minimum standards for Clinics/ Polyclinics	ONLY CONSULTATION	Remarks
1	<b>Definition</b>	<b>Specialist</b>	
2	<b>Scope</b>		
	Services Provided	ONLY CONSULTATION	
3	<b>Physical Infrastructure</b>		
	<b>a.Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. consultation/waiting area	Yes	M-Mandatory
	iii. OPD Area	Yes	M-Mandatory
4	<b>Human resources</b>		
	Med person incharge	Mch Gynaecological oncology from a recognised centre or MD/MS/DNB Gynaecology and Obstetrics with 02 years experience in Gynaecological oncology in a recognised centre	
	Technician	NURSE-1 or	M
	Non Tech staff	Attendant-1	
	Duty and salary roster	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS,vaccination of staff	Yes	D-Desirable
5	<b>Equipment</b>		
	Stethoscope	Yes	M
	Thermometer	Yes	Yes (Non Mercury)

GYNAECOLOGICAL ONCOLOGY CLINIC/POLYCLINIC			
	Minimum standards for Clinics/ Polyclinics	ONLY CONSULTATION	Remarks
	BP Apparatus	Yes	Yes (Non Mercury)
	Glucometer	Yes	M
	Weigh machine	Yes	M
	Emergency kit and medicine	DRESSING TRAY, CATHETERISATION TRAY, PORTABLE LIGHT	Refer to document on clinic/Polyclinic
	Drugs,Medical devices and consumables	Yes	M-Mandatory
	List of disposables	Yes	M-Mandatory
	Annual Maintenance records of equip	Yes	D
<b>6</b>	<b>support services</b>		
	sterlization/CSSD	Yes	M-MANDATORY
	security	Yes	D
	BMW management	Yes	M
	Laundry	Yes	Own/outsourced
<b>7</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients,privacy for patients while examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M-MANDATORY
	Disinfection of work Area	Yes	M-MANDATORY
	Use of disposable services	Yes	M

GYNAECOLOGICAL ONCOLOGY CLINIC/POLYCLINIC			
	Minimum standards for Clinics/ Polyclinics	ONLY CONSULTATION	Remarks
	small autoclave	Yes	M
	facilities for sterilization	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D
		M-Mandatory	D- Desirable



<b>SURGICAL ONCOLOGY CLINIC/POLYCLINIC</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>With minor OT</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	<b>Specialist</b>	
<b>2</b>	<b>Scope</b>		
	Services Provided	CONSULTATION SERVICES; SUTURING, SUTURE REMOVAL, ABSCESS DRAIN, EXCISION LN BIOPSY, DEBRIDEMENT, BANDING, PARACENTESIS, CATHETERIZATION, NEEDLE ASPIRATION, FNAC, MINOR PROCEDURE WHERE NO GA IS REQUIRED	
<b>3</b>	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M
	ii. consultation/waiting area	Yes	M
	iii. OPD Area	Yes	M
<b>4</b>	<b>Human resources</b>		

<b>SURGICAL ONCOLOGY CLINIC/POLYCLINIC</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>With minor OT</b>	<b>Remarks</b>
	Doctors	MCh/DNB Surgical Oncology or MS General Surgery/MS ENT/MS Orthopaedics with 05 years experience in Surgical Oncology in Recognised Centres by MCI, Government Medical College having this course, RCCs.	M
	Technician	Yes	D
	Non Tech staff	Attendant-1	D
	Tech	NURSE-1	D
	Duty and salary roster	Yes	D
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	Yes	D
<b>5</b>	<b>Equipment</b>		
	Stethoscope	Yes	M
	Thermometer	Yes	Yes (Non Mercury)

SURGICAL ONCOLOGY CLINIC/POLYCLINIC			
	Minimum standards for Clinics/Polyclinics	With minor OT	Remarks
	BP Apparatus	Yes	Yes (Non Mercury)
	Glucometer	Yes	M
	Weigh machine	Yes	M
	Emergency kit and medicine	DRESSING TRAY, CATHETERISATION TRAY, PORTABLE LIGHT	Refer to documents on Clinic /polyclinic
	Drugs,Medical devices and consumables	Yes	M
	List of disposables	Yes	M
	Annual Maintenance records of equip	Yes	D
<b>6</b>	<b>support services</b>		
	a. sterlization/CSSD	Yes	M
	b. security	Yes	D
	c. BMW management	Yes	M
	d. Laundry	Yes	Own/outsourced
<b>7</b>	<b>Standard on basic processes</b>		

SURGICAL ONCOLOGY CLINIC/POLYCLINIC			
	Minimum standards for Clinics/Polyclinics	With minor OT	Remarks
	<b>a. Receiving patients,privacy for patients while examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	facilities for sterlization	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D
M-Mandatory		D- Desirable	

MEDICAL ONCOLOGY/CLINICAL HAEMATOLOGY				
	Minimum standards for Hospital	MEDICAL ONCOLOGY	CLINICAL HAEMATOLOGY	Remarks
1	<b>Scope</b>	Solid Tumors, Haematology	Haematology	<u>Procedures</u> -Bone Marrow Test, Lumbar puncture, Pleural/Ascitic Tap, PICC line insertion, PICC line maintenance, Blood transfusion Services <u>For Bone Marrow Transplant</u> -HEPA Filter room, Irradiation of Blood products, Stem cell collection facility, Stem cell cryo preservation facility, Inhouse Blood Bank
	Services Provided			
	1. 1. Multispecialty	yes	yes	
	1. 2. Super specialty	yes	yes	
2	<b>Human resources</b>			
	2. 1 Doctors			
	Med person in charge	DM /DNB Medical Oncology	DM/ DNB Clinical Haematology	M
			1. DM Haematopathology MD Pathology with 03 experience in Haematopathology in recognized institutions can work in Haematology Lab.	M

<b>MEDICAL ONCOLOGY/CLINICAL HAEMATOLOGY</b>				
	<b>Minimum standards for Hospital</b>	<b>MEDICAL ONCOLOGY</b>	<b>CLINICAL HAEMATOLOGY</b>	<b>Remarks</b>
	Duty Doctors	MBBS for round the clock cover	MBBS for round the clock cover	M, part of Hospital
	2. 2 Nurses			
	General nurses	Yes	Yes	30% nurses should have 2 years experience of Oncology from tertiary care centres.
	Trained Nurses for ICU/OT/HDU	Yes	Yes	1 nurse per 2 beds
	2. 3 Pharmacist	Yes	Yes	M-Mandatory, with one year training in Oncology, Pharmacology.
	2. 4 Para Medical staff			
	a. Lab Tech	Yes	Yes	M- if own lab, part of Hospital
	b. X-ray Technician	Yes	Yes	M- part of Hospital
	c. ECG Technician	Yes	Yes	M- part of Hospital
	d. Dietician	Yes	Yes	M- part of Hospital
	e. Physiotherapist	Yes	Yes	D- part of Hospital
	f. Psychologist	Yes	Yes	D- part of Hospital
	g. Medico social worker	Yes	Yes	D- part of Hospital
<b>3</b>	<b>Equipment</b>			
	a. Therapeutic	yes	yes	M

MEDICAL ONCOLOGY/CLINICAL HAEMATOLOGY				
	Minimum standards for Hospital	MEDICAL ONCOLOGY	CLINICAL HAEMATOLOGY	Remarks
	b. Diagnostic		*M--Automated Haematology Analyser, Microscope, Haematology Cell counter, Flowcytometer, D-Autopipettes, Cytochemistry stains, Immunohistochemistry, Immunocytochemistry	
	c. Emergency	Yes	Yes	Refer to documents of Hospital
	d. Sterlizing	Yes	Yes	M
	e. Drugs, Medical devices and consumables	Yes	Yes	Refer to documents of Hospital
	f. List of disposables	Yes	Yes	M
	g. Annual Maintenance records of equip	Yes	Yes	M
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	own or Outsourced ( lab with basic facility <b>mandatory</b> )
	4. 2. Imaging	Yes	yes	own or Outsourced
	4. 3. . sterilization/CSSD	Yes	Yes	M
	4. 4. Medical Gas/Manifold	Yes	Yes	M
		<b>M-Mandatory</b>	<b>D- Desirable</b>	

<b>MINIMUM STANDARDS FOR BURN CARE FACILITY</b>				
	<b>Template for Minimum standards for Hospital</b>	<b>BASIC ( Burn care facility for general /general surgical care )</b>	<b>ADVANCE CARE (Burn unit )</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>			
<b>2</b>	<b>Scope</b>	PATIENTS WITH UPTO 25% TBSA (total body surface area) in adult and 15 % in children burns with no comorbid condition	All burns patients (Minimum 2 beds with ICU facility)	
<b>I</b>	<b>Services Provided</b>			
	1. General purpose	Yes		
	2. Single Specialty	Yes	Yes	
	3. Multispecialty	Yes	Yes	
	4. Super specialty		Yes	
<b>3</b>	<b>Human resources</b>			
	1. 1 Doctors			for Anaesthetist services refer to Doc on Anaesthetist
	Med person in charge	Surgeon-1 (MS General Surgeon)	MCh /DNB Plastic Surgery-1	



**MINIMUM STANDARDS FOR BURN CARE FACILITY**

	<b>Template for Minimum standards for Hospital</b>	<b>BASIC ( Burn care facility for general /general surgical care )</b>	<b>ADVANCE CARE (Burn unit )</b>	<b>Remarks</b>
	Full time consultant		Surgeon-1 (MS General Surgeon)	
	Part time consultant			
	visiting consultant			
	Duty Doctors	MBBS cover round the clock	MBBS round the clock with Consultant cover	M
	1. 2 Nurses			
	Nursing head		Yes	
	General nurses	Staff Nurses-2, round the clock on shared basis	Yes	
	Trained Nurses for ICU/OT/HDU	Yes	Yes	
	1. 3 Pharmacist	1	1	part of hospital
	1. 4 Para Medical staff			
	Lab Tech	Yes	Yes	M- if own lab
	X-ray Technician	Yes	Yes	M- if own
	OT Technician	Yes	Yes	M- in Major OT ( In

<b>MINIMUM STANDARDS FOR BURN CARE FACILITY</b>				
	<b>Template for Minimum standards for Hospital</b>	<b>BASIC ( Burn care facility for general /general surgical care )</b>	<b>ADVANCE CARE (Burn unit )</b>	<b>Remarks</b>
				Minor OT trained Technician)
	ECG Technician	Yes	Yes	D as part of hospital
	Dietician	Yes	Yes	D as part of hospital
	Physiotherapist	Yes	Yes	D as part of hospital
	Psychologist		Yes	D as part of hospital
	Medico social worker		Yes	M as part of hospital
	1. 5 Support Staff			
	a. Receptionist & Billing	Yes	Yes	M-as part of hospital
	b. MRD Office	Yes	Yes	M-as part of hospital
	c. Security closed circuit surveillance and sanitation	Yes	Yes	Sanitation and Security Must ;Closed circuit surveillance desirable
	d. Transport facility including driver	1	Yes	M-own/outsourced
	e. Data entry operators		Yes	part of hospital
	f. House keeping	Yes	Yes	M-Mandatory
	1. 6 Rapid Response Team	Yes	Yes	D
	1. 7 others			

<b>MINIMUM STANDARDS FOR BURN CARE FACILITY</b>				
	<b>Template for Minimum standards for Hospital</b>	<b>BASIC ( Burn care facility for general /general surgical care )</b>	<b>ADVANCE CARE (Burn unit )</b>	<b>Remarks</b>
	Policy Manpower/ posting/ rotation/ of medical and ALLIED HEALTH PROFESSIONAL	Yes	Yes	M
	STANDARD PERTAINING TO PERSONAL RECORD KEEPING AND TRAINING	Yes	Yes	M
	PAYMENT/ROSTER OF STAFF	Yes	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEATH CHECK UPS, vaccination of staff in lab, bld bank, TLD badges	Yes	Yes	D
<b>4</b>	<b>Equipment</b>			
	Therapeutic		Vital parameter monitor2, skin graft mesher1, Humby's knife- 4, Portable light-1	M
			Ultrasound therapy machine-1, Overhead pulley-1,	M

**MINIMUM STANDARDS FOR BURN CARE FACILITY**

	<b>Template for Minimum standards for Hospital</b>	<b>BASIC ( Burn care facility for general /general surgical care )</b>	<b>ADVANCE CARE (Burn unit )</b>	<b>Remarks</b>
			Shoulder wheels 1, Horizontal bar-1, static cycle- 1, Quadriceps table- 1, Breathing exercise equipment-1, Hand gripper- 1, Electric muscle stimulator- 1, Paraffin box-1	
	Diagnostic			
	Emergency			ANNEXURE-2
	Sterilizing	M	M	
	Drugs, Medical devices and consumables	I/VFluids, Antibiotics, Sedatives, Analgesics, Antiseptic cream, Plasma expanders	same	M-ANNEXURE-3
	List of disposables	Yes	Yes	M-Mandatory
	Annual Maintenance records of equip	Yes	Yes	M
<b>5</b>	<b>Support Service</b>			

**MINIMUM STANDARDS FOR BURN CARE FACILITY**

	<b>Template for Minimum standards for Hospital</b>	<b>BASIC ( Burn care facility for general /general surgical care )</b>	<b>ADVANCE CARE (Burn unit )</b>	<b>Remarks</b>
	Reception & Billing	Yes	Yes	M-Mandatory, part of hospital
	Laboratory	Yes	Yes	M-own/outsourced
	Imaging	Yes	Yes	M-own/outsourced
	Pharmacy	Yes	Yes	M-own/outsourced
	sterilization/CSSD	Yes	Yes	M-Mandatory
	Laundry/Kitchen	Yes	Yes	M-own/outsourced
	Medical Gas/Manifold		Yes	M-Mandatory
	Blood storage unit/blood Bank	Yes	Yes	M-own/outsourced/Tie up
	Ambulance service	Yes	Yes	M-own/outsourced/Tie up

CLINIC WITH PLASTIC SURGEON				
	Template for Minimum standards for Clinics/Polyclinics	ONLY CONSULTATION	DAY CARE CENTRE	Remarks
1	<b>Definition</b>	<b>Specialist</b>	<b>Specialist</b>	
2	<b>Scope</b>			
	Services Provided	Only consultation	All day care procedures of specialty	No liposuction/lipolysis without plastic surgeon at beauty clinic.
3	<b>Physical Infrastructure</b>			
	<b>a. Space requirement</b>			
	i) Reception	Yes	Yes	M-Mandatory
	ii) consultation/waiting area	Yes	Yes	M-Mandatory
4	<b>Human resources</b>			
	Doctors	MCh /DNB Plastic Surgery	MCh /DNB Plastic Surgery	M-Mandatory
	Tech staff	Female Attendant	NURSE-1	D-Desirable
	Non Tech staff	Attendant-1	Attendant-1	D-Desirable
	Duty and salary roster	Yes	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	yes	yes	D-Desirable

CLINIC WITH PLASTIC SURGEON				
	Template for Minimum standards for Clinics/Polyclinics	ONLY CONSULTATION	DAY CARE CENTRE	Remarks
<b>5</b>	<b>Equipment</b>			
	a. Stethoscope	Yes	Yes	M-Mandatory
	b. Thermometer	Yes	Yes	M (Non Mercury)
	c. BP Apparatus	Yes	Yes	M (Non Mercury)
	d. Glucometer	Yes	Yes	M-Mandatory
	e. Weigh machine	Yes	Yes	M-Mandatory
	f. Emergency kit and medicine	Yes	Yes*	Refer to Clinic/Polyclinic document
	g. Drugs, Medical devices and consumables	Yes	Yes*	*M-Mandatory
	h. List of disposables	Yes	Yes*	*M-Mandatory
	i. Annual Maintenance records of equip	Yes	Yes*	*M-Mandatory
<b>6</b>	<b>support services</b>			
	a. sterilization/CSSD	Yes	Yes	if required
	b. security	Yes	Yes	D: Desirable
	c. BMW management	Yes	Yes	As per BMW Rules
	d. Laundry	Yes	Yes	D -Desirable; own/outsourced
<b>7</b>	<b>Standard on basic processes</b>			
	a. Receiving patients, privacy for	Yes	Yes	M-Mandatory

<b>CLINIC WITH PLASTIC SURGEON</b>				
	<b>Template for Minimum standards for Clinics/Polyclinics</b>	<b>ONLY CONSULTATION</b>	<b>DAY CARE CENTRE</b>	<b>Remarks</b>
	patients while examining especially females			
	b. Infection control practices	Yes	Yes	M-Mandatory
	soap and water	Yes	Yes	M-Mandatory
	facilities for hand washing and disinfection	Yes	Yes	M-Mandatory
	Disinfection of work Area	Yes	Yes	M-Mandatory
	Use of disposable services	Yes	Yes	M-Mandatory
	small autoclave	Yes	Yes	M-Mandatory
	c. Policy on outsourced services	Yes	Yes	D



<b>PLASTIC SURGERY IN HOSPITAL</b>			
	<b>Minimum standards for Hospital</b>	<b>Minimum Standards</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	Surgical Specialty which deals with reconstruction of missing parts, replacement of tissue, modification and changing of existing part and changing the appearance of person to improve aesthetic appearance	
<b>2</b>	<b>Scope</b>	Reconstructive Surgery, Facial skeletal surgery, Aesthetic surgery, Minor surgical procedures	
	<b>Services Provided</b>		
	1. 1 General purpose		
	1. 2 Single Specialty	yes	
	1. 3. Multispecialty	Yes	
	1. 4. Super specialty	Yes	
<b>3</b>	<b>Human resources</b>		
	3. 1 Doctors		
	Med person in charge	MCh / DNB Plastic Surgery-1	M-Mandatory; for Anaesthetist services refer to Doc on Anaesthetist
		MS (General Surgeon) with minimum 3 yrs training in Plastic	

<b>PLASTIC SURGERY IN HOSPITAL</b>			
	<b>Minimum standards for Hospital</b>	<b>Minimum Standards</b>	<b>Remarks</b>
		surgery	
	Duty Doctors	MBBS doctor for round the clock medical cover from Hospital pool	M-Mandatory; part of Hospital
	3. 2 Nurses		
	Nursing head	yes	As per norms of Nursing Council
	General nurses	Yes	As per norms of Nursing Council
	Trained Nurses for ICU/OT/HDU	Yes	As per norms of Nursing Council
	3. 3 Pharmacist	yes	part of hospital
	3. 4 Para Medical staff		
	a. Lab Tech	Yes	M- Mandatory;if own lab
	b. X-ray Technician	Yes	M- if own
	c. OT Technician	Yes	M- in Major OT ( In Minor OT trained Technician)
	d. ECG Technician	Yes	D-Desirable; part of hospital
	e. dietician	Yes	D; part of hospital
	f. Physiotherapist	Yes	D ;part of hospital
	g. Psychologist	Yes	D ;part of hospital
	h. Medico social worker	Yes	D ;part of hospital
<b>4</b>	<b>Equipment</b>		
	a. Therapeutic	Basic OT instrument ;Special instrument for cleft Surgery, hand	M-Mandatory

<b>PLASTIC SURGERY IN HOSPITAL</b>			
	<b>Minimum standards for Hospital</b>	<b>Minimum Standards</b>	<b>Remarks</b>
		surgery, Burn reconstructive surgery, Other instruments as per facility service	
	b. Emergency	yes	As per Hospital Document
	c. Sterilizing	Yes	M
	d. Drugs, Medical devices and consumables	Yes	As per Hospital Document
	e. List of disposables	Yes	M
	f. Annual Maintenance records of equip	Yes	M
<b>5</b>	<b>Support Service</b>		
	e. sterilization/CSSD	Yes	M-mandatory; part of hospital
	g. Medical Gas/Manifold	Yes	M-mandatory; part of hospital
	h. Blood storage unit/blood Bank	Yes	M-own/outsourced/Tie up
	i. Ambulance service	Yes	M-own/outsourced/Tie up

NEPHROLOGY CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	<b>Nephrology services</b>	
2	<b>Scope</b>		
	Services Provided	1. CONSULTATION (M) 2. ACCESS TO DIALYSIS (D) LAB SERVICES (O)	infrastructure and Staff according to scope of services
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M
	ii. Consultation	Yes	M
	iii. waiting area	Yes	M
4	<b>Human resources</b>		
	Med person in charge	DM/DNB NEPHROLOGY	M
	Technical staff	Yes	M
	Non-Technical staff	Attendant-1	M
	Duty and salary roster	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK	yes	D

NEPHROLOGY CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	UPS, vaccination of staff		
<b>5</b>	<b>Equipment</b>		
	a. Stethoscope	Yes	M
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Aneroid)
	d. Glucometer	Yes	M
	e. Weigh machine	Yes	M
	f. Emergency kit and medicine	Yes	Refer documents on clinic /polyclinic
	g. Drugs, Medical devices and consumables	Yes	M
	h. List of disposables	Yes	M
	i. Annual Maintenance records of equip	Yes	D
	j. O2 cylinder for emergency	Yes	D
<b>6</b>	<b>support services</b>		
	a. sterilization/CSSD	Yes	M
	b. security	Yes	D

NEPHROLOGY CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	c. BMW management	Yes	M
	d. Laundry	Yes	Own/ outsourced
<b>7</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	facilities for sterilization	Yes	D
	<b>c. Policy on outsourced services</b>	Yes	D
	M-Mandatory D- Desirable O- Optional		

<b>NEPHROLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General Purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
<b>1</b>	<b>Scope</b>	Providing services ( example Primary Health Centre, Community Health Centre, SDH, District Hospital, Private Hospital, Nursing Home etc)	Providing services (example Civil Hospital, regional Hospital, Nursing Home, Private Hospital etc of similar scope)	
		KIDNEY BIOPSY, MINOR OT, CENTRAL VEIN , CATHETERISATION, ACUTE PERITONEAL DIALYSIS	ALL BASIC SERVICES, CAPD, CATHETERISATION, AV FISTULA, PERMA CATH, RENAL TRANSPLANT	
	<b>Services Provided</b>			
	1. 1 General purpose	Yes		
	1. 2 Single Specialty		Yes	
	1. 3. Multispecialty		Yes	
	1. 4. Super specialty		Yes	
<b>2</b>	<b>Human resources</b>			
	2. 1. Doctor			
	Med person in charge	MD/DNB NEPHROLOGY	MD/DNB NEPHROLOGY	M
	Full time consultant	MD WITH EXPERIENCE IN NEPHROLOGY	MD -1	M

<b>NEPHROLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General Purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
		from a recognized hospital		
	Duty Doctors	MBBS Doctors for round the clock medical cover	MBBS Doctors for round the clock medical cover	M
	2. 2 Nurses			part of hospital
	Nursing head	Yes	Yes	As per norms of Nursing Council
	Dialysis Nurse/Technical	Yes	Yes	As per paramedics council norms
	General nurses	Yes	Yes	As per norms of Nursing Council
	Trained Nurses for ICU/OT	Yes	Yes	ICU norms
	2. 3 Pharmacist	Yes	Yes	M-in-house pharmacy
	2. 4 Para Medical staff			
	a. Lab Tech	Yes	Yes	M-if own
	b. X-ray Technician	Yes	Yes	M-if own
	c. OT Technician	DIALYSIS MACHINE (MAN POWER AS PER GUIDELINES-NURSE-1, TECHNICIAN-1)	Yes	M (Refer Dialysis Centre)
	d. ECG Technician	Yes	Yes	M-own/outsourced



NEPHROLOGY SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General Purpose)	ADVANCE	Remarks
	e. dietician	Yes	Yes*	*M
	f. Physiotherapist	Yes	Yes	D
	g. Psychologist	Yes	Yes	M IF PSYCHIATRIST
	h. Medico social worker	Yes	Yes	D
<b>3</b>	<b>Equipment</b>			
	Therapeutic	DIALYSIS MACHINE (MAN POWER AS PER GUIDELINES- minimum NURSE-1, TECHNICIAN-1)	DIALYSIS MACHINE (MAN POWER AS PER GUIDELINES- minimum NURSE-1, TECHNICIAN-1)	M;Refer Dialysis Centre
	Diagnostic	Yes	Yes	M
	Emergency	Yes	Yes	Refer to documents of Hospital
	Sterilizing	Yes	Yes	M
	Drugs, Medical devices and consumables	Yes	Yes	Refer to documents of Hospital
	List of disposables	Yes	yes	M
	Annual Maintenance records of equip	Yes	Yes	M
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	Basic Laboratory facilities

<b>NEPHROLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General Purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
				must be available in the hospital and advance can be Outsourced
	4. 2. Imaging			Basic Imaging facilities must be available in the hospital and advance can be Outsourced
	4. 3. Pharmacy	Yes	Yes	M-IN ADVANCE
	4. 4. sterilization/CSSD	Yes	Yes	M
	4. 5. Medical Gas/Manifold	Yes	Yes	M-IN ADVANCE
	4. 6. Blood storage unit/blood Bank	Yes	Yes	M for advance set-up, otherwise D
	4. 7. Ambulance service	Yes	Yes	M-own/outsourced/TIE UP
		<b>M-Mandatory</b>	<b>D- Desirable</b>	

<b>DIALYSIS CENTRE</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>Minimum Standards</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	Dialysis services	
<b>2</b>	<b>Scope</b>		
	Services Provided	CONSULTATION SERVICES, DIALYSIS	
<b>3</b>	<b>Physical Infrastructure</b>		
	<b>Space requirement</b>	10*10 SQ FT	(for 1 machine)
	i. Reception	Yes	M
	ii. consultation/waiting area	Yes	M
	iii. OPD Area	Yes	M
<b>4</b>	<b>Human resources</b>		
	Doctors	DM/DNB NEPHROLOGY/MD MEDICINE TRAINED IN DIALYSIS 6 MTHS	
	Tech staff	Techician-1 Nurse-1	M
	Non Tech staff	Attendant-1	M
	Duty and salary roster	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff in lab	Yes	D
<b>5</b>	<b>Equipment</b>		
	Stethoscope	Yes	M
	Thermometer	Yes	Yes (Non Mercury)

<b>DIALYSIS CENTRE</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>Minimum Standards</b>	<b>Remarks</b>
	BP Apparatus	Yes	Yes (Non Mercury)
	Glucometer	Yes	M
	Weigh machine	Yes	M
		4 DIALYSIS MACHINE (MAN POWER AS PER GUIDELINES- NURSE-1, TECHNICIAN-1) ; (MINIMUM 2 MACHINES in any Dialysis Centre)	M
	Emergency kit and medicine	Yes	Refer to Hospital Document
	Drugs, Medical devices and consumables	Yes	Refer to Hospital Document
	List of disposables	Yes	M
	Annual Maintenance records of equip	Yes	D
<b>6</b>	<b>support services</b>		
	sterilization/CSSD	Yes	M
	security	Yes	D
	BMW management	Yes	M
	Laundry	Yes	own/outsourced
<b>9</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M-Mandatory

<b>DIALYSIS CENTRE</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>Minimum Standards</b>	<b>Remarks</b>
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	facilities for sterilization	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D
	<b>M-Mandatory</b>	<b>D- Desirable</b>	

PMR Hospital			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	<b>Specialist</b>	
2	<b>Scope</b>		
	Services Provided	Consultation Services & Inpatient Services	
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. Consultation/waiting area	Yes	M-Mandatory
	iii. OPD Area	Yes	M-Mandatory
	Iv Procedure Room	Yes	M-Mandatory
	v. Lecture Room with telemedicine	Yes	M-Mandatory
	vi. Physiotherapy	Yes	M-Mandatory
	vii Occupational Therapy	Yes	M-Mandatory
	viii ward: male/female		M-Mandatory
	ix Nursing Station		M-Mandatory
	x Doctor's room		M-Mandatory
	xi Nurse Room		M-Mandatory
	xii Store room		M-Mandatory
	xiii Sterilization room		M-Mandatory
	xiv Waste disposal room		M-Mandatory
	xv Pharmacy		M-Mandatory
	xvi Lab		M-Mandatory

<b>PMR Hospital</b>			
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>Minimum Standards</b>	<b>Remarks</b>
	xvii X-ray		M-Mandatory
	xviii Limb center		M-Mandatory
	xix Electro diagnostic room		M-Mandatory
	xx Minor operation theatre		M-Mandatory
	xxi 1 Room for specialty clinic		M-Mandatory
	xxii Counseling Room		M-Mandatory
	xxiii Speech/ language pathology room		M-Mandatory
	xxiv Disabled friendly toilets		M-Mandatory
	xxv Recreational room		M-Mandatory
	xxvi Ultrasound room		M-Mandatory
	xxvii Office room		M-Mandatory
	xxviii Observational room		M-Mandatory
<b>4</b>	<b>Human resources</b>		
	Doctors	PG Diploma DPMR, DNB PMR, MD PMR- 3 post	M-Mandatory
	Tech staff	Occupational Therapist, Physiotherapist, Prosthetic, Psychologist (Degree in respective field), Speech Therapist, nurse, recreational therapist, social worker,	M-Mandatory

PMR Hospital			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
		pharmacist, lab technician, x-ray technician, grade2/ 3 staff, clerk.	
	Non Tech staff	Nurse, Attender as per PSC norms	M-Mandatory
	Duty and salary roster	Yes	M--Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	Yes	as applicable
<b>5</b>	<b>Equipment</b>		
	a. Musculoskeletal Ultrasound	Yes	M-Mandatory
	b. Electro diagnostic Machine	Yes	M-Mandatory
	c. Urodynamic Machine	Yes	M-Mandatory
	d. Gait Analysis Machine	Yes	M-Mandatory
	e. C-arm X-ray unit	Yes	M-Mandatory
	f. Computer in office room & Clinics	Yes	M-Mandatory
	g. Television for Telemedicine	Yes	M-Mandatory
	h. Virtual Reality	Yes	M-Mandatory
	i. Parallel Bar	Yes	M-Mandatory
	j. Equipments for PT & OT	Yes	M-Mandatory
	k. Nursing drugs & Equipments	Yes	M-Mandatory
	l. Stethoscope	Yes	M-Mandatory
	m. Thermometer	Yes	M-Mandatory
	n. BP apparatus	Yes	M-Mandatory



PMR Hospital			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	o. Glucometer	Yes	M-Mandatory
	p. Weigh machine	Yes	M-Mandatory
	q. Emergency kit and medicine	Yes	M-Mandatory
	r. Consumables	Yes	M-Mandatory
	s. List of disposables annual maintenance	Yes	M-Mandatory
	t. Others	Beds& weight relieving mattress for all inpatients, walker, axillary crutches, elbow crutches, wheelchairs, trolley	M-Mandatory
<b>6</b>	<b>support services</b>		
	sterilization/CSSD	Yes	M
	security	Yes	D
	BMW management	Yes	M
	Laundry	Yes	D-Desirable; own/outsourced
<b>9</b>	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients While examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	Soap and water	Yes	M
	Facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M

PMR CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	<b>Specialist</b>	
2	<b>Scope</b>		
	Services Provided	Consultation Services	
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>		
	i. Reception	Yes	M-Mandatory
	ii. Consultation/waiting area	Yes	M-Mandatory
	iii. OPD Area	Yes	M-Mandatory
	iv. Procedure Room	Yes	M-Mandatory
	v. Lecture Room	Yes	M-Mandatory
	vi. Physiotherapy	Yes	M-Mandatory
	vii. Occupational therapy	Yes	M-Mandatory
4	<b>Human resources</b>		
	Doctors	PG Diploma DPMR, DNB PMR, MD PMR.	M-Mandatory
	Tech staff	Occupational Therapist, Physiotherapist, Prosthetics, Clinical Psychologist, Speech Therapist with degree or Diploma with two-year experience in the respective field.	M-Mandatory (as applicable)
	Non Tech staff	Nurse, Attender as per current PSC	M-Mandatory

PMR CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
		Norms	
	Duty and salary roster	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	Yes	as applicable
<b>5</b>	<b>Equipment</b>		
	a. Stethoscope	Yes	M
	b. Thermometer	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	M
	e. Weigh machine	Yes	M
	f. Others	Exercise Table, Cycling, Weight Dumbbells, Barbells, Cuff Bar	M
	g. Emergency kit and medicine	yes	refer to documents on hospital
	h. Consumables	Yes	M-Mandatory (as applicable)
	i. List of Disposables Annual maintenance of equipment	Yes	D
<b>6</b>	<b>Support services</b>		
	Sterilization/CSSD	Yes	M
	Security	Yes	D
	BMW management	Yes	M

PMR CLINIC			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	Laundry	Yes	D-Desirable; own/outsourced
9	Standard on basic processes		
	a. Receiving patients, privacy for patients while examining especially females	Yes	M
	b. Infection control practices	Yes	M
	Soap and water	Yes	M
	Facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	c. Policy on outsourced services	Yes	D

PSYCHIATRY CLINIC					
	Minimum standards for Clinics/Polyclinics	Clinic with Psychiatrist	Psychology clinic	DAY CARE	REMARK
1	<b>Definition</b>	Specialist		Specialist	
2	<b>Scope</b>				
	Services Provided	CONSULTATION SERVICES	CONSULTATION SERVICES	CONSULTATION SERVICES, MECT	
3	<b>Physical Infrastructure</b>				
	<b>a. Space requirement</b>				
	i. Reception	Yes	Yes	Yes	
	ii. Consultation/waiting area	Yes	Yes	Yes	
4	<b>Human resources</b>				
	Doctors	MD/DNB IN PSYCHIATRY/DPM		MD	M
	Tech staff		RCI recognized MPhil in Clinic	Anaesthetist on call	D/Outsourced
	Non Tech staff	ATTENDANT-1		ATTENDANT-1	
	Duty and salary roster				
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, Vaccination of staff in lab, blood storage unit, TLD charges	Yes		Yes	D
5	<b>Equipment</b>				

PSYCHIATRY CLINIC					
	Minimum standards for Clinics/Polyclinics	Clinic with Psychiatrist	Psychology clinic	DAY CARE	REMARK
	Stethoscope	Yes	Not Required	Yes	M
	Thermometer	Yes	Not Required	Yes	Yes (Non Mercury)
	BP Apparatus	Yes	Not Required	Yes	Yes (Non Mercury)
	Glucometer	Yes		Yes	D
	Weighing machine	Yes	Yes	Yes	M
	other equipment	OPHTHALMOSCOPE, INSTRUMENT TRAY FOR NEUROLOGICAL EXAMINATION Brief pulse ECT and Biofeedback	Computerized biofeedback machines (desirable)	Brief pulse ECT and Biofeedback : Mandatory Computerised brief pulse ECT machine with EEG monitoring, Boyle's apparatus for MECT, Computerised biofeedback machine-desirable	
	Emergency kit and medicine	Inj. Haloperidol,	No	Inj. Haloperidol,	M
		Promethazine, Diazepam,		Promethazine, Diazepam,	
		Lorazepam, Naloxone		Lorazepam, Naloxone	
		, Thiamine, Flumazenil		, Thiamine, Flumazenil	
		<u>Anti psychotic -</u>		<u>Anti psychotic -</u>	
		Chlorpromazine,		Chlorpromazine,	

PSYCHIATRY CLINIC					
	Minimum standards for Clinics/Polyclinics	Clinic with Psychiatrist	Psychology clinic	DAY CARE	REMARK
		Haloperidol,		Haloperid	
		Resperidone, Olanzapine, Halo		ol, Resperidone, Olanzapin	
		peridol.		e, Haloperidol.	
		<u>Anti-depressant-</u>		<u>Anti-depressant-</u>	
		Imipramine, Fluoxetine, Escital		Imipramine, Fluoxetine, Esci	
		opram,		talopram,	
		<u>Mood Stabilizers-Sodium</u>		<u>Mood Stabilizers-Sodium</u>	
		Valproate.		Valproate.	
		<u>Anti-epileptic-</u>		<u>Anti-epileptic-</u>	
		Phenobarbitone		Phenobarbitone	
		Diphenylhydation. Inj		Diphenylhydation. Inj	
		promethazine,		promethazine,	
		triphenidylpropranolol,		triphenidylpropranolol,	
		Antacids.		Antacids.	
	Drugs, Medical devices and consumables	Yes	no	Yes	M-Refer to documents on Clinic/Polyclinic
	List of disposables	Yes	no	Yes	M

PSYCHIATRY CLINIC					
	Minimum standards for Clinics/Polyclinics	Clinic with Psychiatrist	Psychology clinic	DAY CARE	REMARK
	Annual Maintenance records of Equipments	Yes	no	Yes	D-Desirable
<b>6</b>	<b>Support services</b>				
	Sterilization/CSSD	Yes	no	Yes	D
	Security	Yes	Yes	Yes	D
	BMW management	Yes	no	Yes	M
	Laundry	Yes	Yes	Yes	own/outsourced
<b>7</b>	<b>Standard on basic processes</b>				
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	Yes	Yes	M
	<b>b. Infection control practices</b>	Yes	Yes	Yes	M
	Soap and water	Yes	Yes	Yes	M
	Facilities for hand washing and Disinfection	Yes	Yes	Yes	M
	Disinfection of work Area	Yes	no	Yes	M
	Use of disposable services	Yes	no	Yes	M
	small autoclave	Yes	no	Yes	D
	<b>c. Policy on outsourced Services</b>	Yes	Yes	Yes	D
		<b>M- Mandatory</b>	<b>D - Desirable</b>		



PSYCHIATRY SERVICES IN HOSPITAL			
	Template for Minimum standards for Hospital under CEA	MINIMUM STANDARDS	Remarks
1	<b>Scope</b>		
	<b>Services Provided</b>		
	1. 1. General purpose	Yes	
	1. 2. Single Specialty	Yes	
	1. 3. Multispecialty	Yes	
2	<b>Human resources</b>		
	2. 1 Doctors		
	Med person in charge	MD/DNB in PSYCHIATRY/DPM	M
	Other Doctors dedicated for psychiatry	MBBS-1	D
	Duty Doctors, as per case load of the hospital	MBBS for round the clock service	M (May be part of the hospital)
	2. 2 Nurses		
	Nursing head	1	
	General nurses		as per nursing council norms
	Trained Nurses for ICU/OT/HDU	2	D
	2. 3 Pharmacist	Yes	M- own/outsourced
	2. 4 Para Medical staff		
	a. Lab Tech	1	M-if own
	b. X-ray Technician	1	M-if own
	c. ECG Technician	1	M-own/outsourced
	d. Dietician	Yes	D

<b>PSYCHIATRY SERVICES IN HOSPITAL</b>			
	<b>Template for Minimum standards for Hospital under CEA</b>	<b>MINIMUM STANDARDS</b>	<b>Remarks</b>
	e. Physiotherapist	Yes	D
	f. Psychologist	1	D- own/ Outsourced
	g. Medico social worker	1	D- own/ Outsourced
	2. 5 Support Staff		
	a. Receptionist & Billing Staff	Yes	M- part of the hospital
	b. MRD Office Staff	Yes	M- part of the hospital
	c. Security closed circuit surveillance and sanitation	Yes	M- Sanitation and security D-closed circuit surveillance
	d. Transport facility including driver	1	M- own/outsourced
	e. Data entry operators	Yes	Part of the hospital
	f. Housekeeping	Yes	M
	2. 6 Rapid response team		D
	2. 7 Others		
	a. Policy for Manpower/ posting /rotation/ of medical and Allied Health Professional		M
	b. Standard Pertaining To Personal Record Keeping And Training		M
	c. Payment/Roster Of Staff		M
	d. Other Requirement Like Periodic Health Checkups, Vaccination of staff in lab, blood storage Unit, TLD badges		D

PSYCHIATRY SERVICES IN HOSPITAL			
	Template for Minimum standards for Hospital under CEA	MINIMUM STANDARDS	Remarks
<b>3</b>	<b>Equipment</b>		
	3. 1 Therapeutic	Brief pulse ECT machine; Anaesthesia equipment for MECT; Computerised Biofeedback machine (Desirable)	D
	3. 2 Diagnostic		
	3. 3 Emergency	Inj Haloperidol, Inj Promethazine, Inj Diazepam, Inj Lorazepam, Inj Naloxone, IV B Complex, Inj Flumazenil	M
	3. 4 Sterilizing		
	3. 5 Drugs, Medical devices and consumables	Tab Chlorpromazine, Haloperidol, Olanzapine, Tab Fluoxetine, Carbamazepine, Phenobarbitone, Tab Tramadol, Propranolol, Antacids, Analgesics	M
	3. 6 List of disposables	Yes	M
	3. 7 Annual Maintenance records of equipment	Yes	D
<b>4</b>	<b>Support Services</b>		
	4. 1 Reception & Billing	Yes	M- part of hospital
	4. 2 MRD Services	Yes	M- part of hospital

<b>PSYCHIATRY SERVICES IN HOSPITAL</b>			
	<b>Template for Minimum standards for Hospital under CEA</b>	<b>MINIMUM STANDARDS</b>	<b>Remarks</b>
	4. 3 Laboratory	Yes	own or Outsourced
	4. 4 Imaging	yes	own or Outsourced
	4. 5 Pharmacy	Yes	own or Outsourced
	4. 6 Sterilization/CSSD	yes	D
	4. 7 Laundry/Kitchen	yes	own or Outsourced
	4. 8. sterilization/CSSD	Yes	D
	4. 9. Medical Gas/Manifold	Yes	D
	4. 10. Ambulance service	Yes	M-own/outsourced /TIE UP
		M-Mandatory	D – Desirable

<b>DEADDICTION CENTRE</b>			
	<b>Minimum standards for Hospital under CEA</b>	<b>MINIMUM STANDARDS</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	Drug Dependence Treatment Centre	
<b>2</b>	<b>Scope</b>		
	<b>Services Provided</b>		
	1. 1. General purpose	Yes	
	1. 2. Single Specialty	Yes	
<b>3</b>	<b>Human resources</b>		
	Med person in charge	MD/DPM/DNB PSYCHIATRY for 24 HRS COVER	M
	Duty Doctors	MBBS Doctors	M
	1. 2 Nurses		
	Nursing head	1	D
	General nurses	yes	M- as required
	Trained Nurses for ICU/OT/HDU	2	M
	1. 4 Para Medical staff		
	Lab Tech	yes	M-if own
	X-ray Technician	yes	M-if own
	ECG Technician	yes	D
	Dietician	yes	D
	Physiotherapist	Yes	D
	Psychologist/Medico-social worker /Counsellor	1	M -Full time/Part time/ Visiting
	Medico social worker	COUNCELLOR-2	M
	1. 5 Support Staff		

<b>DEADDICTION CENTRE</b>			
	<b>Minimum standards for Hospital under CEA</b>	<b>MINIMUM STANDARDS</b>	<b>Remarks</b>
	a. Receptionist & Billing	Yes	M
	b. MRD Office	Yes	M
	c. Security closed circuit surveillance and sanitation	Yes	Sanitation and Security; Must Closed circuit surveillance
	d. Transport facility including driver	Yes	M-own/outsourced
	e. Data entry operators	Yes	M
	1. 7 others		
	Policy Manpower/ posting/ rotation/ of medical and Allied Health Professional	Yes	M
	Standard Pertaining To Personal Record Keeping And Training	Yes	M
	PAYMENT/ROSTER OF STAFF	Yes	M
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	Yes	D
<b>4</b>	<b>Equipment</b>		
	Emergency	Yes	Refer Hospital Document
	Sterilizing	Yes	M-if own
	Drugs, Medical devices and consumables	Yes	Refer Hospital Document
	List of disposables	Yes	M
	Annual Maintenance records of equip	Yes	M
<b>5</b>	<b>Support SERVICE</b>		
	Reception & Billing	Yes	M
	Laboratory	Yes	D-own/outsourced
	Imaging	Yes	D-own/outsourced

<b>DEADDICTION CENTRE</b>			
	<b>Minimum standards for Hospital under CEA</b>	<b>MINIMUM STANDARDS</b>	<b>Remarks</b>
	Pharmacy	Yes	D-own/outourced
	sterilization/CSSD	Yes	M-Mandatory
	Laundry/Kitchen	Yes	M-own/Outsourced
	Medical Gas/Manifold	Yes	M
	Blood storage unit/blood Bank		referral
	Ambulance service	Yes	M
M- Mandatory		D- Desirable	

<b>PULMONOLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>REMARK</b>
<b>1</b>	<b>Scope</b>	Providing services ( example Primary Health Centre, Community Health Centre, SDH, District Hospital, Private Hospital, Nursing Home etc.)	Providing services (example Civil Hospital, regional Hospital, Nursing Home, Private Hospital etc. of similar scope)	
	<b>Services Provided</b>	Lung Function Test-spirometry , simple Bronchoscopy - non intervention, Blood Gas	PFT with advance spirometry test including diffusion, Bronchoscopy with advance procedures, CT guided FNAC, Medical thoracoscopy	
	1.1 General purpose	Yes		
	1.2 Single Specialty		Yes	
	1.3. Multispecialty	Yes	Yes	
	1.4. Super specialty		Yes	
<b>2</b>	<b>Human resources</b>			
	2.1 Doctors			



<b>PULMONOLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>REMARK</b>
	Med person incharge	MD/DNB MEDICINE with at least 2 mth training in recognized centre in Pulmonology	DM /DNB /MD/Diploma Pulmonology /Diploma in Chest Diseases and Tuberculosis(DCDT)	M-Mandatory
	Full time consultant	Yes or	Yes or	
	Part time consultant	Yes or	Yes or	
	Visiting consultant	Yes	Yes	
	Duty Doctors	MBBS Doctors for round the clock	MBBS Doctors for round the clock	M-Mandatory
	2.2 Nurses			
	Nursing head		Yes	Part of hospital
	General nurses	Yes	Yes	Part of hospital
	Trained Nurses for ICU/OT/HDU	Yes	Yes	Part of hospital
	2.3 Pharmacist	Yes	Yes	Yes-if In-house pharmacy
	2.4 Para Medical staff			
	Lab Tech	Yes	Yes	M- if own lab;

<b>PULMONOLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>REMARK</b>
	X-ray Technician	Yes	Yes	M- if own
	Technician	PFT Technician	PFT Technician	M-Mandatory
	ECG Technician	Yes	Yes	D-Desirable
	Dietician	1	1	D-Desirable
	Physiotherapist		1	M-Mandatory
	Psychologist	Yes	Yes	D-Desirable
	Medico social worker	Yes	Yes	D-Desirable
<b>3</b>	<b>Equipment</b>			
	a. Therapeutic	Chest tube, Bipap Machine, Nebulizer, Oxygen, Resuscitation Tray	Chest tube, Bipap Machine, Nebulizer, Oxygen, Resuscitation Tray, Access to ICU	M-Mandatory
	b. Diagnostic	Pulse oximeter, PFT	Pulse oximeter, PFT, Tracheostomy set	M-Mandatory

<b>PULMONOLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>REMARK</b>
	c. Emergency	Yes	Yes	Refer to documents on hospital
	d. Drugs, Medical devices and Consumables	Yes (steroids, Nebulizer Bronchodilators)	Yes (steroids, Nebulizer Bronchodilators), central line, USG	Refer to documents on hospital
	e. List of disposables	Yes	Yes	M-Mandatory
	f. Annual Maintenance records of equip	Yes	Yes	D
<b>4</b>	<b>Support Services</b>			
	4.1. Laboratory	Yes	Yes	Own or Outsourced
	4.2. Imaging	Yes	Yes	Own or Outsourced
	4.3. Pharmacy	Yes	Yes	M-IN ADVANCE
	4.4. Sterilization/CSSD	Yes	Yes	M
	4.5. Medical Gas/Manifold	Yes	Yes	M-IN ADVANCE
	4.6. Blood storage unit/blood Bank	Yes	Yes	D

CLINIC WITH ORTHOPAEDIC SERVICES			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
1	<b>Definition</b>	<b>Specialist</b>	
2	<b>Scope</b>		
	Services Provided	CONSULTATION SERVICES, PLASTER APPLICATION AND REMOVAL, SUTURING AND DRESSING, SPLINT APPLICATION; local injection allowed but no intra- articular without aseptic OT	
3	<b>Physical Infrastructure</b>		
	<b>a. Space requirement</b>	Room for consultation, minor OT, room for plaster application and removal	
	i. Reception	Yes	M
	ii. consultation/waiting area	Yes	M
	iii. OPD Area	Yes	M
4	<b>Human resources</b>		
	Med person in charge	MS /DNB/Diploma ORTHOPAEDICS	
	Tech staff	NURSE-1	D
	Non Tech staff	attendant-1	M
	Duty and salary roster	yes	D
	OTHER REQUIREMENT LIKE PERIODIC	Yes	D

CLINIC WITH ORTHOPAEDIC SERVICES			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	HEALTH CHECK UPS, vaccination of staff in lab, bloodbank, TLD badges		
<b>5</b>	<b>Equipment</b>		
	a. Stethoscope	Yes	M
	b. Thermometer	Yes	M (Mercury free)
	c. BP Apparatus	Yes	M (Mercury free)
	d. Glucometer	Yes	M
	e. Weigh machine	Yes	M
	f. other	HAMMER, SPLINTS, KRAMMER WIRE, THOMAS SPLINT, PELVIC BINDER, SKIN TRACTION, CERVICAL COLLAR, SPINE BOARD	M
	g. Emergency kit and medicine	Yes	Refer document of Clinic/Polyclinic
	h. Drugs, Medical devices and consumables	Yes	M
	i. List of disposables	Yes	M
	j. Annual Maintenance records of equip	Yes	D-Desirable
<b>6</b>	<b>support services</b>		
	a. sterilization/CSSD	Yes	M

CLINIC WITH ORTHOPAEDIC SERVICES			
	Minimum standards for Clinics/Polyclinics	Minimum Standards	Remarks
	b. security	Yes	D
	c. BMW management	Yes	M
	d. Laundry	Yes	own/outsourced
7	<b>Standard on basic processes</b>		
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	M
	<b>b. Infection control practices</b>	Yes	M
	soap and water	Yes	M
	facilities for hand washing and disinfection	Yes	M
	Disinfection of work Area	Yes	M
	Use of disposable services	Yes	M
	small autoclave	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	D
M- Mandatory D- Desirable			

<b>CLINIC WITH OPHTHALMOLOGY SERVICES</b>				
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>NON SURGICAL CLINICS</b>	<b>SURGICAL CLINICS</b>	<b>Remark</b>
<b>1</b>	<b>Definition</b>	Specialist	Specialist	
<b>2</b>	<b>Scope</b>			
	Services Provided	CONSULTATION, REFRACTIVE ERROR, DETECTION OF CATARACT, SQUINT, CORNEAL ULCER, GLUCOMA (basic Ophthalmic disorder/ IOP Measurement)	REFRACTION- MANUAL/ AUTOREFRACTOR, SYRINGING, FB REMOVAL, EPILATION, SUTURE REMOVAL SUBCONJUNCTIVALS INJECTIONS, WART & STYE EXCISION, CORNEAL SCRAPING, I&D OF LID ABSCESS IOP Measurement: AT (Applantaion Tonometry) / NCT (Non-contact tonometry)	
<b>3</b>	<b>Physical Infrastructure</b>			
	<b>b. Space requirement</b>			
	i. Reception	Yes	Yes	M
	ii. consultation/waiting area	Yes	Yes	M
	iii. OPD Area	Yes	Yes	M
<b>4</b>	<b>Human resources</b>			
	Med person incharge	MS/DNB/DIPLOMA OPHTHALMOLOGY	MS/DNB/DIPLOMA OPHTHALMOLOGY	M
	Tech staff	NURSE-1	OT TECH-1-M	
	Non Tech staff	Attendant-1	Attendant-1	M
	Duty and salary roster	Yes	Yes	M

CLINIC WITH OPHTHALMOLOGY SERVICES				
	Minimum standards for Clinics/Polyclinics	NON SURGICAL CLINICS	SURGICAL CLINICS	Remark
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS, vaccination of staff	Yes	Yes	D
<b>5</b>	<b>Equipment</b>			
	a. Stethoscope	Yes	Yes	M
	b. Thermometer	Yes	Yes	Yes (Non Mercury)
	c. BP Apparatus	Yes	Yes	Yes (Non Mercury)
	d. Glucometer	Yes	Yes	M
	e. Weigh machine	Yes	Yes	M
	f. Others	AT (Applantaion Tonometry) / NCT (Non-contact tonometry)	ILLUMINATED SNELLENS VISION DRUM/CHARTS, RETINOSCOPE, TRIAL SETprism bar maddox rod synatophore (d) red green glasses. wf dot test	M
	g. Emergency kit and medicine	Tab. Acetazolamide, Xylocain 2%, Paracaine 4%	. 5%TROPICAMIDE, . 5%TROPICAMIDE+5%PHENYLEPHRINE, 2%HOMATROPINE, STERILE FLUORESIN STICK, . 3%CIPROFLOXACIN DROP	
	h. Drugs, Medical devices and consumables	yes	yes	M
<b>6</b>	<b>support services</b>			
	sterlization/CSSD	yes	yes	M



CLINIC WITH OPHTHALMOLOGY SERVICES				
	Minimum standards for Clinics/Polyclinics	NON SURGICAL CLINICS	SURGICAL CLINICS	Remark
	security	Yes	Yes	D
	BMW management	Yes	Yes	M
	Laundry	Yes	Yes	Own/outsourced
7	<b>Standard on basic processes</b>			
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	Yes	D
	<b>b. Infection control practices</b>	Yes	Yes	M
	soap and water	Yes	Yes	M
	facilities for hand washing and disinfection	Yes	Yes	M
	Disinfection of work Area	Yes	Yes	M
	Use of disposable services	Yes	Yes	M
	small autoclave	Yes	Yes	M
	facilities for sterilization	Yes	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	Yes	D
		M- Mandatory	D- Desirable	

<b>OPHTHALMOLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
<b>1</b>	<b>Scope</b>	Providing services ( example Primary Health Centre, Community Health Centre, SDH, District Hospital, Private Hospital, Nursing Home etc)	Providing services (example Civil Hospital, regional Hospital, Nursing Home, Private Hospital etc of similar scope)	
	<b>Services Provided</b>	BASIC OPHTHALMIC CARE SERVICES	Surgical procedures including but not limited to any the following like cataract surgery, to diagnose and treat- superficial and deep injuries, refractive error, glaucoma, injuries, eye problems due to systemic diseases, squint & amblyopia, retinal disease, paediatric ophthalmology, oculoplasty, retina surgeries, lasers, keratoplasty, refractive lasers and refractive surgeries etc.	It is not necessary for a hospital to have all the facilities in-house. A planned referral policy or arrangement for facilities not available should be available

<b>OPHTHALMOLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
	1. 1. General purpose	Yes		
	1. 2. Single Specialty		Yes	
	1. 3. Multispecialty		Yes	
2	<b>Human resources</b>			
	Med person in charge	MD/MS Ophthalmology/DO/DNB-1	Up to 20 beds 20-40 EYE BEDS-2 SENIOR MS/DNB /DO OPHTHALMOLOGY	M-Mandatory
	Full time consultant	Yes or	Yes	
	Part time consultant	Yes or	Yes or	
	visiting consultant	Yes	Yes	
	Duty Doctors	MBBS DOCTORS FOR ROUND THE CLOCK COVER	MBBS DOCTORS FOR ROUND THE CLOCK COVER	M-Part of Hospital
	2. 2 Nurses			
	General nurses	Yes	yes	As per norms of Nursing Council
	Trained Nurses for ICU/OT/HDU		2	ICU Norms
	2. 3 Pharmacist	Yes	yes	own/outsource
	2. 4 Para Medical staff			
	a. Tech	Optometrist/Ophthalmic technician	Optometrist/Ophthalmic technician	M

OPHTHALMOLOGY SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
	b. X-ray Technician	Yes	Yes	M if own
	c. OT Technician	Yes	Yes	M
	d. ECG Technician	Yes	Yes	D-own/outsource
	e. Dietician	Yes	Yes	D-own/outsource
	f. Physiotherapist	Yes	Yes	D-own/outsource (ocular exercise)
	g. Psychologist		Yes	D
	h. Medico social worker	Yes	Yes	D-part of Hospital
<b>3</b>	<b>Equipment</b>			
	Therapeutic	Illuminated Snellen's vision drum/charts, Near vision chart, Retinoscope, Trial set, Ophthalmoscope & Slit Lamp.	Snellens chart, Trial Set, Colour vision, Near Vision, Ophthlmoscope, and retinoscope, Bright focus torch, slit lamp, tonometer, indirect ophthalmoscope, Gonioscope- <b>Mandatory</b> <b>Optional</b> -Auto Refractor, Non-contact Tonometer, Nd YAG laser, Visual Field Analyzer, Fundus camera, instrument for removal of Stye,	M

<b>OPHTHALMOLOGY SERVICES IN HOSPITAL</b>				
	<b>Minimum standards for Hospital</b>	<b>BASIC (General purpose)</b>	<b>ADVANCE</b>	<b>Remarks</b>
			Chalazion, corneal foreign body removal	
	Surgical		Ophthalmology Tray	M-Mandatory
	Emergency	Resuscitation Equipment adult, Ambu bag/ Airway/ Oxygen cylinder	Resuscitation Equipment adult, Ambu bag/ Airway/ Oxygen cylinder	Refer to document on Hospital
	Sterilizing	Yes	Yes	M-Mandatory
	Drugs, Medical devices and consumables	0. 5%Tropicamide drops, 0. 5% Tropicamide+5% phenylephrine drops, 2% Homatropine drops/ointment, Sterile Fluoresin stick. Ciprofloxacin eye drops. 3%, ciprofloxacin 0. 3% ointment, Sulphacetamide eye 20%Moxifloxacin 0. 5%, Tobramycin 0. 3% Anti inflammatory Flubiprofen eye drops, Predaetate eye drop1% Anti Glaucoma Drugs Timolol eye drops-5% Pilocarpine	0. 5%Tropicamide drops, 0. 5% Tropicamide+5% phenylephrine drops, 2% Homatropine drops/ointment, Sterile Fluoresin stick. Ciprofloxacin eye drops 0. 3%, ciprofloxacin 0. 3% ointment, Sulphacetamide eye 20%Moxifloxacin 0. 5%, Tobramyc in 0. 3% Anti inflammatory Flubiprofen eye drops, Predaetate eye drop1% Anti Glaucoma Drugs Timolol eye drops-5%	M-Mandatory

OPHTHALMOLOGY SERVICES IN HOSPITAL				
	Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
		eyedrops2%, Tab Acetazolamide 250 mgSyrup Glycerol, Inj mannitol Lubricating eye drops:preservative free HPmcor Sodium CMC 0. 3- 05%	Pilocarpine eyedrops2%, Tab Acetazolamide 250 mgSyrup Glycerol, Inj mannitol Lubricating eye drops:preservative free HPmcor Sodium CMC 0. 3- 05%	
	List of disposables	Sterile pads, bandage	Sterile pads, bandage	M-Mandatory
	Annual Maintenance records of equip	Yes	Yes	D-Desirable
<b>4</b>	<b>Support Services</b>			
	4. 1. Laboratory	Yes	Yes	own or Outsourced
	4. 2. Imaging	yes	Yes	own or Outsourced
	4. 3. Pharmacy	Yes	Yes	M-Mandatory
	4. 4 Medical Gas/Manifold	Yes	Yes	M-Mandatory
	4. 5. Blood storage unit/blood Bank	Yes	Yes	D
	4. 6. Ambulance service	Yes	Yes	M-own/outsourced/TIE
M- Mandatory    D- Desirable				

PALLIATIVE CARE			
	Minimum standards for Hospital under CEA	Minimum Standards	Remarks
1	<b>Scope</b>	Multispecialty palliative care primarily for oncology, Neurology and HIV patients. This palliative centre can be part of General Hospital or stand alone centre	
	<b>Services Provided</b>		
	i. Multispecialty	yes	
	ii. Super specialty	yes	
2	<b>Human resources</b>		
	Doctors	MBBS Doctor and MD Anaesthesia	
	visiting consultant	Oncologist, Neurophysician, Doctors trained in HIV	
	Duty Doctors	MBBS Doctors as and when required for round the clock cover	
	2. 2 Nurses		
	General nurses	Yes	M-Mandatory
	Trained Nurses for ICU/OT/HDU	Yes	M-Mandatory
	2. 3 Pharmacist	Yes	M
	2. 4 Para Medical staff		
	a. Lab Tech	Yes	M- if own lab, part of Hospital
	b. X-ray Technician	Yes	M- if own, part of Hospital
	c. OT Technician	Yes	M-Part of Hospital
	d. ECG Technician	Yes	M-Part of Hospital

PALLIATIVE CARE			
	Minimum standards for Hospital under CEA	Minimum Standards	Remarks
	e. Dietician	yes	M-Part of Hospital
	f. Physiotherapist	Yes	M-Part of Hospital
	g. Psychologist	Yes	D-part of Hospital
	h. Medico social worker	Yes	D-part of Hospital
<b>3</b>	<b>Equipment</b>		
	Therapeutic	Yes	as per requirement
	Surgical	Yes	M-Mandatory (as Applicable)
	Diagnostic	Yes	M-Mandatory (as Applicable)
	Emergency	Yes	Refer documents on Hospital
	Sterilizing	Yes	M
	Drugs, Medical devices and consumables	Yes	Refer documents on Hospital
	List of disposables	Yes	M-Mandatory
	Annual Maintenance records of equip	Yes	M
<b>4</b>	<b>Support Services</b>		
	4. 1. Laboratory	Yes	own or Outsourced
	4. 2. Imaging	Yes	own or Outsourced
	4. 3. Pharmacy	Yes	M
	4. 4. Medical Gas/Manifold	Yes	M-Mandatory
	4. 5. Blood storage unit/blood Bank	Yes	M-own/outsourced/ TIE UP
	4. 6. Ambulance service	Yes	M-own/outsourced/ TIE UP



<b>RHEUMATOLOGY CLINIC/POLYCLINIC</b>				
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>PAEDIATRIC RHEUMATOLOGY</b>	<b>ADULT RHEUMATOLOGY</b>	<b>Remarks</b>
<b>1</b>	<b>Definition</b>	<b>Specialist</b>	<b>Specialist</b>	
<b>2</b>	<b>Scope</b>			
	Services Provided	PAEDIATRIC RHEUMATOLOGY OPD Consultation	ADULT RHEUMATOLOGY OPD Consultation	
<b>3</b>	<b>Physical Infrastructure</b>			
	<b>a. Space requirement</b>			
	i. Reception	Yes	Yes	M-Mandatory
	ii. consultation/waiting area	Yes	Yes	M-Mandatory
<b>4</b>	<b>Human resources</b>			
	Doctors	DM/DNB RHEUMATOLOGY or MD/	DM/DNB RHEUMATOLOGY OR	
		DNB/PAEDIATRICALS WITH 5 YEARS POST	MD/DNB MEDICINE WITH 5 YEARS	
		MD/DNB EXPERIENCE OF WORKING IN GOVT	EXPERIENCE OF WORKING IN	
		RECOGNISED HOSPITAL WITH	GOVT RECOGNISED HOSPITAL	
		RHEUMATOLOGY . (SPECIAL BEDS IN	WITH RHEUMATOLOGY CENTRE	

<b>RHEUMATOLOGY CLINIC/POLYCLINIC</b>				
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>PAEDIATRIC RHEUMATOLOGY</b>	<b>ADULT RHEUMATOLOGY</b>	<b>Remarks</b>
		PAEDIATRICS DESIRABLE)		
	Tech staff	NURSE-1	NURSE-1	EITHER NURSE/ ATTENDANT-M
	Non Tech staff	ATTENDANT-1	ATTENDANT-1	
	Duty and salary roster	Yes	Yes	M-Mandatory
	OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS	Yes	Yes	D-Desirable
<b>5</b>	<b>Equipment</b>			
	Stethoscope	Yes	Yes	M
	Thermometer	Yes	Yes	Yes (Non Mercury)
	BP Apparatus	Yes	Yes	Yes (Non Mercury)
	Glucometer	Yes	Yes	M
	Weighing machine	Yes	Yes	M
	Others	ophthalmoscope, otoscope (Desirable)	ophthalmoscope, otoscope (Desirable)	M-Mandatory
	Emergency kit and medicine	Yes	Yes	Refer document on Clinic/Polyclinic
	Drugs, Medical devices and consumables	Yes	Yes	M
	List of disposables	Yes	Yes	M
	Annual Maintenance records of	Yes	Yes	M

<b>RHEUMATOLOGY CLINIC/POLYCLINIC</b>				
	<b>Minimum standards for Clinics/Polyclinics</b>	<b>PAEDIATRIC RHEUMATOLOGY</b>	<b>ADULT RHEUMATOLOGY</b>	<b>Remarks</b>
<b>6</b>	<b>support services</b>			
	sterilization/CSSD	Yes	Yes	M
	security	Yes	Yes	M
	BMW management	Yes	Yes	M
	Laundry	Yes	Yes	own/outsourced
<b>7</b>	<b>Standard on basic processes</b>			
	<b>a. Receiving patients, privacy for patients while examining especially females</b>	Yes	Yes	M
	<b>b. Infection control practices</b>	Yes	Yes	M
	soap and water	Yes	Yes	M
	facilities for hand washing and disinfection	Yes	Yes	M
	Disinfection of work Area	Yes	Yes	M
	Use of disposable services	Yes	Yes	Yes
	small autoclave	Yes	Yes	M
	<b>c. Policy on outsourced services</b>	Yes	Yes	D



## **10. Infection Control Check List**



<b>Month:</b>		
<b>Investigation Done:</b>	<b>Please Tick</b>	
<b>GENERAL HOUSEKEEPING</b>	<b>Yes</b>	<b>No</b>
Are work areas kept clean & tidy		
Are all windows and doors are clean		
Are all corridors and passages free from dust and obstructions		
Are all floor tiles, wall & ceilings clean & free from cracks		
Toilet floor & wall including edges and corner are free of dirt		
Are toilet seat covers clean & ready to use		
Are bathrooms are free from unnecessary items		
Bathrooms are free from unwanted items		
Bed pans and urinal adequate and stored appropriately		
Cleaning materials and solutions are stored in separate areas		
<b>HAND HYGEINE</b>		
Check for washbasin with elbow tap and materials at all point of use		
Are hand washing poster and 5 moments displaced		
Staff is aware of when to hand wash		
<b>WARD HOUSEKEEPING</b>		
Are all cots and mattress in good condition		
Maintenance of adequate bed distance and bed number displayed		
Maintenance of adequate bed distance and bed number displayed		
Are all trolleys and wheel chairs have safety belts and well maintained		
Are all equipments and materials stored correctly		
Are any broken equipments / rusted equipments in ward		
All stairs and slopes are in good conditions or any damage to them are identified		
Is 5's Methodology maintained		
<b>PEST CONTROL</b>		
Measures for mosquito free environment in place		

Any pest control measures are involved in the area		
<b>ELECTRICAL SAFETY</b>		
Are all electrical sockets and switches are in good shape and switch are in good conditions		
Any electrical complaints		
Are all fans & tubes are in working condition		
Are all areas well lighted		
Are all electrical connections proper		
Is emergency light present & in good working conditions		
<b>WATER SUPPLY</b>		
Is there adequate supply of drinking water & it is labeled		
All taps and knobs are in good condition		
Is any leaking or loose connections		
<b>BIOMEDICAL WASTE MANAGEMENT</b>		
Are staff aware of segregation protocol		
Display of work instruction for segregation and handling of biomedical waste		
Are suitable color code containers provided for waste collection/Is there bio-hazard emblem.		
Transportation of waste is done in closed trolley		
General and infectious waste are not mixed		
BMW posters are exhibited at segregation site		
Use heavy duty gloves by waste handlers		
Are all staff aware of when and how to use PPE		



## 11. Laboratory Standard Check List

<b>Table of Contents</b>		
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Minimum standards for Medical Diagnostic Laboratories (or pathological Laboratories) - Every Clinical establishment relating to diagnosis or treatment of diseases, where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services, are usually carried on with the aid of laboratory or other medical equipment, shall comply with the minimum standards of facilities and services as specified in the Schedule.

In the said rules, after rule 8, the following schedule shall be inserted, namely:-

**SCHEDULE**

S. No.	Type of Laboratory	Basic Composite	Medium	Advanced
(1)	(2)	(3)	(4)	(5)
1	Scope of Services	These tests are mentioned below can be performed in mobile laboratory at field locations also.	In addition to the tests performed in basic composite laboratory, including tests mentioned in table.	In addition to tests performed in standard laboratory, additional tests mentioned as under:-
	(a) Biochemistry	Routine Biochemistry tests like Blood Sugar, Renal Function Tests, Liver Function Tests, Amylase, Lipase, Lipid profile, Gonorrhea - Spinal Fluid (CSF) and other biological fluids (glucose and protein), Cereb. Glucose Tolerance Test, Gram stains, Culture of Phosphate, MYAC, any KO, sensitivity, wound, swab test.	Hemogram, Biopsy, Tissue studies, plasma protein/electrophoresis	(a) Coagulation profile, Drug monitoring and toxicology assay. (b) Molecular genetics, test for detection of infection, assay of identification
	(b) Haematology	Hemogram, Bleeding Time, Clotting Time, Prothrombin Time, Activated Partial Thromboplastin Time, Blood grouping and typing.	Coagulation Assay	All other Haematology tests also
	(c) Microbiology	Nil	May be, subject to availability of equipment and specialist	Microbiology Examination
	(d) Molecular Genetics	Nil	May be, subject to availability of equipment and specialist	Molecular genetics
	(e) Cytopathology	Nil	PAP smear, Fine Needle Aspiration, Cytology (FNAC), sputum and CSF cytology	Immunocytochemistry, Other biological, Cytocology, Urinological or, CF guided FNAC
	(f) Immunohematology	Nil	MR	Immunohistochemistry
	(g) Medical Microbiology & Immunology	Routine tests like Rapid Test (Point of Care tests) for infectious, allergic, immune surveillance and serology. Hanging drop for Vibrio cholerae, Stool for asc, cyst, All HIV positive rapid	(a) Serological tests for disease, bacteria, fungi, parasites. (b) Cultural Sensitivity tests (Bacterial or fungal) (c) Other special stain tests like Gram's stain	(a) Culture sensitivity and bio assays (b) Rapid Test, Polymerase Chain Reaction (PCR) tests (c) Tissue diagnosis and for infectious diseases.

		always need to be confirmed from the next level diagnostic laboratory.		
<b>II</b>	<b>INFRASTRUCTURE</b>			
		Basic/Complete	Medium	Advanced
	<b>1. Signage</b>			
	(a) Intra signage: A signage within or outside the facility should be made available containing the following information:	Essential	Essential	Essential
	(i) Name of the person involving with qualification and registration number.	Essential	Essential	Essential
	(ii) Broad services provided in Parasitology, Biochemistry, Clinical Pathology, Histology, Cytology, Molecular Genetics wherever is applicable.	Essential	Essential	Essential
	(d) Things of the different conditions	Desirable	Essential	Essential
	(e) Internet facility or telephone and mobile number for appointment	Desirable	Desirable	Desirable
	(f) Fire structure To be displayed separately including type of investigation and charges i.e., special and routine test	Essential	Essential	Essential
	<b>2. Safety Signage ( Wherever applicable)</b>			
	(a) Safety hazard and caution signs: Biological waste segregated in coloured bins and bags as per Hospital Waste Management Rules, 2016 including radioactive materials, toxic chemicals, microbial agents, infectious biological material.	Essential	Essential	Essential
	(b) Appropriate Fire exit signages - Minimum one fire extinguisher	Desirable	Desirable	Essential
	<b>3. Space requirement</b>			
	(a) Registration and waiting room, public utilities, safe drinking	Desirable	Essential	Essential

	Water etc.			
	(b) Sample collection area	Essential	Essential	Essential
	(c) Laboratory with adequate diffuse and spot lighting	Essential	Essential	Essential
	(d) Tiler	Essential	Essential	Essential
	(e) Reporting and billing area	Essential	Essential	Essential
	(f) Staff rooms and doctors duty room - Male and female different where 24 hours services available	Desirable	Desirable	Essential
	(g) Washing room	Essential	Essential	Essential
	(h) Preservation of the specimens and slides	Essential	Essential	Essential
	(i) Electrical facilities	Essential	Essential	Essential
	(j) Temperature control for specialised equipment like flow cytometry and chromatography equipment, JLLNA and equipment etc.	Essential	Essential	Essential
	(k) Consulting room for HIV	Essential, if HIV test is done	Essential, if HIV test is done	Essential, if HIV test is done
	(l) FNAC room for all patients for sample collection	Desirable	Desirable	Desirable
	(m) Check room for Immuno-histochemistry	Not required	Not required	Essential
	(n) Frozen Section facilities	Not applicable	Essential	Essential
	4. Furniture and fixtures	Essential	Essential as per scope of services	Essential as per scope of services
	5. Communication system - Telephone and mobile number for appointments	Desirable	Desirable	Desirable
	6. Wash basins	Essential	Essential	Essential
<b>III</b>	<b>HUMAN RESOURCE</b>			
	(a) Minimum qualification of Technical Head of Laboratory or Specialist or Authorised Signatories.  *The authorised signatory will be liable for authenticity of the laboratory test report.	Desirable: Bachelor of Medicine and Bachelor of Surgery (MBBS) from a recognised university institution.  **Where ever interpretation of lab results or opinion there on are required, registered Bachelor of Medicine and Bachelor of Surgery (MBBS) medical practitioner is	Essential: Doctor of Medicine (MD) or Diplomate of National Board (DNB) in Pathology or Biochemistry or Medical Microbiology or Laboratory Medicine or Diploma in Clinical Pathology (DCP) or Bachelor of Medicine and Bachelor of Surgery (MBBS) with Degree of Philosophy (PhD) in any	Essential: Doctor of Medicine (MD) or Diplomate of National Board (DNB) in Pathology or Biochemistry or Medical Microbiology or Laboratory Medicine or Diploma in Clinical Pathology (DCP) or Bachelor of Medicine and Bachelor of Surgery (MBBS) with Degree of Philosophy (PhD) in

		essential	of the subjects above. <b>Desirable:</b> If any special test of other speciality is done, it is desirable that specialist of that subject needs be there on full time or part time or outsourced basis.  *Special tests require any other apart from routine basic Biochemistry, haematology, or medical microbiology tests as listed in basic composite laboratory.  <b>Illustration:</b> <i>(i) Special Tests pertaining to Bio-Chemistry and Microbiology shall be reported by Doctor of Medicine (MD) or Diplomate of National Board (DNB) Bio-Chemistry and Doctor of Medicine (MD) or Diplomate of National Board (DNB) Microbiology respectively.</i>  <i>(ii) Biopsy or Cytology specimens has to be reported by a person possessing Doctor of Medicine (MD) or Diplomate of National Board (DNB) Pathology.</i>	any of the subjects above. <b>Desirable:</b> If any special test of other speciality is done, it is desirable that specialist of that subject needs be there on full time or part time or outsourced basis.  *Special tests require any other apart from routine basic biochemistry, haematology, or medical microbiology tests as listed in basic composite laboratory.  <b>Illustration:</b> <i>(i) Special Tests pertaining to Bio-Chemistry and Microbiology shall be reported by Doctor of Medicine (MD) or Diplomate of National Board (DNB) Bio-Chemistry and Doctor of Medicine (MD) or Diplomate of National Board (DNB) Microbiology respectively.</i>  <i>(ii) Biopsy or Cytology specimens has to be reported by a person possessing Doctor of Medicine (MD) or Diplomate of National Board (DNB) Pathology.</i>
	(ii) Number of laboratory technicians with Diploma in Medical Laboratory Technology (DMLT) or Bachelor of Science (BSc) Medical Laboratory Technology (MLT) or Master of Science (MSc) Bio-chemistry or Microbiology qualification from a recognised university or institution.	Essential: 1	Essential: 2	Essential: 4
	(v) Support staff (Laboratory Assistant or Laboratory Attending) Ratio of salary of staff, Periodic health check-up, and vaccination of	Essential: 1	Essential: 1	Essential: 1

	staff			
<b>IV</b>	<b>INSTRUMENTS OR EQUIPMENT OR DRUGS</b>			
	(a) List of minimum medical diagnostic laboratory equipment with quantity	Essential as per scope of services	Essential as per scope of services	Essential as per scope of services
	(b) List of minimum medical diagnostic laboratory instruments with quantity	Essential as per scope of services	Essential as per scope of services	Essential as per scope of services
	(c) Sterilization sink as per service or procedure	Essential	Essential	Essential
	(d) List of reagents and consumables required	Essential	Essential	Essential
	(e) List of Disposables	Essential	Essential	Essential
	(f) Policy of annual maintenance contract or comprehensive maintenance contract and records for equipment (Log books)	Desirable	Desirable	Desirable
<b>V</b>	<b>LEGAL OR STATUTORY REQUIREMENTS</b>			
	Legal or statutory requirements such as registration under the provisions of Biomedical Waste Management Rules, 2016 with State or Union territories Pollution Control Board with registration number and date of expiry, site, space, location and environmental requirements to be as per local byelaws	Essential	Essential	Essential
<b>VI</b>	<b>RECORD MAINTENANCE AND REPORTING</b>			
	(a) Reports of all patients done with and specialty wise (for example: Histopathology, Cytology, Hematology and Laboratory Medicine)	Essential (Clinical Establishment to maintain information and statistics provided)	Essential (Clinical Establishment to maintain information and statistics provided)	Essential (Clinical Establishment to maintain information and statistics provided)
	(b) Netico legal records, if applicable (as per relevant law)	Essential	Essential	Essential
	(c) Record keeping of technicians working in laboratory indicating their details of qualification training and others	Essential	Essential	Essential
	(d) Availability of reference library including books or periodicals or e-journals or CD-ROMs (CDs)	Desirable	Desirable	Desirable



	(c) Duration of preservation of record (as applicable from time to time)	Essential	Essential	Essential
<b>VII</b>	<b>STANDARDS ON BASIC PROCESSES</b>			
	(i) Infection Control practices - as per the Medical Waste Management Rules, 2016	Essential	Essential	Essential
	(ii) Safety concentrations use of disposable needles etc.	Essential	Essential	Essential
	(iii) Patient Information and Education	Essential	Essential	Essential
	(iv) Process of calibration of equipment and reagents	Essential	Essential	Essential
	(v) Presence of Standard Operating procedures of all procedures available	Essential	Essential	Essential
	(vi) Governance registration and disposal mechanism	Essential	Essential	Essential
	(vii) Quality Control in the form of external quality assurance scheme or inter-laboratory comparison, as the case may be	Desirable	Desirable	Desirable
	(viii) Policy of proficiency testing if non-performed.	Desirable	Desirable	Desirable



## 12. Imaging Standard Check List

<b>Table of Contents</b>		
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Imaging Centers - X-Ray Clinic/Cathlab/DSA/OPG and Dental/DEXA Scan			
Sl. No	Template	Minimum Standards	Remarks
1	<b>Definition</b>	Radiological examination and diagnosis	
	<b>Definition of X-Ray Clinic</b>	X-Ray Clinic/Cathlab/DSA/OPG and Dental/DEXA Scan examination and diagnosis	
2	<b>Scope of Services</b>		
	Enlist the investigations which can be carried out by X- Ray machine	Portable/ Mobile X-ray, Installed X Ray, Fluoroscopy including Cath Lab, Others Dental X-ray-IOPA, OPG, CBCT, Others. Mammography, Others Dual Energy X-ray Absorptiometry (DEXA)	The scope should match the scanner specification
3	<b>Physical Infrastructure</b>		
3a	<b>Informative signage</b>		
	Name of the Radiologist with qualification and AERB certification of safety and installation with registration number	Yes	M-Mandatory
	Display of model of equipment	Yes	M-Mandatory
	Broad Services provided	Yes	M-Mandatory
	Timings of the facility	Yes	M-Mandatory
	Fee structure of different investigations : To be displayed	Yes	M-Mandatory
	Safety signage's (wherever applicable)	Yes	M-Mandatory

Imaging Centers - X-Ray Clinic/Cathlab/DSA/OPG and Dental/DEXA Scan			
Sl. No	Template	Minimum Standards	Remarks
3b	<b>Safety Hazard and Caution signs</b>		
	Appropriate Fire exit signage	Yes	M-Mandatory
	Measures / Devices for radiation protection and monitoring of staff	Yes	M-Mandatory
4	<b>Space Requirement</b>	Yes	AERB guidelines
	Reception and waiting area	Yes	M-Mandatory
	Space for keeping machine	Yes	M-Mandatory
	Reporting room	Yes	M-Mandatory
	Toilet	Yes	M-Mandatory
	Patient preparation area	Yes	M-Mandatory
	Electrical facilities	Yes	M-Mandatory
	Space for keeping patient monitoring apparatus, Resuscitatory appliances and Anesthesia machine for specialized procedures	Yes	M-Mandatory
	Furniture & Fixtures	Yes	
	Communication system - Telephone, Fax, internet facility and mobile number for appointment and emergency helpline number of manufacturing company	Yes	D-Desirable

Imaging Centers - X-Ray Clinic/Cathlab/DSA/OPG and Dental/DEXA Scan			
Sl. No	Template	Minimum Standards	Remarks
	Water and Electricity	Yes	M-Mandatory
	Toilet (male and female wherever applicable)	Yes	M-Mandatory
5	<b>Human Resource</b>		
	<b>(Full time/Part time/Visiting)</b>		
	Number of Qualified and registered Radiologists Full time/Part time/Visiting	MD/DMRD Radiology	M
	Number of qualified and registered Nurses Full time/Part time/Visiting	Yes	D-DESIRABLE
	Number of Radiography technicians with training status and support staff Full time/Part-time/Visiting	1. RSO-degree recognized by MCI/NBE 2. Radiographers passed from recognized institution	M-Mandatory
	Number of scavenging and support staff	Yes	M-Mandatory
	Policy for engagement, posting and rotation of staff	Yes	M-Mandatory
	Roster of payment and salary of staff	Yes	M-Mandatory
	Periodic health check-up and vaccination of staff		M-Mandatory
6	<b>Equipment/instruments/drugs</b>	<b>Yes</b>	<b>M</b>
	List of equipments required and tools for radiation safety	As per scope of service	M
	List of small instruments required	As per the scope of services	

Imaging Centers - X-Ray Clinic/Cathlab/DSA/OPG and Dental/DEXA Scan			
Sl. No	Template	Minimum Standards	Remarks
	List of consumables and disposables	BP app, Pulse oximeter, Monitoring Anaesthesia equipment—if imaging under sedation is in scope	M-Mandatory
	Annual Maintenance protocol for equipment and its record maintenance	Films, envelops for reports, CDs/ DVDs for soft copies of report'	M-Mandatory
	List of Drugs and resuscitation equipments	Injector syringes, tubing, i/caths, etc	M-Mandatory
<b>7</b>	<b>Support Service</b>		
	If applicable	provision for appropriate patient transfer in case of adverse event	
<b>8</b>	<b>Legal/Statutory Requirements</b>		
	Status of registration under Atomic Energy Act	AERB	M-Mandatory
<b>9</b>	<b>Record Maintenance and reporting</b>		
	Performa of list of names of patients along with diagnosis and name of referral hospital and date wise record of reports	preferably linked to patient UID	M-Mandatory
	Availability of reference library including books/periodicals/e-journals/CDs	Yes	D-DESIRABLE
	Medico legal records	MLCs; consents for contrast/sedation etc.	
	Record keeping of technicians and support staff working in X-Ray clinic indicating their details including qualification, registration and training	Yes	M-Mandatory



Imaging Centers - X-Ray Clinic/Cathlab/DSA/OPG and Dental/DEXA Scan			
Sl. No	Template	Minimum Standards	Remarks
	Duration of record maintenance: As per the Acts and Rules in force	Yes	M-Mandatory
	Record of payment of wages and perks	Yes	M-Mandatory
<b>10</b>	<b>Standards on basic processes</b>		
	Infection Control and waste management practices	Yes	M-Mandatory
	Safety considerations - (i) Fire safety (ii) Patient safety	Yes	M-Mandatory
	Patient Information and Education	Yes	M-Mandatory
	Schedule of preparation and dispatch of reports	Yes	M-Mandatory
	Trolleys for patient transport	Yes	M-Mandatory
	Calibration of Equipment	Yes	M-Mandatory
	Grievance Registration and Disposal mechanism	Yes	M-Mandatory
	Air-conditioning System	Yes	D-Desirable

<b>Minimum standards for Imaging Centers - CT Scan center / PET CT Scan</b>			
	<b>Template</b>	<b>Minimum Standards</b>	<b>Remark</b>
<b>1</b>	<b>Definition</b>		
	Definition of CT center	Type of scanner (Slices /Detectors /Energy sources)	
<b>2</b>	<b>Scope of Services</b>		
	Enlist the investigations to be carried out by CT Scanner	CT Scan of Regions/ parts of body with capabilities of advanced vascular/ cardiac/ neurological etc. imaging as per the capabilities of the scanner.	The Scope should match the Scanner specifications
<b>3</b>	<b>Physical Infrastructure</b>		
<b>3a</b>	<b>Informative signage</b>		
	Name of the Radiologist with qualification and AERB certification of safety and installation with registration number	Yes	M-Mandatory
	Display of model of equipment	Yes	M-Mandatory
	Broad Services provided	Yes	M-Mandatory
	Timings of the facility	Yes	M-Mandatory
	Fee structure of different investigations : To be displayed	Yes	M-Mandatory
	Safety signage's (wherever applicable)	Yes	M-Mandatory
<b>3b</b>	<b>Safety Hazard and Caution signs</b>		
	Radiation 'ON' signage linked with the exposure	Yes	M-Mandatory
	Radiation signage and symbol as per AERB	Yes	M-Mandatory
	Appropriate Fire exit signage	Yes	M-Mandatory

Minimum standards for Imaging Centers - CT Scan center / PET CT Scan			
	Template	Minimum Standards	Remark
<b>4</b>	<b>Radiation Safety Measures</b>		
	RSO level 1	Yes	M-Mandatory
	Measures/Devices for radiation protection of staff	Yes	M-Mandatory
	Measures/Devices for radiation monitoring of staff	Yes	M-Mandatory
	QC of all equipment, devices and protocols as per AERB guidelines	Yes	M-Mandatory
<b>5</b>	<b>Space requirement</b>		
	Space for keeping machine as per AERB guidelines	Yes	M-Mandatory
	Space for supplementary equipment like printer, film processor, injector etc	Yes	M-Mandatory- can be shared
	Reporting room	Yes	M-Mandatory- can be shared
	Reception, report dispatch and waiting area	yes	M-Mandatory- can be shared
	Toilet	Yes	M-Mandatory- can be shared
	Patient preparation area, change room	Yes	M-Mandatory- can be shared
	Electrical facilities with backup like UPS, Generator	Yes	M-Mandatory- can be shared
	Space for keeping patient monitoring apparatus, Resuscitatory appliances and Anesthesia machine	Yes	M-Mandatory- can be shared
	Furniture & Fixtures	Yes	M-Mandatory

<b>Minimum standards for Imaging Centers - CT Scan center / PET CT Scan</b>			
	<b>Template</b>	<b>Minimum Standards</b>	<b>Remark</b>
	Communication system - Telephone, Fax, internet facility and mobile number for appointment and emergency helpline number of manufacturing company	Yes	M-Mandatory
	Water and Electricity	Yes	M-Mandatory
	Toilet (male and female wherever applicable)	Yes	M-Mandatory
<b>6</b>	<b>Human Resource</b>		
	<b>(Full time/Part time/Visiting)</b>		
	Number of Qualified and registered Radiologists	MD/DMRD /DNB Radiology	One/more per center
	Number of qualified and registered Nurses	yes	D
	Number of CT technicians with training status and support staff	Qualified with recognized course in Radiology technology, or equivalent	One/more per center
	Number of scavenging and support staff	yes	M-Mandatory- can be shared
	Roster of payment and salary of staff	yes	M-Mandatory
	Periodic health check up and vaccination of staff	yes	M-Mandatory
<b>7</b>	<b>Equipment/instruments/drugs</b>		
	List of equipments required	As per the scope of services	List can be provided
	List of small instruments required	BP apparatus, Pulse oximeter, Monitoring Anaesthesia equipment-if CT under sedation is in scope	List can be provided

<b>Minimum standards for Imaging Centers - CT Scan center / PET CT Scan</b>			
	<b>Template</b>	<b>Minimum Standards</b>	<b>Remark</b>
	List of consumables	Films, envelops for reports, CDs/DVDs for soft copies of report Injector syringes, tubing, i/caths, etc	List can be provided
	Annual Maintenance protocol for equipment and its record maintenance	Yes	M-mandatory
	List of Drugs and resuscitation equipments	1. Contrast agents; 2. Medication for preparation (e. g. Beta blockers, buscopan etc) ; 3. Medication for sedation; 4. Medication for resuscitation	Also refer to documents on hospital
<b>8</b>	<b>Support Service</b>		
	If applicable	Provision for appropriate patient transfer in case of adverse event	Radiation safety Officer
<b>9</b>	<b>Legal/Statutory Requirements</b>		
	To be registered under Atomic Energy Regulatory Board (AERB)		M-Mandatory
<b>10</b>	<b>Record Maintenance and reporting</b>		
	Proforma of list of names of patients along with diagnosis and name referral hospital	Preferably linked to patient UID	D-Desirable
	Availability of reference books	Yes	D-Desirable
	Medico legal records, as applicable	MLCs; Consents for contrast/sedation etc.	M-Mandatory
	Record keeping of technicians and support staff working in CT Center indicating their details including qualification, registration and training	Yes	M-Mandatory

Minimum standards for Imaging Centers - CT Scan center / PET CT Scan			
	Template	Minimum Standards	Remark
	Duration of record maintenance: As per the Acts and Rules in force	Yes	M-Mandatory
	Statistics to be collected - If felt necessary	Yes	M-Mandatory
<b>11</b>	<b>Standards on basic processes</b>		
	Radiation Safety Measures and protocols as per AERB requirements	Yes	M-Mandatory
	Infection Control and waste management practices	Yes	M-Mandatory
	Safety considerations - Fire safety act	Yes	M-Mandatory
	Patient Information and Education and consent	Yes	M-Mandatory
	Timely preparation and dispatch of reports	Yes	M-Mandatory
	Trolleys for patient transport	Yes	M-Mandatory
	Regular calibration of Equipment	Yes	M-Mandatory
	Appropriate Air-conditioning	Yes	

Minimum standards for Imaging Centers - MRI			
	Template	Minimum standards	Remarks
<b>1</b>	<b>Definition</b>	MRI examination and diagnosis	
	Definition of MRI center	According to the type of scanner	
<b>2</b>	<b>Scope of Services</b>		
	Enlist the investigations to be carried out by MRI	MRI Scan of Regions/ parts of body with capabilities of advanced vascular/ cardiac/ neurological / functional etc. imaging as per the capabilities of the scanner	The Scope should match the Scanner specifications
<b>3</b>	<b>Physical Infrastructure</b>		
<b>3a</b>	<b>Informative signage</b>		
	Name of the Radiologist with qualification	Yes	M-Mandatory
	Display of model of equipment	Yes	M-Mandatory
	Broad Services provided	Yes	M-Mandatory
	Timings of the facility	Yes	M-Mandatory
	Fee structure of different investigations : To be displayed	Yes	M-Mandatory
	Safety signage's (wherever applicable)	Yes	M-Mandatory
<b>3b</b>	<b>Safety Hazard and Caution signs</b>		
	Appropriate Fire exit signage	Yes	M-Mandatory
	Metal detector available	Yes	M-Mandatory

<b>Minimum standards for Imaging Centers - MRI</b>			
	<b>Template</b>	<b>Minimum standards</b>	<b>Remarks</b>
<b>4</b>	<b>Space requirement</b>		
	Reception and waiting area	Yes	M-Mandatory
	Space for keeping machine	Yes	M-Mandatory
	Reporting room	Yes	M-Mandatory
	Toilet	Yes	M-Mandatory
	Patient preparation area	Yes	M-Mandatory
	Electrical facilities	Yes	M-Mandatory
	Space for keeping MRI compatible patient monitoring apparatus, Resuscitatory appliances and Anesthesia machine	Yes	M-Mandatory
	Furniture & Fixtures	Yes	M-Mandatory
	Communication system - Telephone, Fax, internet facility and mobile number for appointment and emergency helpline number of manufacturing company	Yes	M-Mandatory
	Water and Electricity	Yes	M-Mandatory
	Toilet (male and female wherever applicable)	Yes	
<b>5</b>	<b>Human Resource</b>		
	<b>(Full time/Part time/Visiting)</b>		
	Number of Qualified and registered Radiologists	MD/DMRD Radiology	M-Mandatory (as per workload)



<b>Minimum standards for Imaging Centers - MRI</b>			
	<b>Template</b>	<b>Minimum standards</b>	<b>Remarks</b>
	Number of qualified and registered Nurses	Yes	M-Mandatory (as per workload)
	Number of MRI technicians with training status and support staff	Qualified with recognized course in Radiology/MRI technology, or equivalent.	M-Mandatory (as per workload)
	Number of scavenging and support staff	Yes	M
	Roster of payment and salary of staff	Yes	M
	Periodic health check up and vaccination of staff	Yes	Advisory
<b>6</b>	<b>Equipment/instruments/drugs</b>		
	List of equipments required	As per scope of service	M
	List of small instruments required	BP apparatus, pulse oximeter, Monitoring anaesthesia equipment-if MRI under sedation is in scope.	M
	List of consumables	Films, envelopes for reports, CDs/DVDs for soft copies of report . Injector syringes, tubing, i/cath, etc	M-Mandatory
	List of Drugs and resuscitation equipments	Yes	ANNEXURE on clinic/polyclinic
	Sterilization equipments		M-Mandatory
	Annual Maintenance protocol for equipment and its record maintenance	Yes	M-Mandatory
<b>7</b>	<b>Support Service</b>		

Minimum standards for Imaging Centers - MRI			
	Template	Minimum standards	Remarks
	If applicable	provision for appropriate transfer in case of adverse event	Radiation safety Officer
<b>8</b>	<b>Legal/Statutory Requirements</b>		
	To be registered under PCPNDT Act	AERB	M-Mandatory
<b>9</b>	<b>Record Maintenance and reporting</b>		
	Proforma of list of names of patients along with diagnosis and name referral hospital	preferably linked to patient UID	M-Mandatory
	Availability of reference books	Yes	D-DESIRABLE
	Medico legal records, as applicable	MLCs; consents for contrast/sedation etc	
	Record keeping of technicians and support staff working in MRI Center indicating their details including qualification, registration and training	Yes	M-Mandatory
	Duration of record maintenance: As per the Acts and Rules in force	Yes	M-Mandatory
	Statistics to be collected - If felt necessary	Yes	M-Mandatory
<b>10</b>	<b>Standards on basic processes</b>		
	Infection Control and waste management practices	Yes	M-Mandatory
	Safety considerations - Fire safety act and preventing access of steel near the machine.	Yes	M-Mandatory
	Patient Information and Education	Yes	M-Mandatory
	Timely preparation and dispatch of reports	Yes	M-Mandatory

<b>Minimum standards for Imaging Centers - MRI</b>			
	<b>Template</b>	<b>Minimum standards</b>	<b>Remarks</b>
	Trolleys for patient transport	Yes	M-Mandatory
	Regular calibration of Equipment	Yes	M-Mandatory
	Appropriate Air-conditioning	Yes	M-Mandatory

<b>Minimum standards for Imaging Centers - Sonography (Color Doppler) Clinic</b>			
	<b>Template</b>	<b>Minimum standards</b>	<b>Remark</b>
<b>1</b>	<b>Definition</b>		
	Definition of Sonography (Color Doppler) Clinic	USG/ Doppler examination and diagnosis	
<b>2</b>	<b>Scope of Services</b>		
	Enlist the investigations which can be carried out by Sonography (Color Doppler) machine	USG/ Doppler examination of Regions/ parts of body with capabilities of advanced vascular/ cardiac imaging as per the capabilities of the equipment	The Scope should match the Scanner specifications.
<b>3</b>	<b>Physical Infrastructure</b>		
<b>3a</b>	<b>Informative signage</b>		
	Name of the Radiologist with qualification and PCPNDT certification and with registration number	Yes	M-Mandatory
	Display of model of equipment	Yes	M-Mandatory
	Broad Services provided	Yes	M-Mandatory
	Timings of the facility	Yes	M-Mandatory
	Fee structure of different investigations : To be displayed	Yes	M-Mandatory
	Safety signage's (wherever applicable)	Yes	M-Mandatory
<b>3b</b>	<b>Safety Hazard and Caution signs</b>		
	Appropriate Fire exit signage	Yes	M-Mandatory
	Reception and waiting area	Yes	M-Mandatory
<b>4</b>	<b>Space for keeping machine</b>	Yes	M-Mandatory
	Reporting room	Yes	M-Mandatory

<b>Minimum standards for Imaging Centers - Sonography (Color Doppler) Clinic</b>			
	<b>Template</b>	<b>Minimum standards</b>	<b>Remark</b>
	Toilet	Yes	M-Mandatory
	Patient preparation area	Yes	M-Mandatory
	Electrical facilities	Yes	M-Mandatory
	Space for keeping patient monitoring apparatus, Recovery area, Resuscitatory appliances for specialized procedures	Yes	M-Mandatory
	Furniture & Fixtures	Yes	M-Mandatory
	Communication system - Telephone, Fax, internet facility and mobile number for appointment and emergency helpline number of manufacturing company	Yes	D-Desirable
	Water and Electricity	Yes	M-Mandatory
	Toilet (male and female wherever applicable)	Yes	M-Mandatory
<b>5</b>	<b>Human Resource</b>	Yes	
	<b>(Full time/Part time/Visiting)</b>		
	Number of Qualified and registered Radiologists	MD/DMRD Radiology	M-Mandatory
	Number of qualified and registered Nurses	yes	M-Mandatory (as per workload)
	Number of scavenging and support staff	Yes	M-Mandatory
	Policy for engagement, posting and rotation of staff	Yes	M
	Roster of payment and salary of staff	Yes	M
	Periodic health check-up and vaccination of staff	Yes	D

<b>Minimum standards for Imaging Centers - Sonography (Color Doppler) Clinic</b>			
	<b>Template</b>	<b>Minimum standards</b>	<b>Remark</b>
<b>6</b>	<b>Equipment/instruments/drugs</b>		
	List of equipments required	Yes	M-Mandatory
	List of small instruments required	Yes	M-Mandatory
	Annual Maintenance protocol for equipment and its record maintenance	Yes	M-Mandatory
	List of consumables, disposables	Yes	M-Mandatory
	List of Drugs and resuscitation equipments	Yes	M-Mandatory, Refer to ANNEXURE of Hospital
<b>7</b>	<b>Support Service</b>		
	If applicable	Yes	
<b>8</b>	<b>Legal/Statutory Requirements</b>		
	To be registered under Atomic Energy Act	Yes	M;PCPNDT act also
<b>9</b>	<b>Record Maintenance and reporting</b>		
	Proforma of list of names of patients along with diagnosis and name referral hospital	Yes	M-Mandatory
	Availability of reference books	Yes	D-DESIRABLE
	Medico legal records, as applicable	Yes	
	Record keeping of technicians and support staff working in Sonography center indicating their details including qualification, registration and training	Yes	M-Mandatory

<b>Minimum standards for Imaging Centers - Sonography (Color Doppler) Clinic</b>			
	<b>Template</b>	<b>Minimum standards</b>	<b>Remark</b>
	Duration of record maintenance: As per the Acts and Rules in force	Yes	M-Mandatory
	Statistics to be collected - If felt necessary	yes	M-Mandatory
<b>10</b>	<b>Standards on basic processes</b>	Yes	
	Infection Control and waste management practices	Yes	M-Mandatory
	Safety considerations - Fire safety act		M-Mandatory
	Patient Information and Education	Yes	M-Mandatory
	Timely preparation and dispatch of reports	Yes	M-Mandatory
	Trolleys for patient transport	Yes	M-Mandatory
	Regular calibration of Equipment	Yes	M-Mandatory
	Grievance Registration and Disposal mechanism	Yes	M-Mandatory
	Appropriate Air-conditioning	Yes	M-Mandatory





## 13. Guidelines for Assessment

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## **2.1 Introduction**

This document on minimum standards is intended to improve capacity of Health Care Organizations to provide quality of care. It ensures that hospitals/ Small Health Care Providers (SHCO), whether public or private, play their expected role in health system. State and culture specific standards safeguard the state health care system and also involve fewer costs and better accepted as compared to external international accreditation systems.

The assessment is carried out by a team of KCEC empanelled Assessors, lead by a Principal Assessor. The assessment is carried out systematically for comprehensive review of hospital/ SHCO services, functions and hospital's/SHCO's management system. The objective evidence so collected forms the basis:

- For arriving at a judgment for recommendation of the team, to the District Authority
- For formulating the advice to assist the hospital/ SHCO in its development.

The objective of the assessment, however, is not to compile non-conformances/deficiencies as an evidence to justify denial of registration. This guide has been prepared based on the general practices followed and the experience of experts of the state. This document accordingly aims to:

- a. Provide the guidance to the Assessors during the assessment of hospitals/SHCOs.
- b. Ensure uniformity of assessment and reporting, and
- c. Eliminate ambiguities or doubts about the interpretation of requirements (s) .

## **2.2 ROLE OF ASSESSMENT TEAM**

The role of Assessment team is to conduct on-site assessment of applicant hospital/ SHCO and provide the report to district authority. The objective of the on-site assessment is to obtain evidence on compliance with respect to KCEA minimum standards.

Since hospital/ SHCO permanent registration require compliance with KCEA Minimum Standards the assessment team should consider conformances against these standards in the assessment. Thus, the members of the assessment team would be required to exercise their scientific judgmental skill and form their opinion

regarding conformance with respect to minimum standards only. The assessment team consists primarily of Principal Assessor and Assessor.

However, in some cases a technical expert may join the team to support on specific area. The Principal assessor should be an MBBS graduate fulfilling criteria laid down in KCE Rules. Team members are required to maintain the confidentiality on the matters/ subjects related to health care organizations.

- **Role of Principal Assessor**

Before the start of Assessment the Principal Assessor should prepare an Assessment schedule which should include the departments/sections/areas/ activities to be assessed and assignment to various Assessors based on their expertise. The schedule shall be presented to the hospital/ SHCO representative.

The hospital/ SHCO will be requested to assign guide/co-coordinator to accompany each assessor during the assessment.

Principal Assessor would finally summarize the conduct of Assessment and record the recommendations. The Principal Assessor must sign all pages of the assessment report.

He must get an endorsement from the hospital/SHCO and hand over a photocopy of the assessment forms to the hospital/ SHCO to enable them to take corrective actions. The Principal Assessor is also required to monitor the performance of Assessor (s)

- **Role of Assessor**

The Assessor should clearly understand the areas/ activities to be assessed by him. The report should be handed over to the Principal Assessor.

## **2.3 ON-SITE ASSESSMENT**

The number of assessors depends on the size of the hospital/ SHCO.

The assessor (s) and the names of their organizations from which they belong are intimated to the organization for seeking their consent. KCEC also assures that the team does not have any competitive position with the applicant organization.

KCEC also ensures that assessors do not have any direct/ in-direct relationship with the organization or they/ or their organization.

Consent is obtained for the date (s) of the assessment of the organization from the Principal Assessor and other assessors accompanying for the assessment. A written communication is sent to all the team members with the following documents:

- Application form of the organization
- Hospital/ SHCO manuals/ documents submitted by the organization

Assessment Team shall meet and plan assessment programme. This shall include the distribution of work amongst the Assessors. The format of the assessment schedule to be finalized is given.

#### **A Opening Meeting**

- Principal Assessor and the team shall have an opening meeting with hospital/SHCO representatives where they get acquainted with the hospital/SHCO, departments/ sections and their locations.
- The Principal Assessors shall explain the objective and scope of assessment and what is expected from the hospital/ SHCO during the assessment.
- The Principal Assessor shall present the assessment schedule (HAF 1) to hospital/ SHCO representatives. The hospital/ SHCO will be requested to assign guide/ co-coordinator to accompany each Assessor.
- The Principal Assessor shall inform the hospital/ SHCO that. Non-conformances may be closed while the assessment report is being compiled.

#### **B Assessment**

The assessment activities include:

- *Orientation of assessors to the organization's services*

The assessment procedure will start with an opening meeting. The assessors will introduce themselves and explain the assessment process

- ***Document review***

Document review includes review of statutory licenses and obligations as per checklist

- ***Functional interview***

→ Infection control review.

→ Management of information/ patient records review.

→ Staff qualification and education interview.

All to be conducted as per checklist

- ***Facility tour***

→ As per check list

- ***Issue resolution***

## **C Compilation of assessment report**

- The Assessment Report should consist of checklist should be carefully filled in. The pages should be serially numbered.
- Principal Assessor shall compile the observations from the assessors) and summary on non-compliance from all the assessors.
- The Principal Assessor shall give the summary of the assessment in his final report
- The reports shall be signed by the authorized signatory of the hospital/SHCO.
- Assessor has to provide deficiency both in the case of non-compliance as well as partial compliance.

## **D Closing Meeting**

The Principal Assessor and other assessors shall have a meeting with the hospital/ SHCO representatives. A copy of the report – summary of non-conformances shall be handed over to the hospital/SHCO. The closing meeting is to end with thanks giving for the co-operation and assistance provided by the hospital/ SHCO.

## **2.4 POST ASSESSMENT**

- Principal Assessor shall send the report to District authority at the earliest (on the same day or next working day)
- District Authority reviews the assessment report and seeks clarification and documentation from the Principal Assessor and hospital/SHCO, if required.
- District authority, on receipt of evidence of corrective action, if any, shall place the report for its consideration for registration.

## **2.5 FEEDBACK**

Following feedbacks are obtained by District Authority through the evaluation forms in the KCEC document ‘Feedback Forms’.

- Feedback on performance of the assessment team is obtained from the hospital/SHCO.
- Feedback on performance of other assessors by the Principal Assessor.





## 14. Assessment Team Recommendations

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### **3.1 Composition of Assessment Team**

Assessment Team has to set up for assessment of minimum standards of clinical establishment registered under KCEA by the District Authority

- Qualification and other criteria of Assessors as per KCEA rules
- Prior notice regarding assessment has to be issued to the clinical establishment as per clause (5) of KCEA rules
- The assessment team for clinical establishments will comprise of one Principal Assessor and Assessors
- The Principal Assessor for clinical establishments under modern medicine category shall be an MBBS Graduate fulfilling criteria laid down in KCEA rules.
- The assessment should be conducted only between 9. 00 AM to 5. 00 PM
- Hospitality of the Assessors shall not be the burden of the institution

#### **Primary Care**

- Maximum of two Assessors; Principal Assessor, MBBS Graduate and Second Assessor either MBBS or Nursing
- Single Day Assessment

#### **Secondary Care**

- Minimum of two and maximum of three Assessors, Principal Assessor, MBBS Graduate and Second Assessor either MBBS or Nursing
- Single Day Assessment

#### **Tertiary Care**

- Maximum of four Assessors, Principal Assessor, MBBS Graduate and Second Assessor either MBBS or Nursing
- Assessment for two days maximum



## **15 Conclusions**



## Conclusions

This committee was entrusted to deliberate on all issues, such as seek assistance from other specialists and nominate other members whose services are needed for specific issues. The committee met 19 occasions deliberating on the creation of this final product. The attendance of the committee members was recorded. Minutes of all meetings were written, discussed passed and filed as supporting documents.

The categorization, definition of minimum requirement, production of the template of minimum standards, checklist for the inspection of the facilities, qualifications of the inspectors and the various annexures were prepared by the committee with the help of references cited and based on personal experiences.

Templates for super specialties in tertiary care institutions were made based on the reports forwarded by the heads and others of the super specialty department present in Medical College, Trivandrum and other institutions in and around Trivandrum.

The Records referred to for information are listed below:

The health status of India with particular mention of the same as the states such as Kerala, Tamilnadu, Maharashtra, Northern states such as Punjab and others have shown improvement in general health and the standard health indicators. The health status of Kerala is in the forefront among them, as per the reference standard provided by the international agencies like the United Nations. This flow and study achievement has been the result of the sustained efforts of the government as well as improvement in health maintenance behavior of the majority of the people in Kerala.

Some of the health parameters in which Kerala maintains higher levels are given below with corresponding figures for the whole country.

### 2017 figure.

Sl. No	Health Parameters	Kerala	India
1	Literacy	> 90%	73%
2	Life span	74. 9 years	67. 9 years
3	Immunization	82. 1%	62. 2%
4	Institutional delivery	99. 9%	78. 7%
5	Maternal Mortality Rate	47	130
6	Infant Mortality Rate	10	34
7	Neonatal Mortality Rate	6	26
8	Under 5 mortality rate	7	50
9	Birth rate	14. 3	20. 4
10	Death rate	7. 6	6. 4

*National Health Profile 2018, Issue 13.*

Even though the Kerala figures appear to be better off in comparison to the whole country, we have still a long way to go to reach the health status expected in the developed countries.

Among the various steps taken by the Kerala state in improving the health status of its people, efforts are also being taken to register and maintain the standards of health delivery institutions and exert supervision on them so that the public is assured of better clinical services and preventive health programs. The central government and a few other states have also enacted legislations to bring such institutions under government supervision and corrective legislation from time to time. At the same time this legislation would lead to elimination of fraudulent practices prevailing on the community.

At present health care delivery in the State is divided almost equally by the governmental and non-governmental agencies, which have all to be coming under the purview of the new act. In the governmental institutions treatment charges and drug supply are totally free for the services rendered to the public. Among the non-governmental institutions vast majority of them levy charges at varying limits. This committee has taken steps to maintain transparency about the charges for the services rendered.

This report has been made after conducting several meetings of the committee and all the documents in this subject has been consulted. In addition to the members of the committee, specialist manning the various departments in the Medical Colleges and various other institutions has been consulted in formulating the norms of the super specialty services in the tertiary care hospitals.

This report covers all the institution from primary care centers, secondary care institutions and tertiary care institutions, which perform as Multispecialty hospitals. The standard of performance expected of these hospitals is that of a well-equipped multispecialty tertiary care sector.

This committee has not discussed the requirement of Medical College Hospitals, which are controlled by different statutory bodies.

Top educated super specialty institutions are also not considered since such institutions are built with special level of performance in the planning stage itself and all further activities are determined by their special needs.

All members of the committee put forth their maximum effort and involvement to work in liaison and produce this unanimous report. The special points raised by the members representing several associations are given due consideration and their involvement in the formulation of this report was ensured.

All the committee members thank the Government of Kerala, Health and family department for giving this opportunity to work together and submit this report.



## **Express Thanks**

1. Dr. Shinu K S, and his team for the environs & staff who were prompt and efficient in technical assistance.
2. Dr. Kamala R, who spent a lot of time in participating in the deliberations, providing crucial documents and taking upon herself the duty of conducting the deliberations.
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4. Dr. Jayakrishnan A V, IMA representative who has an authority on the governmental rules and who has made deep studies in the matters of doctors and their profession to guide the committee in its smooth sailing and purposeful program.
5. Dr. Suresh Kumar T, the representative of small hospitals who took upon himself the full responsibility of defining the matters pertaining to Primary Care institutions. He put in a lot of effort to get things through.
6. Prof. Aboobacker C M, QMPA gave valuable suggestions with regard to small & large private hospitals.
7. Dr. Aby Ittiavirah, representative of the Christian Medical College Association of India, with his administrative experience gave valuable suggestions.
8. Dr. Anitha A, Superintendent, General Hospital, Ernakulum gave valuable guidelines for preventing infections and standard aseptic practices.
9. Dr Raju Sukumaran, representing CHIAK gave the guidelines for secondary care hospitals, which was discussed by the committee and finalized.

All the committee members took up the portions allotted to them in all earnestness and gave their constructive suggestions for the common good was a matter of appreciation.



## 16. References



1. .KERALA CLINICAL ESTABLISHMENT ACT 2018
2. KERALA CLINICAL ESTABLISHMENT RULES 2018
3. CENTRAL CEA 2010
4. CENTRAL CEA RULES 2012
5. CENTRAL CEA MINIMUM STANDARDS FOR VARIOUS LEVELS OF HOSPITALS
6. CENTRAL CEA MINIMUM STANDARDS FOR VARIOUS SPECIALTIES
7. INDIAN PUBLIC HEALTH STANDARDS
8. KERALA ACCREDITATION STANDARDS FOR HOSPITALS
9. NABH ACCREDITATION STANDARDS FOR SMALL HEALTH CARE ORGANISATIONS
10. NABH ENTRY LEVEL STANDARDS FOR HEALTH CARE ORGANISATIONS
11. NABH ACCREDITATION STANDARDS FOR HCOs
12. WHO INFECTION CONTROL GUIDELINES
13. CEA, RULES TAMILNADU, KARNATAKA, WEST BENGAL



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