

DIET

1. **Purpose:** To establish a system for the provision of hygienic and appropriate dietary facilities in order to meet the nutritive requirement of the patients according to their disease.
2. **Scope :** It covers wards, emergency ward, ICU, private wards and isolation ward of the hospital for the fulfillment of dietary requirement of admitted patients.
3. **Responsibility:** a) **Overall** – Chief Medical Superintendent/ Chief Medical Officer
b) **Specific** – Outsourced Agency
4. **Procedure:**

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
4.1	<p><u>Dietary advice</u> The doctor advises diet as per the requirement of disease.</p> <p>If he feels that the patient needs dietician advice, he refers the patient to the dietician or takes the advice from dietician for dietary advice.</p>	Doctor/ Dietician	
4.2	<p><u>Calculation of No. of Diet:</u> On the basis of doctor's advice, the concerned nurse at the IPD, calculate the dietary requirement of the patient in the diet register and sent it to the kitchen in-charge.</p>	Nursing In-charge	Diet Register
4.3	<p><u>Procurement of Raw Materials:</u> Approved Diet Chart is available in the hospital and with the kitchen in-charge.</p> <p>On the basis of Diet Chart & no. of diet to be prepared, the helper at the kitchen purchases the raw material under the supervision of the nursing In-charge.</p> <p>The inventory of perishable & non perishable item in the kitchen is properly maintained by the cook. Vegetables are purchased on daily basis.</p>	Concerned Nurse	Diet Chart, Diet Register
4.4	<p><u>Preparation of Utensils, Stove</u> Utensils are kept ready neat, clean & dry. Stove in running condition is kept ready for use.</p>	Kitchen In-charge / Cook	
4.5	<p><u>Washing, Cleaning & Cutting</u> Vegetables are washed with clean water and cut as per need.</p>	Cook	

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
4.6	<u>Preparation of Food</u> The food is prepared by the cook in the hospital kitchen two times a day in a hygienic environment.	Cook	
4.7	<u>Quality Check of Cooked Food</u> The quality of the food is first checked by the cook itself. The nursing In-charge herself checks the quality of food, and after consulting the patients, concerned duty doctors (during evening and night hours) and the nurses, prepares monthly quality report and submits it to the CMS. Tasting done by Doctor/Nurse In-charge & head cook for the following <ul style="list-style-type: none"> • Texture • Taste • Appearance 	Cook	Monthly Report on Quality of food
4.8	<u>Distribution of Cooked Food</u> The helper distributes the food to the admitted patients at the definite time twice in a day with the intimation of concerned nurse.	Helper	Diet Register
4.9	<u>Feedback on Cooked Food</u> Oral feedback is taken from the patient and reported to the nursing In-charge. Necessary action is taken as required.	Concerned Nurse	Diet register
4.10	<u>Cessation of Dietary Services to patient</u> When the doctor decides that the patient is to be discharged/ referred (or died) from the hospital, he prepares discharge slip/ referral slip consisting of dietary advice. The concerned nurse updates the diet register and informs the helper at the kitchen to stop the dietary services of the patient.	Concerned doctor	Discharge Slip
4.11	<u>Billing of the Dues:</u> On daily basis, the nurse-in charge counts the number of diet of the discharge patient has taken on the basis of diet register and prepares the bill accordingly.	Concerned Nurse	Diet register

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
4.12	<p><u>End of the Day Activity</u></p> <p>The diet register is updated for every admission and discharge, the name on patient who is not willing for food services is also maintained at diet register.</p> <p>The diet is checked by the concerned staff/nurse for quality before supplying to the patient.</p> <p>Monthly diet/kitchen report is prepared by the nursing In-charge and submitted to the CMS for the continuous improvement and quality maintenance.</p>	<p>Concerned Nurse</p> <p>Nurse</p> <p>Nursing In-charge</p>	<p>Discharge slip/ Patient admission file</p> <p>Diet register</p> <p>Kitchen report</p>

5.Timing for Serving Food:-

Sl. No.	Time for	Summer	Winter
01	Breakfast	07:30 am to 08:00 am	08:00 am to 08:30 am
02	Lunch	12:30 pm to 01:30 pm	01:00 pm to 02:00 pm
03	Dinner	07:00 pm to 7:45 pm	07:15 pm to 08:00 pm

6.Work Instructions

a) W.I. for Diet Services

Sl. No.	Activity Instructions	Responsibility
01	To ensure dietary advice to each and every patient as per the need of the disease.	MO/ dietician
02	To ensure that kitchen is informed about the type and quantity of food required three hours before the time of diet serve.	Concerned nurse
03	To ensure that the diet has been supplied to the patient after proper check.	--do--
04	To ensure that the diet is prepared in accordance with the dietician/ doctor advice for particular patient.	--do--

05	To ensure that the quality of raw materials purchased is proper.	Hospital Manager/ Dietician/ Nurse mentor/ Member of Quality team
06	To ensure that the kitchen is neat and clean at all the times.	Cook

b) Work Instruction for maintenance of hygienic practices

Sl. No.	Activity Instruction	Responsibility
01	To ensure proper mechanism for restriction of rodents in the kitchen i.e. maintenance of covered drains and self closing doors with proper alignment to floor.	CMS/ Hospital Manager
02	Food is cooked inside the kitchen from fresh ingredients.	Hospital Manager/ Dietician/ Nurse mentor/ Member of Quality team
03	Foods should be cooked with vegetable oil and not from Fat or Vegetable Ghee	Cook
04	Salts are not added to the food at the time of cooking	--do--
05	All the utensils and crockery are washed daily ones in warm water.	Cooking helper
06	Food are carried from the kitchen to the wards on a trolley, in covered utensils	--do--
07	The patients are served food in covered thalis	--do--
08	Thalis are removed from the wards one hour after the serve	--do--
09	Rotten materials should be removed immediately, daily check is carried out for all such materials i.e. onion, garlic, potato etc.	cook

7. Process Efficiency Criteria:

Sl. No.	Activity No.	Activity	Efficiency Criteria
01	4.7	Quality Check	<ul style="list-style-type: none"> ➤ Quality check is done under supervision of the Member of Quality Team/ Hospital Manager/Nursing In-charge at every time the diet is supplied ➤ Weekly check of housekeeping of Kitchen with respect to hygienic by deputed officer.
02	4.12	Kitchen/Diet Report	<ul style="list-style-type: none"> ➤ The diet report on monthly basis shall be submitted to CMS/ CMO office up to 5th of

Sl. No.	Activity Sl. No.	Activity	Efficiency Criteria
			every following month.

8. Reference Documents

1. State guideline for JSSK

9. Reference Record

Sl. No.	Name of Records	Record No.	Location of Storage	Minimum Retention Period
01	Diet Register		IPD	
02	Diet Chart		--do--	
03	Kitchen Report		CMS office	

10.

Abbreviations:

SL No.	Short Form	Full Form
01	Ref.	Reference
02	Doc.	Document
05	Sl. No.	Serial Number
07	P	Procedure
08	F	Format

1. Purpose:

Security-

- To provide instruction and system in Physical and Infrastructure Security related requirements for
- Planning and Implementing Physical and Infrastructure Security activities,
- Determining the Stake holders requirements related to Physical and Infrastructure Security, and
- Reviewing the requirements related to Physical and Infrastructure Security

Safety-

This Safety Management Plan serves to describe the policies and processes in place to minimize safety risks to patients and staff through a comprehensive hazard surveillance program and analysis of aggregate information. The plan is monitored on a continuous basis through established performance indicators and reviewed and/or revised annually by the Hospital Safety Committee.

2. Scope :

A) Security

This covers all infrastructure & services provided by hospitals such as

- Infrastructure & hospital property
- Control & flow of visitors
- Safety of Patients (in as well as outpatient)
- Safety from all infiltrators.
- Medico Legal Cases
- VIP Security

B) Safety

The Hospital Safety Management Plan defines the mechanisms for controlling hazards, promoting and implementing safety measures for the patients, staff in particular and the hospital in general. The related policies and procedures are developed to provide guidance for safety measures to be followed.

3. Responsibility:

A) Security- Chief Medical Superintendent and Securities are responsible for effective implementation of the process.

B) Safety- Hospital safety Committee is responsible to implement this procedure.

Role of the Hospital Quality Team/ Safety Committee :

- Provide guidance and direction in all phases of the Safety Management Program.
- Pro-active safety risk assessments of the clinical and clinical support areas of hospital.
- Facilitates the Environmental Monitoring Rounds.
- Advising management of unsafe conditions or of non-compliance with regulations and standards.

- Conducts on-going safety education classes.

Hospital Quality Manager/ Nodal Officer

Authority

- Basically Chief Medical Officer/ Chief Medical Superintendent possesses all rights
- Reports to designated authorities on all matters pertaining to safety matters.
- Has the authority to shut down any process or laboratory that is considered to be in violation of policy until the issue is resolved.

Responsibilities

- Administer safety policies of the hospital and department
- Liaise with hospital authorities and other regulatory authorities as needed.
- Inspect laboratories and other areas to ensure safety practices are being observed
- Advise Head of Department of the various department on new and proposed legislation, together with safe work practices needed for compliance
- Identify training needs and arrange for departmental staff in consultation with Hospital Officers
- Must ensure that all tasks associated with and required for the position of Chairperson of the Hospital Quality team are undertaken.

Care Environment (CE):

CE is made up of three components: building(s), equipment, and people.

The following are identified as elements and issues that can contribute to positively or negatively influencing patient outcomes, satisfaction, patient and staff safety that are appropriate and consistent with the clinical philosophy, security, orientation and access to the outside environment, ease in traversing both the inside and outside of facilities , efficient layouts that support staffing and overall function.

To effectively manage the CE the following should be done:

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for patients, staffs and visitors
- Maintain CE that is sensitive to patient needs for comfort, social interaction, and positive distraction.
- Maintain CE that minimizes unnecessary environmental stresses for patients, staff and visitors.

4. Procedure:

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
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Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
A)	Security		
4.1	For this purpose, requirements are identified for resources needed & sent to District Health Society /C.M.O	CMS/ Hospital Manager	
4.2	<u>Control of Incoming & Out going Items</u> All purchased items (infrastructure items , general stores items ,engineering items , pharmacy & medicine related items , vegetables or food / kitchen items) when received in hospital are jointly checked by security and stores person at Security Gate After security check, the items are allowed to move in hospital or to move out.	Security Staff	
4.3	<u>Preparation of Duty Roaster</u> A duty roaster is prepared keeping in view of nos. of security guards available in the hospital, nos. of security guards required at different points in the hospital. The duty roaster is reviewed/approved by the Hospital Manager. The approved duty roaster is informed to the security staffs.	Head of the Security Guard	Duty Roaster
4.4	<u>Attendance Register</u> An attendance register is kept in the custody of Hospital Quality Manager. On daily basis, attendance of security staffs is maintained. On weekly basis, the attendance register is reviewed by CMS.	Head of the Security Guard	Attendance Register
4.5	<u>Allocation / Posting of Security Staff at various points</u> Security staff is positioned at different entry gates or points in the hospital such as at Patient Registration, OPD Clinics etc. Special duties are also assigned for VIPs based on the information received. There is 24X7 security guards are available in hospital.	Head of the Security Guard	
4.6	<u>Keys Control</u> All keys of the department are in the custody of designated security guard at and kept at administrative block		
4.7	<u>Fire Safety and Its controls</u> The hospital has been declared 'No Smoking' zone. Fire extinguishers are placed at different		Layout of hospital indicating Fire

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<p>marked points throughout the hospital. A Hospital layout indicating fire extinguisher / sand bucket is also kept/ displayed in the hospital premises.</p> <p>Fire exit is marked in the hospital for exit during fire.</p> <p>Fire Training and Fire drills are held at periodic intervals. All employees are provided adequate fire training; they are informed about the fire evacuation procedures including fire exits located in their work places.</p> <p>Checking and testing of Fire extinguishers and its refilling is maintained. A list of all fire devices is maintained with Hospital Manager for effective control.</p>		extinguisher / Sand bucket , Fire Extinguisher file
4.8	<p><u>Training to Security Personnel</u></p> <p>Training on security related issues such as queue management, crowd control, evacuation in case of disaster etc. and use of fire extinguisher is conducted regularly.</p>		Training File
B)	Safety		
4.9	<p><u>Hospital Safety Committee:</u></p> <p>It may be the same as Hospital Quality Team. The Hospital Safety Committee is a multidisciplinary committee consisting of five members. It meets at least two times in a year to evaluate the various safety aspects of the hospital .The Committee undertakes detail analysis of the ongoing monitoring activities and gives its feedback on the same. The Committee submits its report to CMS.</p>		List of Hospital Safety Committee Members
4.9.1	<p><u>Evaluation of Hospital Activities with respect to Safety</u></p> <p>The Hospital Safety Committee evaluates the ongoing monitoring activities on various aspects of the following problems:</p> <ol style="list-style-type: none"> 1. Injuries to patients/ visitors 2. Property damage. 3. Occupational illnesses and injuries to staff 		

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<ol style="list-style-type: none"> 4. Hazardous materials and waste spills, exposures, and other related incidents 5. Security incidents involving patients, staff, students and visitors in the hospital 6. Fire-safety management problems, deficiencies, and failures. 7. Medical equipment-management problems, failures, and user errors 8. Utility systems management problems, failures, or user errors. 9. Staff Unavailability (such as Weather Emergencies, natural disasters) 10. Mass Casualty Patient Influx (such as Infectious Disease Outbreaks). 		
4.10	<p><u>SAFETY INSPECTION AND RECORDS</u></p> <p>The hospital undertakes periodic inspection of the safety precautions undertaken either internally or with the help of an appropriate external agency. It is conducted once in a year. The reports of the safety inspections are reviewed by the hospital's safety committee and the same is submitted to appropriate authority as and when required. The safety Inspection records are maintained with respective departmental authorities</p> <p>The Safety Management Committee may require periodic assessment of the following inventory:</p> <ol style="list-style-type: none"> 1. Environmental (lighting, dusts, gases, sprays, noises). 2. Hazardous materials (flammable and caustic). 3. Equipment (biomedical equipments etc.). 4. Electrical equipment (switches, fuses, outlets, connections). 5. Personal protective equipment (safety glasses, ventilators, radiation safety aprons etc). 6. Fire protection equipment (alarms and 		Hospital Safety Inspection Records

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<p>extinguishers).</p> <p>7. Walkways/roadways (sidewalks, roadways).</p> <p>8. Transportation equipment (Ambulances, lifts).</p> <p>9. Containers (hazardous waste bags).</p> <p>10. Structural openings (windows, doors, stairways).</p> <p>11. Buildings/structures (floors, roofs, planter walls, fences).</p> <p>12. Miscellaneous (any items not covered above).</p> <p>Each inspection report will record pertinent safety management violations, noncompliance items, and observe deficiencies. Employees directly involved in the use or operation of the facilities or function being inspected is to participate in the inspection process.</p> <p>Corrective and preventive measures are undertaken and implemented.</p>		
4.11	<p><u>HAZARD RECOGNITION</u></p> <p>Hazard identification is the process used to identify all possible situations in the hospital where people (patient, staff, visitors etc) may be exposed to injury, infections or disease. The management authorities undertake periodic evaluation of safety precautions to be followed by each department.</p> <p>Both Clinical and Non-clinical audits are undertaken on a periodical basis to identify the measures taken to prevent/reduce the impact of the potential hazards. All the staff of the hospital is encouraged to routinely assess all activities to identify potential hazards. Departmental Heads may also identify hazards within their specific area of control. The same should be notified to the appropriate hospital authorities for immediate corrective actions.</p>	All Staffs / deptt. heads	

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
4.12	<p><u>ELECTRICAL SAFETY</u></p> <p>The hospital undertakes the following measures to ensure Electrical Safety:</p> <ul style="list-style-type: none"> • Regular Inspection of the power outlets throughout the hospital. • Trip Switches are located in different parts of the hospital to prevent short circuits. • Periodic inspection of wires to ensures that they are in appropriate conditions. • Before any electrical appliance is brought into the hospital, a safety inspection must be provided. • Electrical equipment not required during the night should be switched off. • Areas around electrical switchboards must be kept clear for a distance of at least 1 meter. • A suitable fire extinguisher will be located adjacent to electrical switchboards. 		
4.13	<p><u>BIOLOGICAL HAZARDS</u></p> <p>The Hospital has identified two primary causes for biological hazards which are:</p> <ul style="list-style-type: none"> ➤ Infectious Sharp Objects ➤ Blood and Body fluid spill 		
4.13.1	<p><u>Infectious Sharp Objects:</u></p> <p>Measures undertaken to prevent such occurrences are outlined below:</p> <ul style="list-style-type: none"> • Sharps are any medical or non-medical equipment that is capable of cutting and/or puncturing the skin. • Sharps' injuries represent the major occupational cause of accidents involving potential exposure to blood borne illnesses. <p>The Hospitals policy on Sharps Handling is:</p>	Concerned Staff, Housekeeping Staff	

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<ul style="list-style-type: none"> Any equipment designated as a sharp must be handled and disposed of safely. Sharps are to be handled carefully at all times. Sharps are designated as clinical waste. <p><u>Procedure</u></p> <ul style="list-style-type: none"> Sharps must be disposed of at point of use. Used needles: <ul style="list-style-type: none"> must not be recapped after use unless using an appropriate device. must not be removed from syringes by hand. must not be bent, broken or otherwise manipulated by hand. Used disposable sharps are disposed of in a designated, clearly marked, puncture resistant container. Reusable sharps are disposed of in a clearly labeled, puncture resistant container for transport to the reprocessing area (CSSD) or Sterilisation area. Sharp's containers must be sealed and replaced. 		
4.13.2	<p>Blood and Body Fluid Spills</p> <p>The Hospitals policy on Blood and Body Spills is:</p> <ul style="list-style-type: none"> Blood and body fluid spills must be cleaned up immediately or as soon as possible. Standard precautions must be used when cleaning up spills of blood or body fluids. Gloves and other personal protective equipment appropriate for the task must be worn. <p>Hands must be washed properly after the spill has been cleaned up.</p> <p><u>Procedure</u></p> <p>Take into account the following points when cleaning up body fluid spills:</p>	Concerned Staff, Housekeeping Staff	

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<p>1) Type of body fluid 2) Size of spill 3) Surface type area involved</p> <p><u>Impervious Surfaces</u></p> <ul style="list-style-type: none"> ➤ Wipe the spill up using absorbent paper toweling. ➤ Wash the area with water and detergent. ➤ If there is a likelihood of bare skin contact with the surface, the area is disinfected with sodium hypochlorite solution. <p><u>Operating theatres</u></p> <p>Spills should be attended to as soon as it is safe to do so. The Area to be disinfected with sodium hypochlorite.</p> <p><u>Bathrooms and toilets</u></p> <p>Spill can be hosed off into sewerage system and are flushed with water and detergent. Area is being disinfected with sodium hypochlorite.</p> <p>A detailed inference to the preventive measures undertaken to control biological hazards can be drawn from the following procedure:</p> <ol style="list-style-type: none"> 1. Hospital Infection Control Procedure. 2. Biomedical Waste Management Procedure. 		
4.14	<p><u>HAZARDOUS WASTE</u></p> <p>The hospital identifies the importance of proper handling of waste to reduce incidence of infection among patients, employees, visitors, etc.</p> <p>Waste produced by different departments of the hospital is segregated at the point of generation in appropriate bags and are properly treated (as applicable) and disposed</p>	All concerned deptt.'s staff , Housekeeping Staff	Bio-Medical Waste Management

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	off. The Procedure for Bio-Medical Waste Management is being followed in the hospital.		
4.15	<p><u>RADIATION HAZARDS</u></p> <p>The Hospital recognizes the importance of prevention of radiation hazards for its employees and patients. All the staff exposed to radiation is provided with TLD batches and the same are forwarded to BARC authorities for monitoring on a periodical basis. The imaging equipments are monitored and calibrated on a regular basis to ensure prevention of excessive emission. The Radiation Safety Manual specifies the radiation safety precautions followed by the hospital in details.</p>	X-ray lab staff	
4.15	<p><u>LABORATORY SAFETY</u></p> <p>Laboratory workers are at risk for occupational exposure to infectious agents and hazardous chemical. Infections can be acquired from the exposure to contaminated blood, tissue and other biological material. Good laboratory practices with standard precautions like personal protective equipment (PPE), safety devices and proper decontamination and disposal of biohazardous wastes can drastically reduce these risks.</p> <p>The Laboratory Safety Policy specifies in details the safety measures undertaken by the hospitals Laboratory Department. The policy emphasizes on Safe Work Practices in relation to:</p> <ul style="list-style-type: none"> ➤ Handling of specimens, their transportations. ➤ Handling needles and syringes, tubes, centrifuge tube etc. ➤ Proper hand washing techniques, handling of chemicals, their storage and appropriate labeling. ➤ Decontamination Techniques, Waste Segregation and their disposal. ➤ Incident Reporting etc 	Laboratory Staff	
4.16	<u>COMMUNICABLE DISEASE</u>		

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<p>The hospital is committed to assure, to the extent possible, that each employee enjoys safe and healthful work conditions. The Hospital, in its effort to control communicable diseases on the hospital, has adopted this provision. Persons infected or reasonably believed to be infected with communicable diseases will not be restricted in their access to Hospital services or facilities unless medically-based judgments in individual cases establish restriction is necessary to the welfare of the individual, patients and other members of the institution, or others associated with the institution through clinical, cooperative, intern, or other such experience, involving the general public.</p> <p>Persons known to have, or have a reasonable basis for believing, that they have been infected or have a communicable disease which may pose a threat to others are expected to seek expert advice about their health circumstances and are obligated, ethically and legally, to conduct themselves so as to protect themselves and others.</p>		
4.17	<p><u>HAZARD COMMUNICATION:</u></p> <p><u>General</u></p> <p>Any incident in the hospital which affects the safety policies of the hospital will be investigated by the Hospital Safety Committee and the report would be forwarded to the appropriate higher authority for further action. The following incidents should be immediately informed to the Safety Officer of the hospital:</p> <ul style="list-style-type: none"> • Serious injury to patients. • Serious injury to employees. • Serious injury, caused by Hospital operations, to another party. • Major loss of Hospital equipment or property. • Major loss of equipment or property belonging to another party caused by 	Safety Management Officer	Incident / Accident Report

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<p>Hospital operations.</p> <p><u>Reporting Accidents</u></p> <p>Any accident should be immediately investigated by the appropriate staff member. An Accident shall be Reported as soon as possible with the Safety Management Officer for reporting purposes and for further investigation and resolution.</p> <p>Upon learning of a serious accident involving employees, patients or equipment, an employee must notify the Safety Management Officer immediately. Serious accidents will be investigated by the Safety Management Officer. Reports for any such incident are to be forwarded to the Safety Management committee of the hospital.</p> <p>Further, the accident shall be reported to govt. authority.</p>		

6. Work Instructions

W.I. for Safety & Security

Sl. No.	Activity Instructions	Responsibility
01	In case of emergency notified in the hospital, use emergency no. displayed. i.e Fire Control, Police etc.	Staff witnessing the emergency
02	In the night, check for deptts. are locked properly, electrical equipments are switched off.	Security Guard
03	Department head to ensure that required PPEs must used by the working staff	Deptt. Head /Working Staff
04	To ensure that the security guards & staffs must aware of use of fire extinguishers.	CMS / Hospital Manager
05	Danger signage must be displayed near high voltage	--do--

7. Process Efficiency Criteria:

Sl. No.	Activity Sl. No.	Activity	Efficiency Criteria
01	4.7	Checking of fire	Fire extinguishers installed in the hospital shall

Sl. No.	Activity Sl. No.	Activity	Efficiency Criteria
		extinguisher	be checked/ refilled on periodical basis (Quarterly/Yearly) or as specified by the refilling agency.
02	4.10	Safety Inspection	Hospital Safety inspection by Hospital safety Committee shall be carried out on yearly basis.

8. Reference Documents

- Infection Control management
- BMW Management
- Emergency & Disaster Management

9. Reference Record

Sl. No.	Name of Records	Record No.	Location of Storage	Minimum Retention Period
01	Duty Roaster Of Security Personnel			
02	Attendance Register			
03	Safety Inspection Report & Their Action			
04	Details of Fire Extinguisher & maintenance			
05	Accident Report file			
06	Security Guard Training file			

10. Abbreviations:

SL No.	Short Form	Full Form
01	Ref.	Reference
02	Doc.	Document
03	CE	Care Environment
04	Sl. No.	Serial Number
05	SHS	State Health Society
06	Rev	Revision
07	CH	Civil Hospital
08	FL	File

1. Purpose: To provide uninterrupted, clean and hygienic supply of linen in each and every department of the hospital.

2. Scope :

- Managing a continuous supply of linen in every department of the hospital.
- Complying with the policies and procedures of the infection control.

3. Responsibility:

The smooth functioning of the laundry is the responsibility of the Matron/ Nurse In-charge/ Hospital Manager

Detailed Responsibility

LAUNDRY SUPERVISOR:

- Overseeing the laundry processes.
- Adjusting the service schedule of the staff and the linen supply.
- Maintaining the staffing pattern and availability.
- Looking after the "urgent" demands from the hospital.
- Informing the CMS and the nursing in charge for torn linen.
- Regular check for the infection control policies.

LAUNDRY WARDBOY:

- Receives laundry from the wards.
- Counting the linen while receiving and issue in the wards.
- Issue of linen in the wards.
- Assembling and packing clean linen.

LAUNDRY OPERATOR:

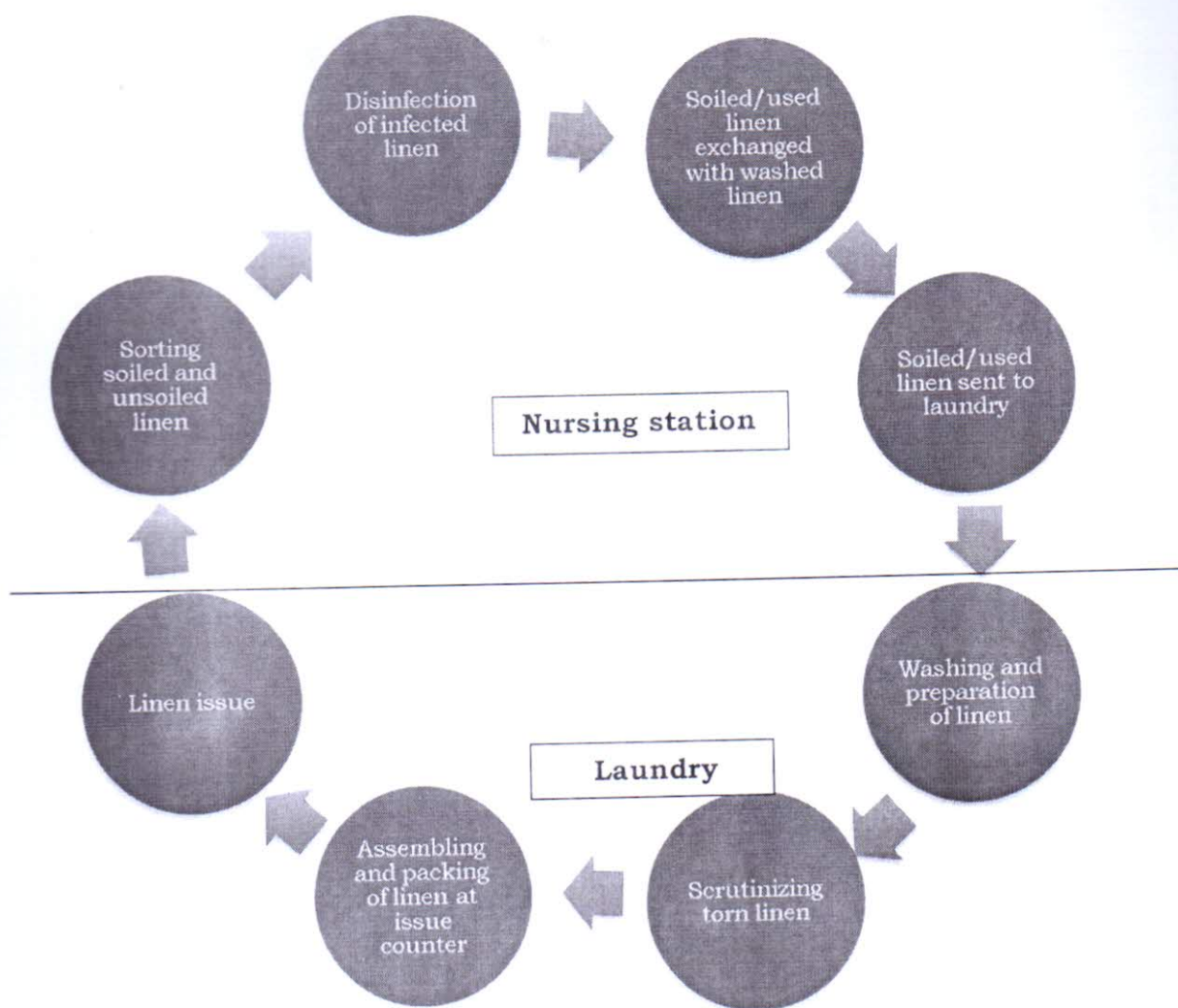
- Sorting the linen based on colour, fabric and type.
- Pressing and folding the linen.
- Informing the supervisor for torn linen.

NURSING STAFF (Hospital)

- Guiding and training the ward boy/ cleaning staff/ ward aaya for segregation and treating the infected linen.
- Instructing the ward boy / cleaning staff/ ward aaya to segregate the soiled, unsoiled and infected linen.

- Directing the ward boy/ cleaning staff/ ward aaya to treat the infected linen by dipping it in the 0.5% bleaching solution for 30 minutes.
- Dispatching the soiled and infected linen and keeping record.
- Receiving the clean linen and checking with respect to quality and quantity.
- Maintaining the required stock in the wards.
- Reporting the supervisor in case of urgent demands.
- Making clean linen available to the patients.
- Checking the clean stock.
- Indenting fresh linen against torn linen.
- Checking for the Infection Control Policies.

4. Process Flow:



5. Procedure:

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
5.1	<u>Types of Linens</u> Types of linens used in the hospital are listed and maintained.	Nurse in-charge / OT in-	List of Linens

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	<p>Generally, bed sheets are used as per specified colour as of follow:</p> <p>Sunday - Violet</p> <p>Monday- Blue</p> <p>Tuesday- Sky Blue</p> <p>Wednesday -Green</p> <p>Thursday- Yellow</p> <p>Friday - Orange</p> <p>Saturday- Red</p> <p>In case, if a required clean colour bed sheet is not available on that particular day, the other available clean colour bed sheet is used.</p>	charge	
5.2	<p><u>Disinfection of Infected linen</u></p> <p>a) Soiled and infected linen is segregated.</p> <p>b) Infected linen except at sr. no. (c) are dipped in bleaching solution with the supervision of nursing in charge.</p> <p>c) All linen used by patients diagnosed to have HIV, HBV, HCV and MRSA, is being placed preferably in leak proof bag and sent for decontamination by autoclaving. The autoclaved Linen is then sent for laundry.</p>	Ward boy// cleaning staff/ ward aaya	W.I. for disinfection of infected linen
5.3	<p><u>OT Linen Management</u></p> <p>a) Linen soiled with blood or body fluids is being placed preferably in leak proof bag and sent for decontamination by autoclaving. The autoclaved Linen is then sent for laundry.</p> <p>b) Other soiled linen are disinfected through treatment with .</p>	OT in-charge	
5.4	<p><u>Collection of used and soiled Linen</u></p> <ul style="list-style-type: none"> ➤ Collection of used linen on every day from different wards. ➤ Counting the used linen (collected from all the wards) in presence of the nursing in charge / senior staff nurse. ➤ All collected used linen shall be kept separately. ➤ Entry of the collected linen in the laundry register and must be signed by the nursing staff and the laundry ward boy. 	Ward boy// cleaning staff/ ward aaya	Laundry Register

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
5.5	<p><u>Washing of Soiled/used Linen</u> All the soiled linen that is collected is taken by the laundry ward boy/ cleaning staff/ ward aaya to the laundry.</p> <p>Washing and ironing of linen, Scrutinize torn linen, Assembling of linen are done at the laundry staff.</p>	Washer man/ Laundry Operator	
5.6	<p><u>Receipt of Washed Linen</u> After washing of linens, the linen are delivered in the hospital. The quality and quantity of the linens are checked. The laundry register is signed by nursing in-charge/ senior staff nurse and laundry operator.</p> <p>In case of any deviation in quality or quantity, necessary action is taken.</p>	<p>Nursing In-charge /</p> <p>CMS</p>	Laundry Register
5.7	<p><u>Storage and Issue of washed Linen :</u> The packed and washed linen is stored at identified place.</p> <p>The linen is issued to the respective wards according to their requirement and keeping in view of colour coding of bed sheets.</p>	Nursing In-charge	Laundry Register
5.8	<p><u>Change of Patient Linen</u> The dirty linen is changed on daily basis or when becomes soiled with clean linen</p>	Nursing In-charge	
5.9	<p><u>Monitoring of Quality of Laundry Services</u> The quality of laundry services is being checked by routine and surprise visit at the site where process is executed. The parameters are checked as per check list mentioned at Sl. No. 08.</p>	CMS / deputed Officer/ Hospital Manager	Check List for Quality Monitoring of Outsourced Agency
5.10	<p><u>Re-order level for procurement</u></p> <p>Depending on the no. of functional beds, lead time of linen procurement, stock position of linen and past experience, store in-charge is make indent for re-order of linen procurement.</p>	Nursing In-charge	Linen Stock Register
5.11	<p><u>Condemnation of Torn Linen</u> The torn linen is being stored in separate storage area. It is condemned through auction when reasonable no. of torn linens is</p>	Store In-charge	Register of Torn Linen

Sl. No.	Activity/ Description	Responsibility	Ref. Documents / Record
	accumulated or once in a year.		
5.12	<u>End of the Day Activity</u> Accountability of linen washed, sent for washing and torn shall be maintained in Laundry register.	Nursing In-charge	Laundry Register, Register of Torn linen
5.13	<u>Calculating Linen /Bed/Day</u> Linen/Bed/Day is calculated on monthly basis as follow: Total no. of bed sheets washed /Bed Complement.	Nurse In-Charge	Record of Linen/Bed/day
5.14	<u>Review of Laundry Register</u> The laundry register shall be reviewed for accounting no. of washed linen on monthly basis for comparing it with bills raised by outsourced agency. Any deviation in accounting, necessary action is taken.	CMS / Deputed Officer	Laundry Register, Bills (raised by outsourced agency)
5.15	<u>Reporting breakage of Laundry Machine</u> In case of in house laundry the washer man/ laundry shall report the Deputed Officer immediately at the time of fault occurring in machine. The daily function of the machine shall also be updated at the maintenance register.	Laundry Operator ..	Breakdown Report Daily Maintenance Register of Equipment

6. Work Instructions

W.I. for disinfection of infected linen

Sl. No.	Activity Instructions
01	Separate handling of infected linen and soiled linen.
02	Infected linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen.
03	Linen soiled with blood or body fluids should be deposited and transported in bags that prevent leakage.
04	Infected linen should be bagged or put into carts at the location where it was used; it should not be sorted or pre-rinsed in patient-care areas.
05	Treatment of infected linen in bleaching solution (0.5% concentration)

06	Using gloves while handling infected linen.
07	Use of masks and caps throughout the process.
08	Cleaning and disinfection of linen trolleys each time after use.

7. Process Efficiency Criteria:

Sl. No.	Activity Sl. No.	Activity	Efficiency Criteria
01	5.8	Change of dirty linen with clean	The linen is changed on daily basis (as per specified day wise of bed sheet) in morning or after change of patient.
02	5.9	Monitoring of Quality of Laundry Services	Routine visits to laundry premise are done on monthly basis or as & when required.
03	5.14	Review of Laundry Register	Laundry Register is reviewed by Hospital Manager or any deputed officer on monthly basis for accountability of washed linen.

8. Check List for Quality Monitoring of Outsourced Agency (Laundry)

Sl. No.	Parameters	Observation during Visit (Satisfactory / Not Satisfactory)	Action to be taken by Outsourced Agency (In case of Not Satisfactory)	Remarks
01	Washing is done in clean environment			
02	Clean water is used for washing			
03	Linen is washed using approved detergent			
04	Appropriate dip time is maintained			
05	Drying is done by Sun drying by hanging or spin drying			
06	Clean & dirty linen is stored separately			
07	Ironing area is free from dirt.			

08	While delivering, it is covered.			
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9. Reference Documents

- State guideline for maintenance of laundry.

10. Reference Record

Sl. No.	Name of Records	Record No.	Location of Storage	Minimum Retention Period
01	Laundry Register			
02	Register of torn linen			
03	Linen Stock Register			

11. Abbreviations:

SL No.	Short Form	Full Form
01	Ref.	Reference
02	Doc.	Document
03	NHSRC	National Health System Resource Centre
04	Sl. No.	Serial Number
05	SHS	State Health Society
06	Rev	Revision
07	CH	Civil Hospital