



“KAYAKALP”



स्वच्छ भारत स्वस्थ भारत

Rejuvenating Public Health
Facilities



Kayakalp Clean Hospital Award Scheme
Swachh Bharat Swasth Bharat

“KAYAKALP” Award

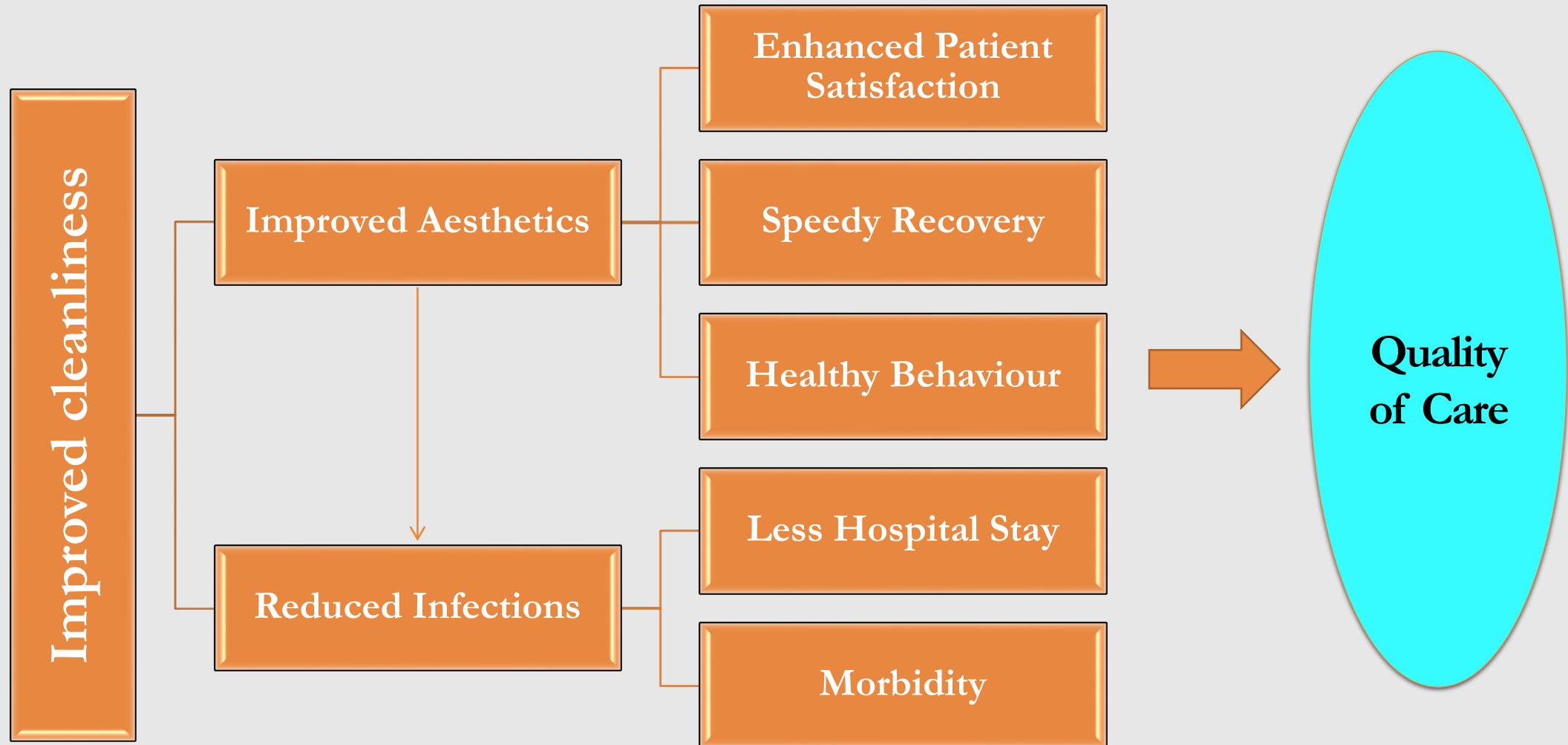
- To recognize efforts of ensuring Quality Assurance at Public Health Facilities, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative to give Awards ‘KAYAKALP’ to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. To supplement these Swachhta Guidelines for Public Health Facilities have also been issued.
- Swachh Bharat Abhiyan launched by Prime Minister on 2nd October 2014 focuses on “Promoting cleanliness in Public Spaces”



Objectives:

- To promote cleanliness, hygiene and Infection Control Practices in public Health Facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes

“KAYAKALP” Award



Level of Facility	Ranked Awards	Certificate of Commendation
District Hospital	1st - Rs 50 lakh	Rs 3 lakh
	2nd - Rs 20 lakh	
CHC & SDH	1st - Rs 15 lakh	Rs 1 lakh
	2nd - Rs 10 lakh	
Primary Health Centre	Winner - Rs 2 lakh	Rs 50,000





KAYAKALP AWARD SCHEME

New guidelines for Health & Wellness Centers



PHCs operationalised as a Health and Wellness Centre:

- Primary Health Centers (PHCs) that are converted into Health and wellness centres will compete with other PHCs in the same category of PHCs for Kayakalp awards.
- In every district, the best PHC (24x7) will receive a cash award of Rs. Two Lakhs.
- In order to motivate, sustain and improve performance in facilities that score over 70%, but do not make it to the list of award winning facilities in a particular year, a Certificate of Commendation plus cash award of Rs. 50,000 would be given.

Sub Centre operationalised as a Health and Wellness Centre:

- The Kayakalp winner awards for Health and Wellness Centres would **NOT** apply to the districts, which have operationalized **less than 10 Sub centres into HWCs**. In the eligible districts (≥ 10 HWC), the number of Awards is based on number of HWCs operational in sub centres.
- HWCs facilities that score over 70%, but do not make it to the list of award winning facilities in a particular year, a Certificate of Commendation plus cash award of Rs. 25,000 would be given.

State	Number of HWCs Operational in Sub centres	Number of Awards	Quantum of cash award
Category A	10 – 25	One award	Rs. 1 Lakh
Category B	26 – 50	1 st Prize and one runner up prize	a. Rs. 1 lakh – Winner, b. Rs. 50,000 – Runner-up
Category C	> 50	1 st Prize and two runners-up prizes	a. Rs. 1 lakh-Winner b. Rs. 50,000 – 1 st Runner-up and c. Rs. 35,000 – 2 nd runner-up



Criteria for Assessment



Hospital upkeep



Sanitation & Hygiene



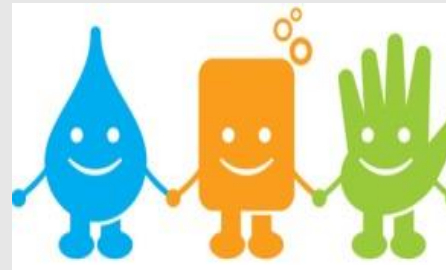
Waste Management



Infection Control



Support Services



Hygiene promotion










Beyond Hospital Boundary

KAYAKALP—Anatomy of Score Card

Kayakalp Clean Hospital Awards		
Checklist for Assessment of Health & Wellness Center		

The Cleanliness Score Card		
Name of Facility	50.0%	Level of Assessment
Grading		Improvement

Thematic Scores		
		
A. PHC Upkeep	Sanitation & Hygiene	C. Waste Management
20	20	20
		
D. Infection Control	E. Support Services	F. Hygiene Promotion
20	10	10
		
	G. Beyond Hospital	
	20	

Thematic Area		Criterion	Checkpoint	Assessment Method	Means of Verification	Compliance
Reference No.		Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
		A.	HOSPITAL FACILITY UPKEEP			
		A1	Pest & Animal Control			
		A1.1	No stray animal within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff	
		A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	
		A1.3	Pest Control Measures are implemented in the facility	SI/RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same	
		A1.4	Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically	RR/SI	Check if the facility has a scheduled programme for anti-termite treatment at least once in a year	
		A1.5	Measures for Mosquito free environment are in place	OB/SI /PI	Check for a. Usage of Mosquito nets by the patients b. Availability of adequate stock of Mosquito nets	

Assessment Method



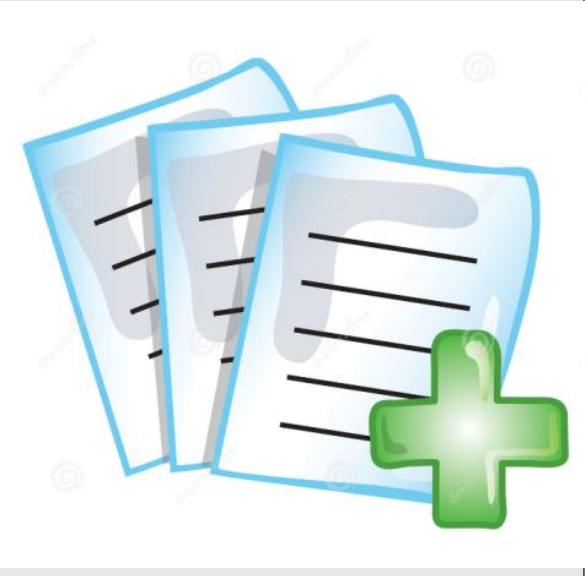
OBSERVATION (**OB**)



STAFF INTERVIEW (**SI**)



PATIENT INTERVIEW (**PI**)



RECORD REVIEW (**RR**)

Assessor may choose any of the method mentioned in the checklist with respective checkpoint.

Compliance & Scoring Rules

Full
Compliance

2

- All Requirements in Checkpoint are Meeting
- All Tracers given in Means of verification are available
- Intent of check point is meeting

Partial
Compliance

1

- Some of the requirements in checkpoints are meeting
- 50% -99% of tracers in Means of verification are available
- Intent of check point is partially meeting

Non
Compliance

0

- Most of the requirements are not meeting
- Less than 50% of tracers in Means of verification are available
- Intent of Check point is not meeting

A1 Pest Control & Animal Control

Check Point



Pest Control & Animal Control

- No stray animals within the facility premises
- Cattle-trap is installed at the entrance
- Pest Control Measures are implemented in the facility
- Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically
- Measures for Mosquito free environment are in place

A1.1 No stray animals within the facility premises.



A1.2 Cattle-trap is installed at the entrance



- Presence of cattle trap at the entrance of facility.
- Cattle trap should not be blocked.
- Also look at the breach, if any, in the boundary wall

A1.3 & 1.4 Pest Control Measures are implemented in the facility



Pesticide Lic. No. 0137MRT 2013 NH
Training Course In Storage Pest Management and
Fumigation from Govt. of India.

Umesh Kumar 8057254748
Rajesh Kumar 9720730087

OM Pest Control
H.O. : Main Chopla, Jail Chungi, Meerut
161, Sanjay Nagar, Meerut

Central Part
PEST CONTROL has a team of dedicated, Qualified & experienced professionals. There are management qualified people from reputed institute, trained & certified by Ministry of Food, Govt. of India. our service staff is supervised by qualified supervisors. These supervisors are backed by qualified experts.

SERVICE CENTRE
PEST CONTROL has computerised service to render service on time. There is a cell takes care of quality of chemicals, services as well as customer grievances.

CONTRACT SERVICE CARD
Om Pest Control provide service to District Women Hospital, Meerut
from 1 May '19 to 30 Apr '20 date 1 year Year
Charges Monthly/Yearly 3500/- (G.P.C.) 5000/- 98 rodent control

For OM PEST CONTROL
Auth. Signatory: [Signature]

Sign of Customer
जिला महिला चिकित्सालय

OUR SERVICES

<input checked="" type="checkbox"/> General Pest Control (G.P.C.)	<input checked="" type="checkbox"/> Rat Control
<input checked="" type="checkbox"/> Flies & Mosquitoes	<input checked="" type="checkbox"/> Anti Termite (Deemak) Treatment
<input checked="" type="checkbox"/> Cockroach	<input checked="" type="checkbox"/> Weed Control
<input checked="" type="checkbox"/> Lizard	<input checked="" type="checkbox"/> Rodent Control (R.C.)
<input checked="" type="checkbox"/> Honey Bee	<input checked="" type="checkbox"/> Wood Preservation
	<input checked="" type="checkbox"/> Carpet Treatment
	<input checked="" type="checkbox"/> Snake & Behive Control

Check for the evidence at the facility (Presence of Pests, Record of Purchase of Pesticides and availability of the rat trap) and Interview the staff about its usage

Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same

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A2 Landscaping & Gardening

Check Point



Landscaping & Gardening

- Facility's front area is landscaped
- Green Areas/ Parks/ Open spaces are well maintained
- Internal Roads, Pathways, waiting area, etc. are even and clean
- Gardens/ green area are secured with fence
- Provision of Herbal Garden

A2.1 Landscaped Facility's front area



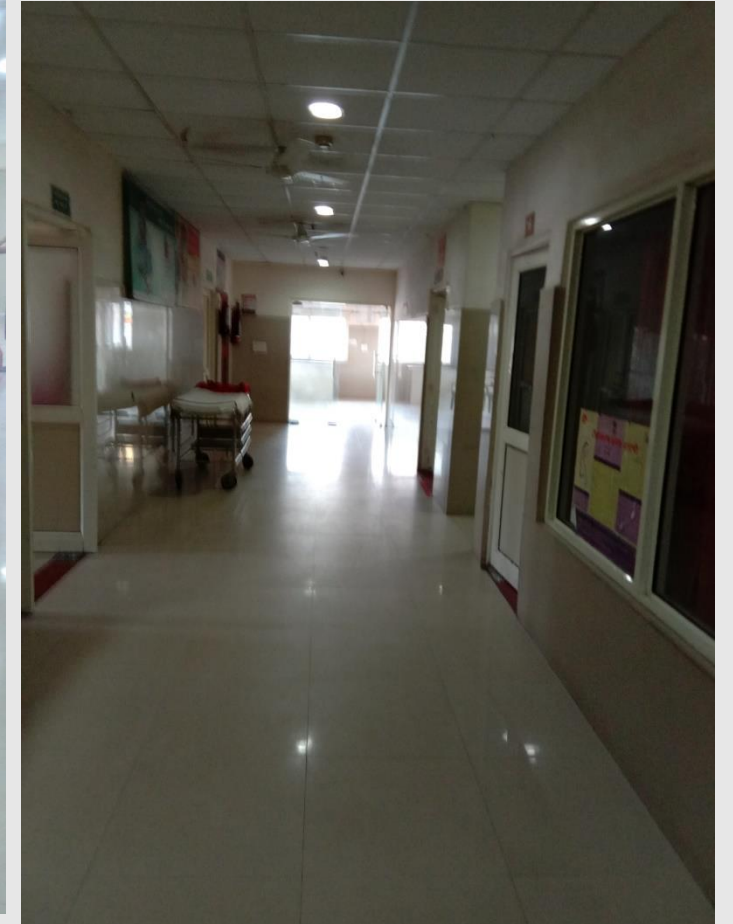
- Frontage of the facility has been maintained with grass beds, trees, Garden, etc. and it has an aesthetic appearance



A2.2 Well Maintained Green Areas/Parks/Open spaces



A2.3 Even and clean internal Roads, Pathways, waiting area, etc.



A2.4 Gardens/ green area are secured with fence



A2.5 Provision of Herbal Garden



List of Common Medicinal Plant

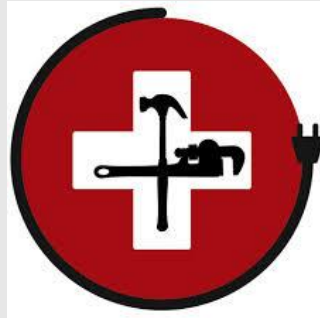
List of Common Medicinal Plant			
S. No.	Name of Species	S. No	Name of Species
1	Aloe Vera (Ghritkumari)	26	Jatamansi (Nardostachysjatamansi)
2	Amla (Phyllanthusemblica)	27	Kalihari (Gloriosasuperba)
3	Anantmool (Hemidesmusindicus)	28	Kalmegh (Andrographispaniculata)
4	Arjun (Terminaliaarjuna)	29	Kokum (Garciniaindica)
5	Ashok (Saracaasoca)	30	Konch (Mucunaprurita)
6	Archa/Adapalen (Rheumemodi)	31	Kuth (Sassureacostus)
7	Ashwagandha (Withaniasomnifera)	32	Kutki (Picrorhizakurrooa)
8	Atees (Aconitum heterophyllum)	33	Makoy (Solanumnigrum)
9	Bach (Acoruscalamus)	34	Mandukparni (Centellaasiatica)
10	Bael (Aeglemarmelos)	35	Mulethi (Glycyrrhizaglabra)
11	Beladona (Atropabelladona)	36	Neem (Azadirachtaindica)
12	Bahera (Terminaliabellicirica)	37	Pippali (Piper longum)
13	Bankakri (Podophyllumhexadendrum)	38	Punarnava (Boerhaaviadiffusa)
14	Bhumiamalaki (Phylanthusamarus)	39	Pushkarmool (Inularacemosa)
15	Brahmi (Bacopamonniieri)	40	Ratalu (Dioscoreabulbifera)
16	Chirayata (Swertiachiraiyata)	41	SafedMusli (Chlorophytumborivillianum)
17	Coleus (Coleus barbatusBenth)	42	Sarpgandha (Rauwolfiaserpentina)
18	Calthararanthusroseus (Sadabahar)	43	Siris (Albizialebbeck)
19	Dalchini (Cinanamomumzeylanicum)	44	Sena (Cassia angustifolia)
20	Daruhaldi (Berberisaristata)	45	Shatavar (Asparagus racemosus)
21	Gambhari (Gmelinaarborea)	46	Stevia (Stevia rebaudiana)
22	Giloe (Tinosporacordifolia)	47	Sea Buckthorn (Hippophoeerhamnoides)
23	Gudmar (Gymnemasylvestre)	48	Tagar (Valerianawallichi)
24	Guggal (Commiphorawightii)	49	Tulsi (Ocimum sanctum)
25	Harar (Terminaliachebula)	50	Viavidang (Emblica rives)

Key Points to remember

- Herbal garden can be set up in addition to the normal garden or can be set up in separate plots.
- Plants should be medicinal plants as available in the territory of the establishment.
- Only organic and compost fertilisers but no chemical fertilizers should be used for the plantation of these medicinal plants in this garden.

A3 Maintenance of Open Areas

Check Point



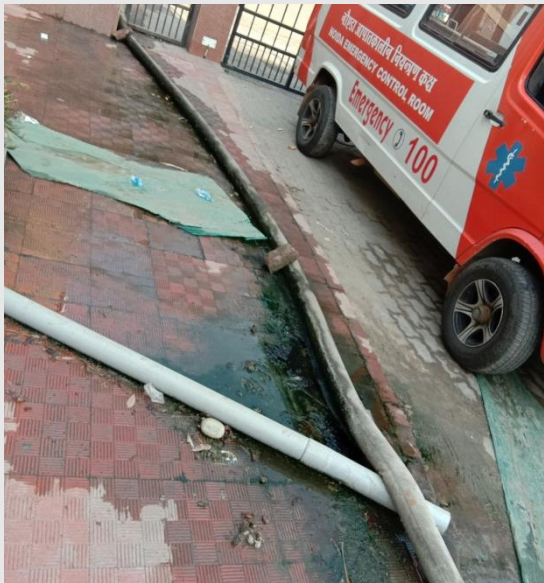
Maintenance of open area

- No abandoned/dilapidated building within the premises
- No water logging in open areas
- No thoroughfare / general traffic in hospital premises
- Open areas are well maintained
- No unauthorised occupation within the facility, nor there is encroachment on Hospital land

A3.1 No abandoned/dilapidated building within the premises



A3.2 No water logging in open areas



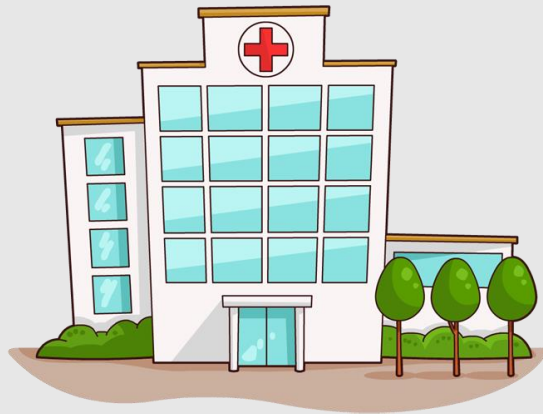
A3.4 Open areas are well maintained



A3.5 No unauthorised occupation within the facility, nor there is encroachment



A4 Hospital/Facility Appearance



Hospital/Facility Appearance

Check Point

- Walls are well-plastered and painted
- Interior of patient care areas are plastered & painted
- Name of the hospital is prominently displayed at the entrance
- Uniform signage system in the Hospital
- No unwanted/Outdated posters

A4.1 Walls are well-plastered and painted



A4.2 Interior of patient care areas are plastered & painted



A4.3 Facility Name displayed at the entrance



4.4 Uniform signage system (directional and Departmental) in the Hospital



4.5 No unwanted/Outdated posters



A5 Infrastructure Maintenance



Infrastructure Maintenance

Check Point

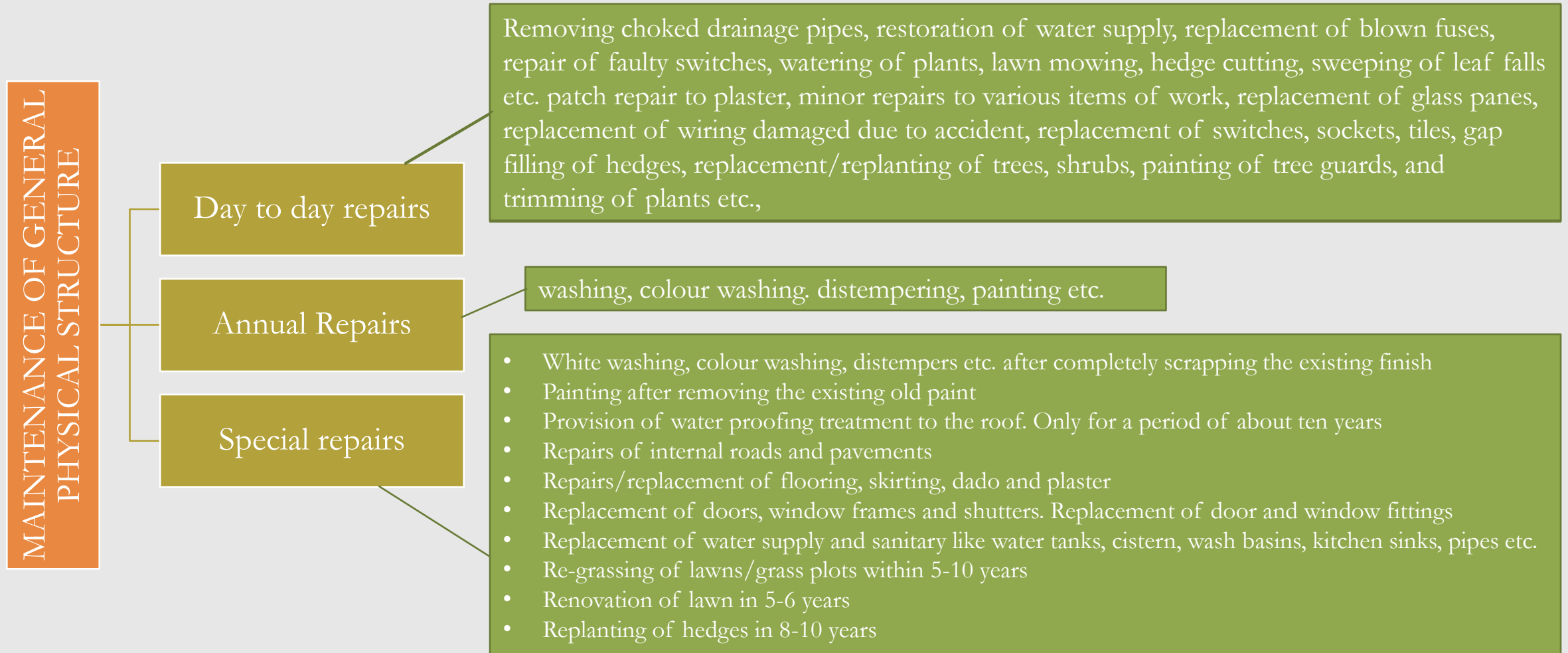
- Hospital Infrastructure is well maintained
- Hospital has a system for periodic maintenance of infrastructure at pre-defined interval
- Electric wiring and Fittings are maintained
- Hospital has intact boundary wall and functional gates at entry
- Hospital has adequate facility for parking of vehicles

A5.1 Hospital Infrastructure is well maintained



A5.2 System for periodic maintenance of infrastructure at pre-defined interval

- Periodic maintenance of the infrastructure is continuous process required to be carried out immediate remedial action to maintain safe environment inside these buildings.



A5.2 System for periodic maintenance of infrastructure at pre-defined interval

Documents to be checked

- Inspection Checklists of Central Public Works Department (CPWD) – A7.5
- Copy of Civil, electrical & Plumbing contracts.
- Repair requests/Indent issued by pharmacist/MOIC
- Details of work done, details of person performing the activities, time frame of the activity and person responsible for validating the satisfactory completion of the work done.
- Bills invoices/Payment receipts (PFMS)

ANNEXURE VIII: INSPECTION CHECKLIST- (CPWD)

Annexure - 15

(a) Inspection of Buildings (Civil)

- (a) House no. and Type : (b) Location :
(c) Date of Last Inspection : (d) Date of present inspection :

S.No.	Item No.	<u>Needs Repair</u>		<u>Needs Replacement</u>		<u>Priority</u>			
		Action	Quantity	Cost	Quantity	Cost	Immediate	Annual	Routine Repairs
1	2	3	4	5	6	7	8	9	10
1.	Walls								
1.1	Cracks								
1.2	Repair to plaster								
1.3	Repair to brick work								
1.4	Dampness								
2.	Floors								
2.1	Cracks								
2.2	Settlement								
2.3	Slopes								
2.4	Skirting cracks								
2.5	Dados cracks								

A5.3 Electric wiring and Fittings are maintained



A5.4 Intact boundary wall and functional gates at entry



A5.5 Adequate facility for parking of vehicles



A6 - ILLUMINATION AND LIGHTING IN HOSPITAL

Key Points to remember

- Assessor may use Android based Lux Meter to check the illumination of various areas of the facility.



Illumination in
Lux

Graph showing
the fluctuation

- Assessor needs to focus on adequate lighting and illumination in the circulation area, indoor areas, and procedure rooms and in front of the facility and on the access road of the hospital.

S.No.	Classification	Illumination Lux
1.	Reception and Waiting Room	150
2.	Wards <ul style="list-style-type: none">GeneralBeds	100 150
3.	Operation Theatre <ul style="list-style-type: none">GeneralOperation Table	300 2000-10000
4.	Laboratories	300
5.	Radiology Area	100
6.	Casualty and OPD Department	150
7.	Stairs and Corridors	100
8.	Dispensaries	300

Lighting requirements in wards

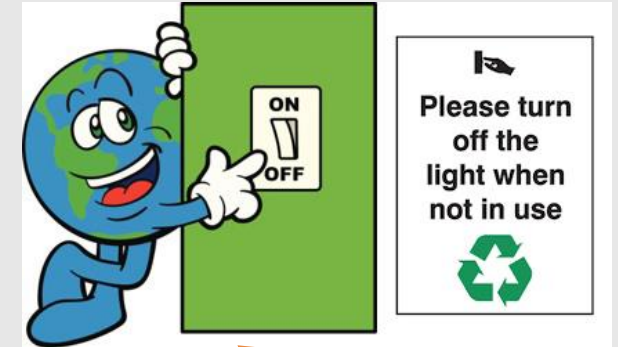
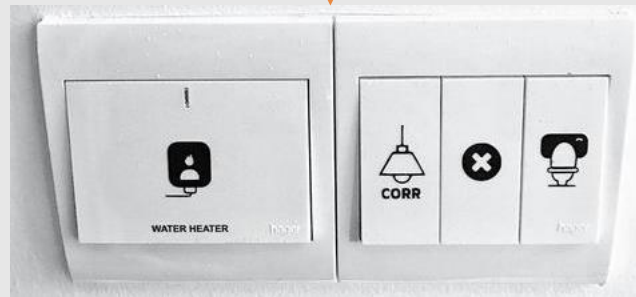
General Lighting	100 lux
Nursing Stations	150-300 lux
Night Lighting	1 lux
Examination Lighting	1000 lux

A6 - ENERGY EFFICIENT MEASURES



Key Points to remember

- Energy efficiency measures can be:
 1. Adequate use of natural lights/day light
 2. Use of energy efficient bulbs like CFL or LED
 3. Limited use of artificial lights
 - a) Switching off of lights when not needed
 - b) Defining and following “lights out” hours for hospital for different area.
 - c) Labelling of switches to enable staff to select only those lights which are needed, etc.



A7 Maintenance of Furniture & Fixture

Check Point



Furniture and Fixture Maintenance

- Window and doors are maintained
- Patient Beds & Mattresses are in good condition
- Trolleys, Stretchers, Wheel Chairs, etc. are well maintained
- Furniture at the nursing station, staff room, administrative office are maintained
- There is a system of preventive maintenance of furniture and fixtures

Key Observation points:

- All the doors are needed to be **intact** and are **painted** and **varnished**
- All the window panes need to be **intact** and should be provided with **safeguard** grill and **meshes**
- All the patient beds are well maintained with **no broken parts** and **no temporary arrangements** made for maintaining stability of the beds
- All the patient beds should be **checked for deposition of rust** and should be painted on regular basis
- All trolleys, stretchers, wheel chairs etc. are provided with **safety belts**.
- All trolleys, stretchers and wheel chairs should be **intact, painted** and **cleaned** on regular basis
- Wheels of stretchers, wheel chairs and trolleys need to be properly aligned and **well lubricated**
- All furniture installed in the hospital needs to be checked for any broken parts, withered paint etc. and should be repaired accordingly
- Preventive maintenance programme of the hospital should also include preventive maintenance of furniture and fixtures
- The facility should ensure that it carries out **anti-termite treatment** for all the furniture and fixtures at least once in a year as described in the pest and animal control section above.

A7.1 Window and doors are maintained



A7.2 Patient Beds & Mattresses are in good condition



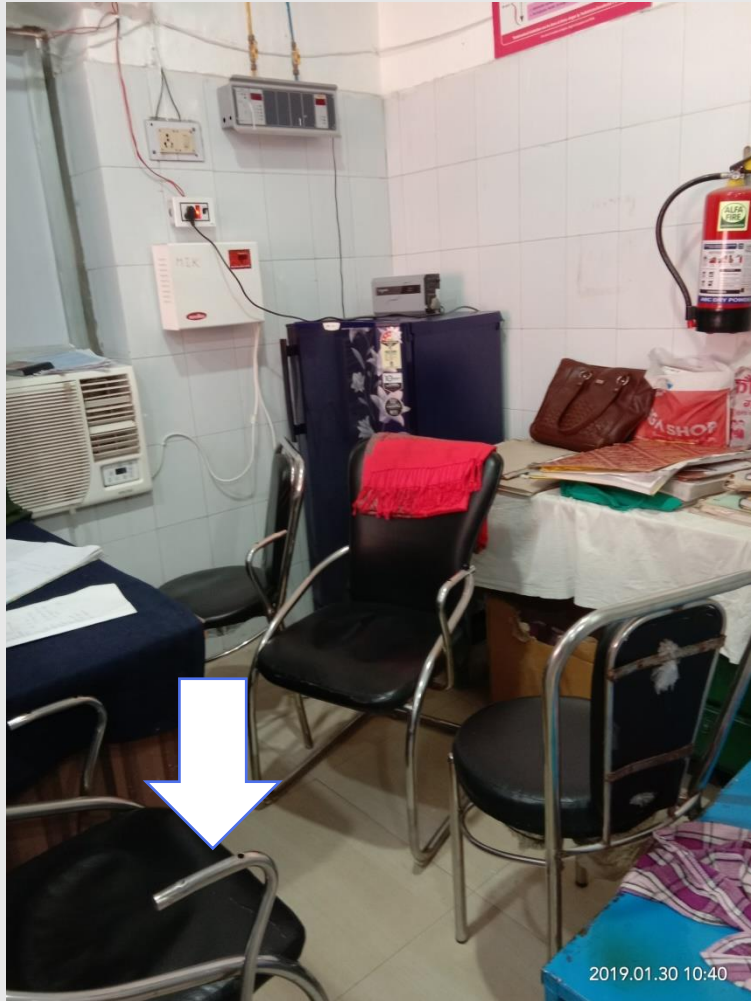
Good Practices



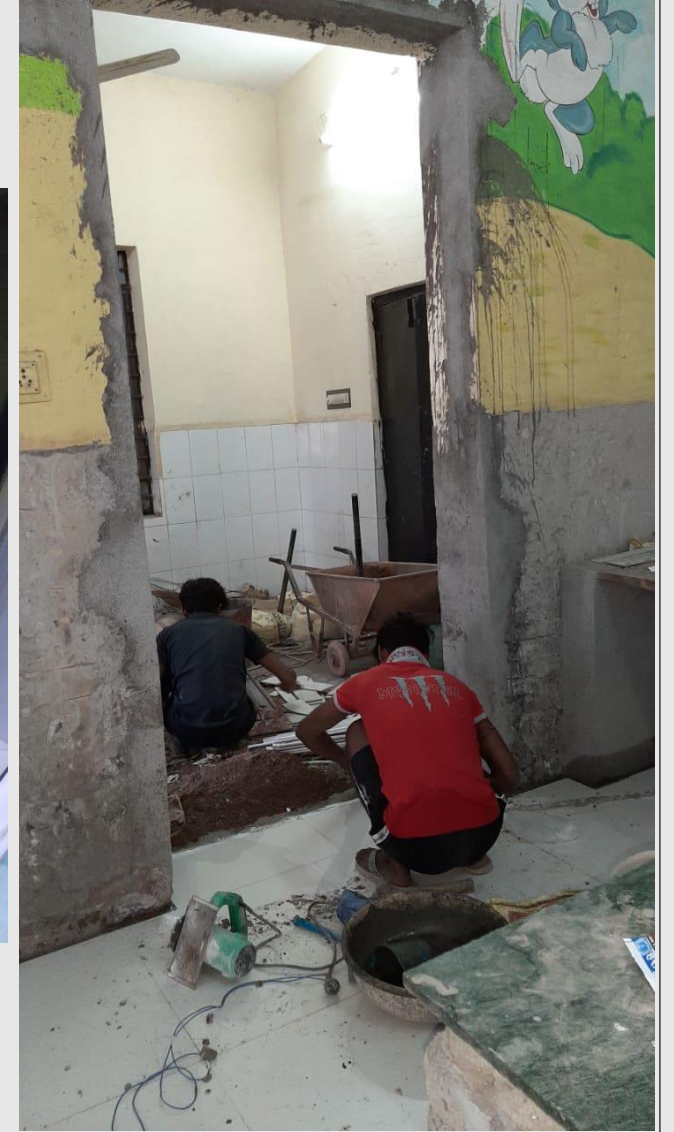
A7.3 Trolleys, Stretchers, Wheel Chairs, etc. are well maintained



A7.4 Furniture at the nursing station, staff room, administrative office



A7.5 System of preventive maintenance of furniture and fixtures



A8 Removal of Junk Material

Check Point



Removal of Junk Material

- No junk material in patient care areas
- No junk material in Open Areas and corridors
- No junk material in critical service area
- Hospital has demarcated space for keeping condemned junk material
- Hospital has documented and implemented Condemnation policy

Junk material

Surplus Items

Items in working order but are not required for use. Such items also includes stock in the stores of the hospital which has not been used for some time.

Obsolete Items

Items that are in working order but cannot be put to use effectively because of change in technology/design.

Unserviceable Items

Equipment that are not in working order, have outlived their span of life and are beyond economic repair

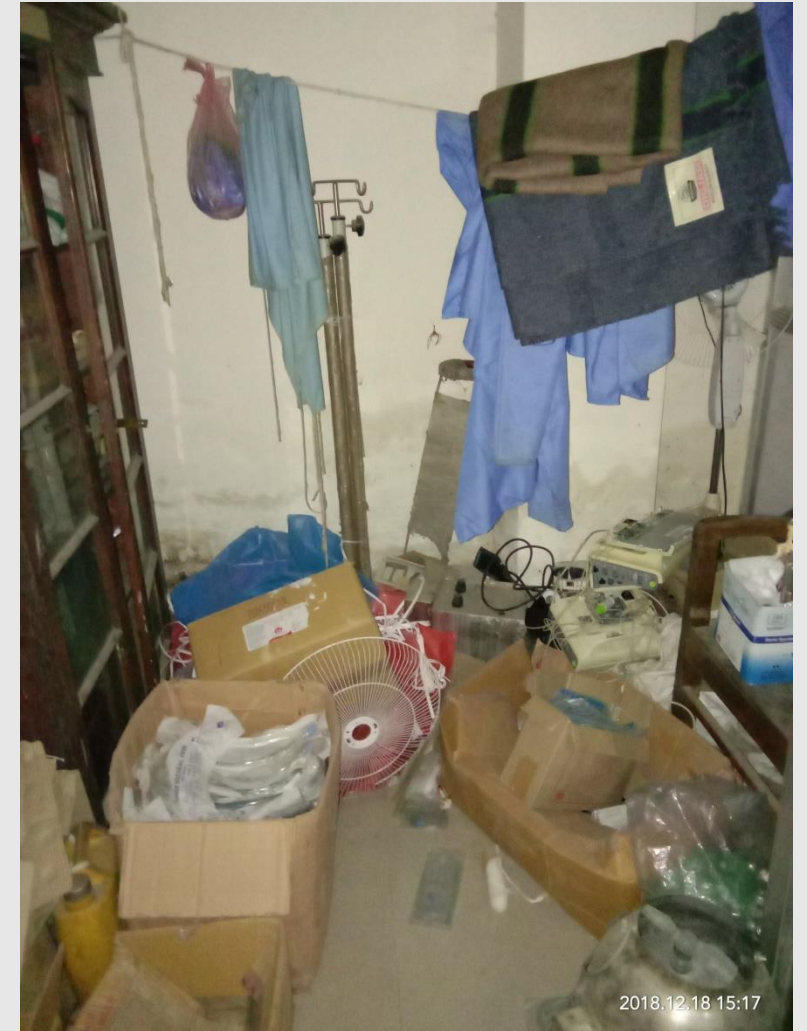
Scrap

Process waste, broken and any other item not covered above but has got resale value.

Empties

Empty containers, crates, bottles, plastic jars, drums etc

A8.1 No junk material in patient care areas



A8.2 No junk material in Open Areas and corridors



A8.2 Hospital has demarcated space for keeping condemned junk material



CONDEMNATION COMMITTEE

- Hospital Superintendent/Chief Medical Officer of the institution
- Hospital Manager
- Senior Medical Officer
- Nursing Superintendent/senior most nursing staff of the institution
- Technical professional concerned with the machinery/accessories etc., i.e., Bio Medical Engineers/Head of the Department (HoD)//suppliers//service agency etc.
- Representative of the accounts department, if available.
- Store in charge//Storekeeper

Meeting Schedule: at least once in six months or when required.

A9 Water Conservation



Water Conservation

Check Point

- Water supply is adequate in Quantity & Quality
- Water supply system is maintained in the Hospital
- There is a system of periodical inspection for water wastage
- Hospital promotes water conservation
- Hospital has a functional rain water harvesting system

A9- WATER CONSERVATION

Minimising water losses

Prevention of water wastage

Increasing efficiency in water use

ENSURING ADEQUATE QUANTITY & QUALITY OF WATER

QUANTITY:

Beds less than 100, the water requirement is around 350 litres per bed per day and hospitals having more than 100 beds the requirement is around 400 litres per bed per day

QUALITY:

Measures for ensuring the quality

- Regular cleaning of water tanks and reservoirs.
- Regular maintenance of RO plants and water dispensing machines.
- Regular water testing for any growth of micro-organisms.
- Chlorination of water

Look for records for water testing and cleaning of tanks and dispensing system.

INSPECTION & MAINTENANCE OF WATER SUPPLY SYSTEM

- Hospitals need to periodically check for any leaking taps, pipes, overflowing tanks, dysfunctional cisterns etc.
- Designated staff is responsible for carrying out these activities in the health facility.
- Immediate corrective actions need to be undertaken by the health facility for any fault noticed during the inspection for water wastage.

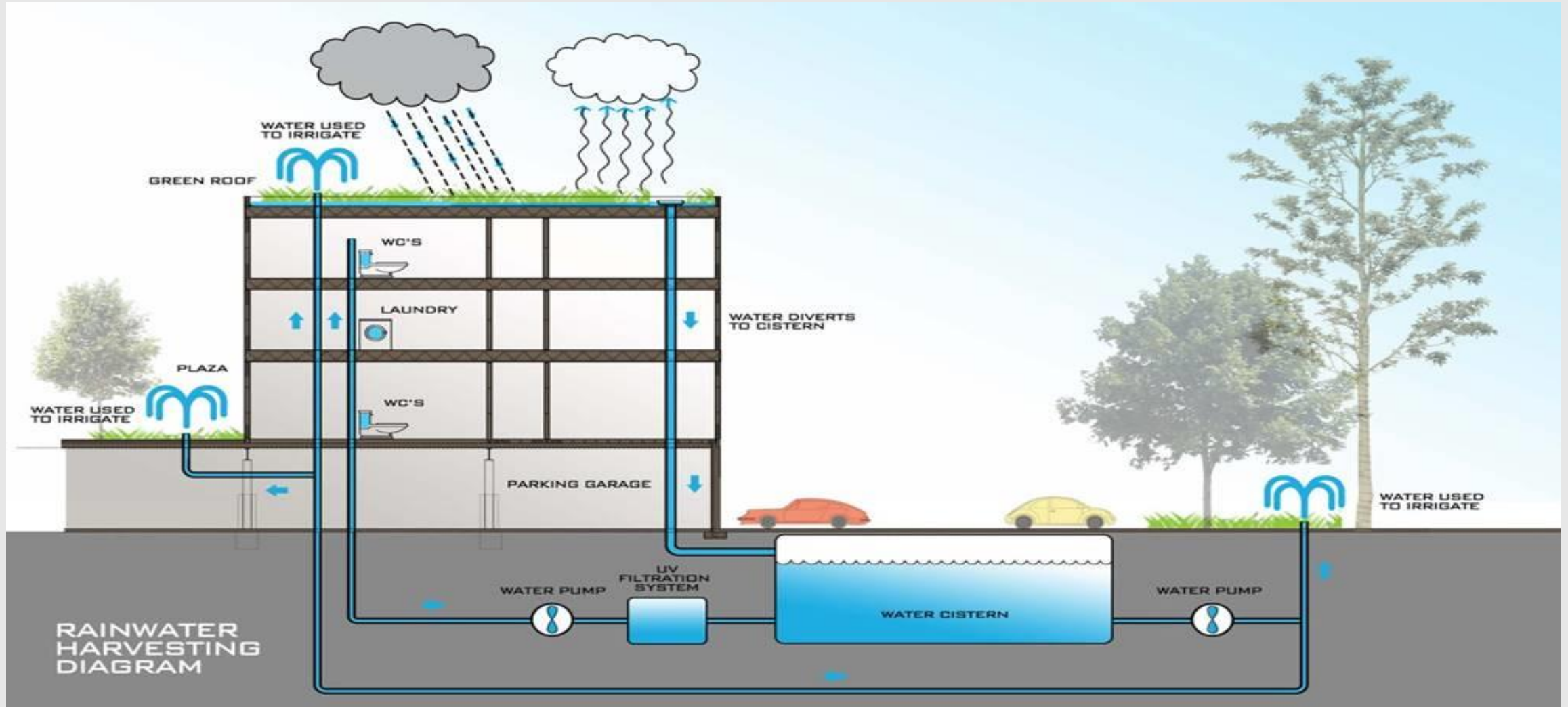


A9 Hospital promotes water conservation



IEC for Promotion of
Water Conservation

Functional rain water harvesting system



A10 Work Place Management

Check Point



Workplace Management

- Staff periodically sort useful and unnecessary articles at work station
- The Staff arrange the useful articles, records in systematic manner
- Staff label the articles in identifiable manner
- Work stations are clean and free of dirt/dust
- Staff has been trained for work place management

A10 Work Place Management



Illustrations of “5S”







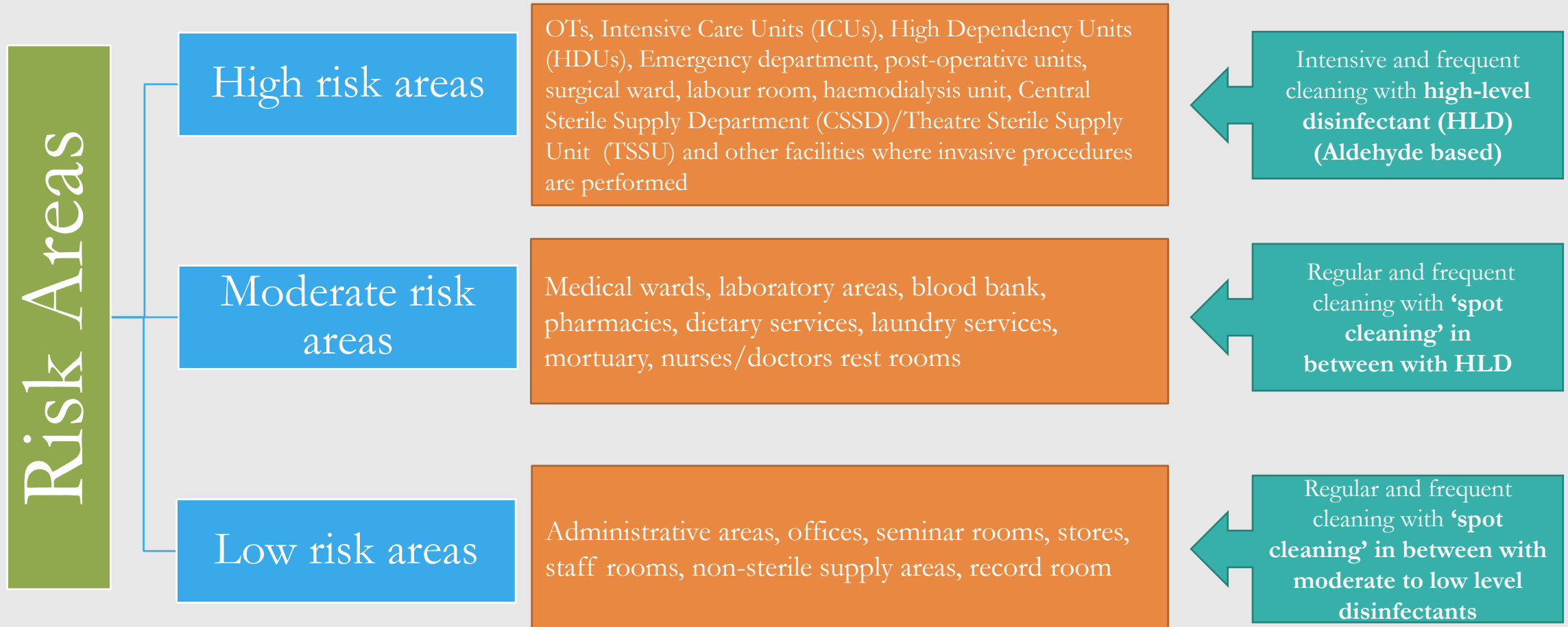
B- Sanitation & Hygiene



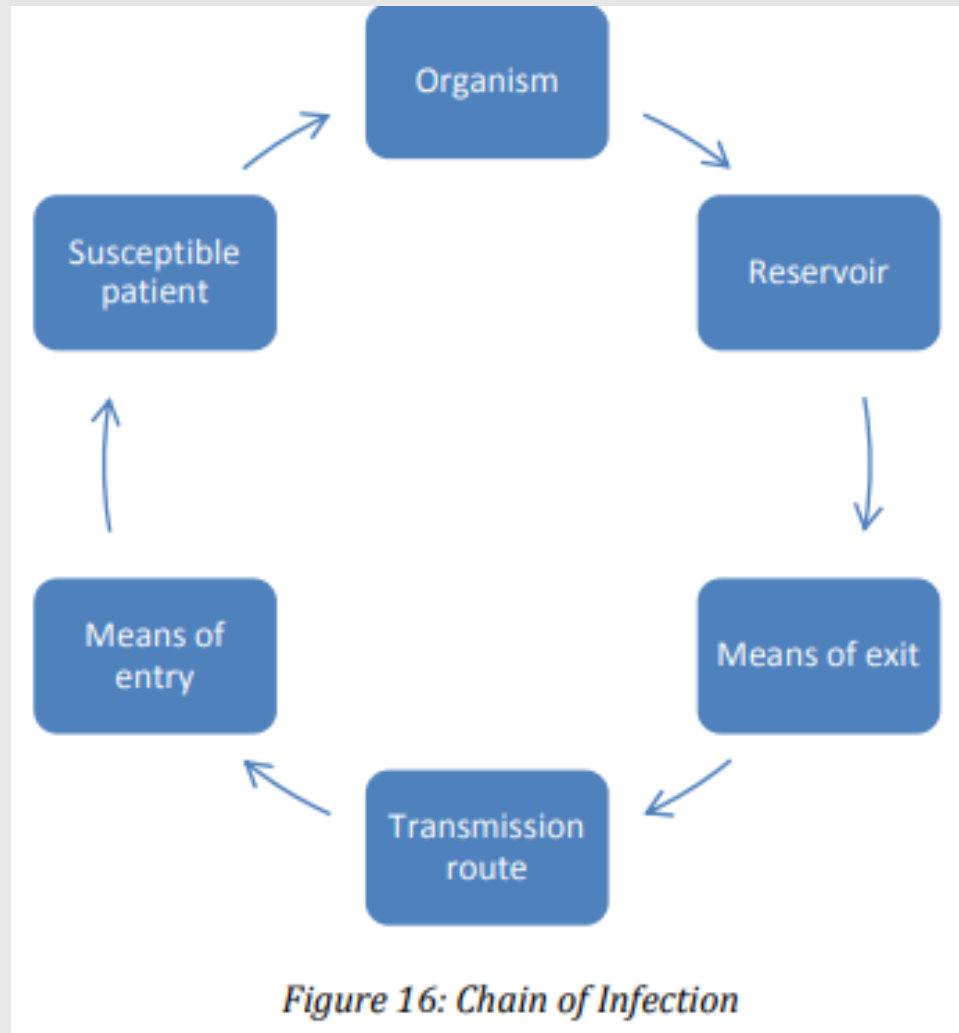
Cleanliness

- **B1 Cleanliness of Circulation Area**
- **B2 Cleanliness of Wards**
- **B3 Cleanliness of Procedure Areas**
- **B4 Cleanliness of Ambulatory Area (OPD, Emergency, Lab)**
- **B5 Cleanliness of Auxiliary Area**
- **B6 Cleanliness of Toilets**
- **B7 Use of standards materials and Equipment for Cleaning**
- **B8 Use of Standard Methods Cleaning**
- **B9 Monitoring of Cleanliness Activities**
- **B10 Drainage and Sewage Management**

CLASSIFICATION OF HOSPITAL AREAS INTO RISK CATEGORIES



CLEANING AND DISINFECTION FOR HOSPITAL ENVIRONMENT



- **Environmental Cleaning:** Environmental cleaning and disinfection of the hospital is mainly aimed at eliminating/reducing/controlling/isolating the reservoirs of organisms in the environment.
- Surfaces with higher frequency of hand contact are more likely to be a source of infection than surfaces with low degree of contact. Thus high touch surfaces (e.g., handles, bedside tables, etc.) in the patient care area are a more significant source of infection than low touch surfaces such as walls and floors.

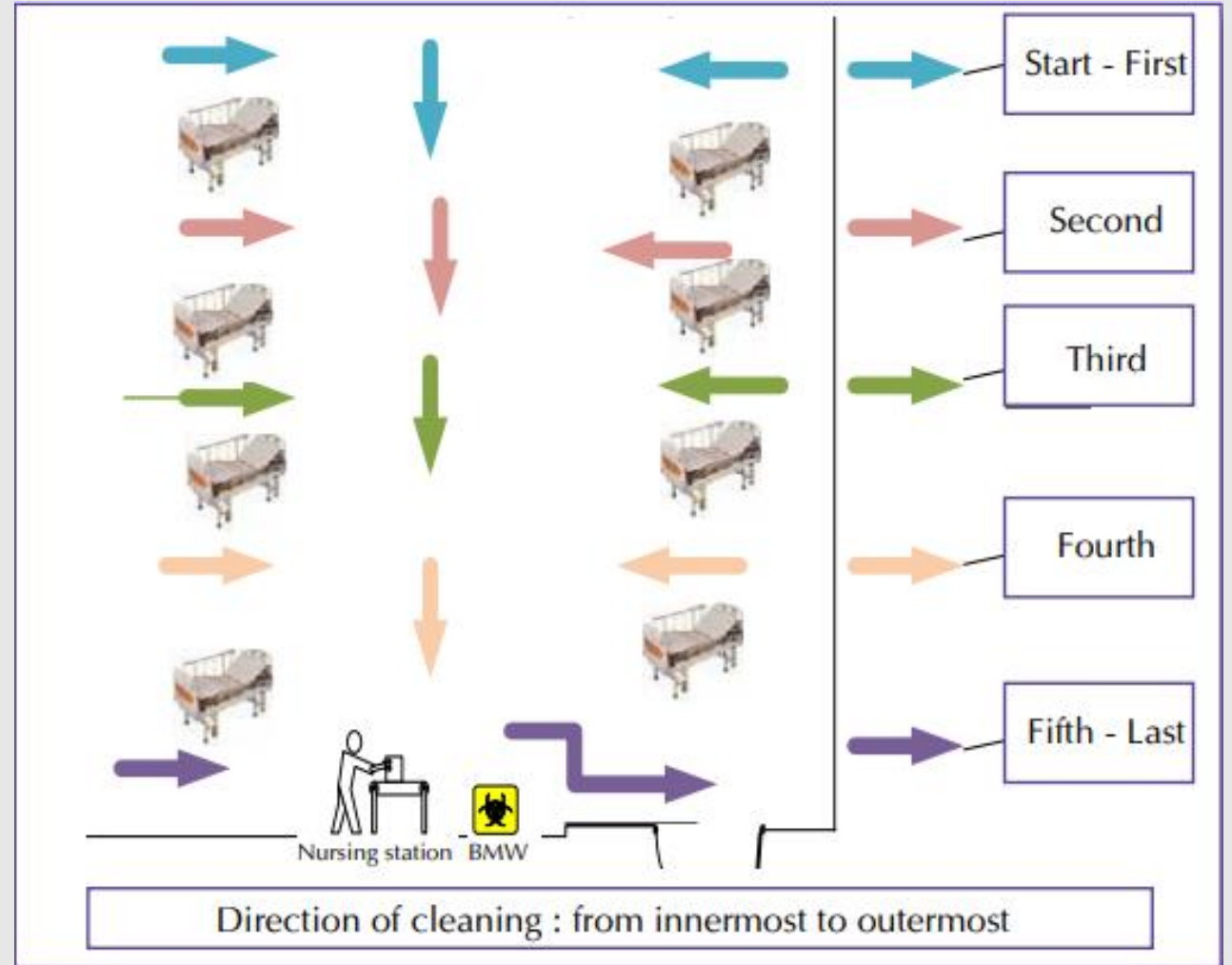
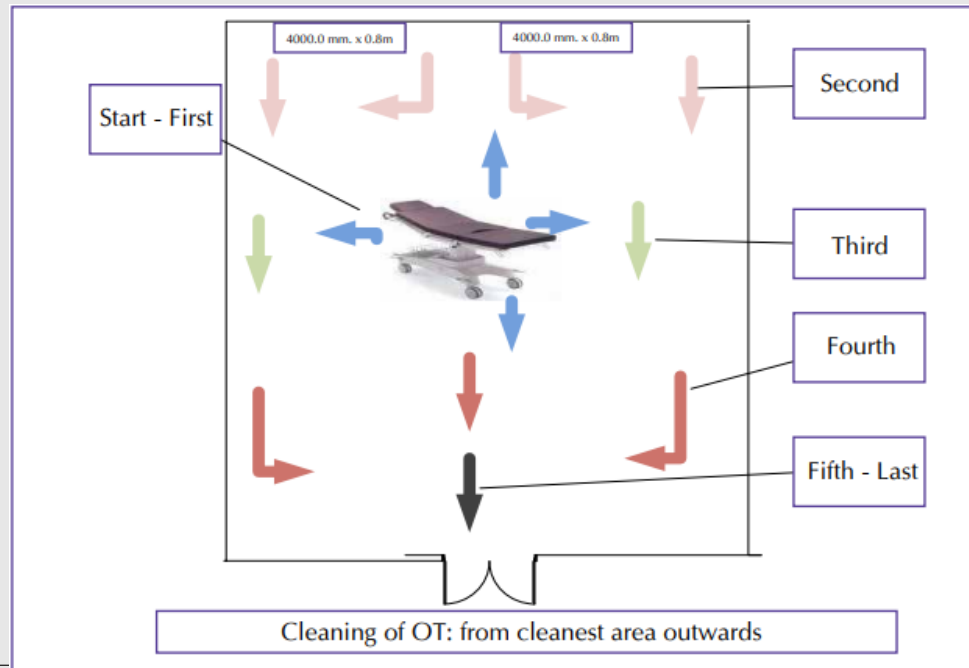
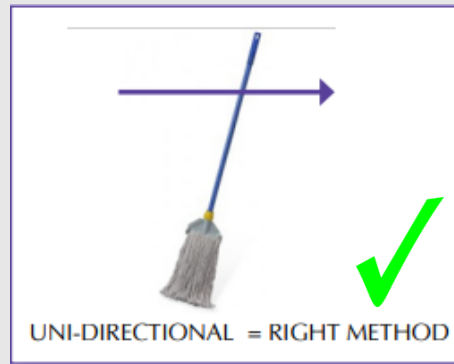
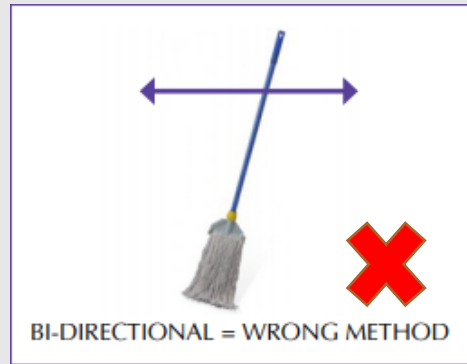
Cleanliness Protocols

Location	Risk classification	Routine cleaning frequency	Additional cleaning	Disinfection level required	Reagents to use
All ICUs	High risk	At least thrice a day at fixed times	Yes	High	Aldehyde based
Burn ward	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based
Casualty treatment area	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
CSSD	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based
Echocardiography (No patients with respiratory infection)	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT
General public areas	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT
Haemodialysis unit	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Labour room	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Laboratory	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based
Offices	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT

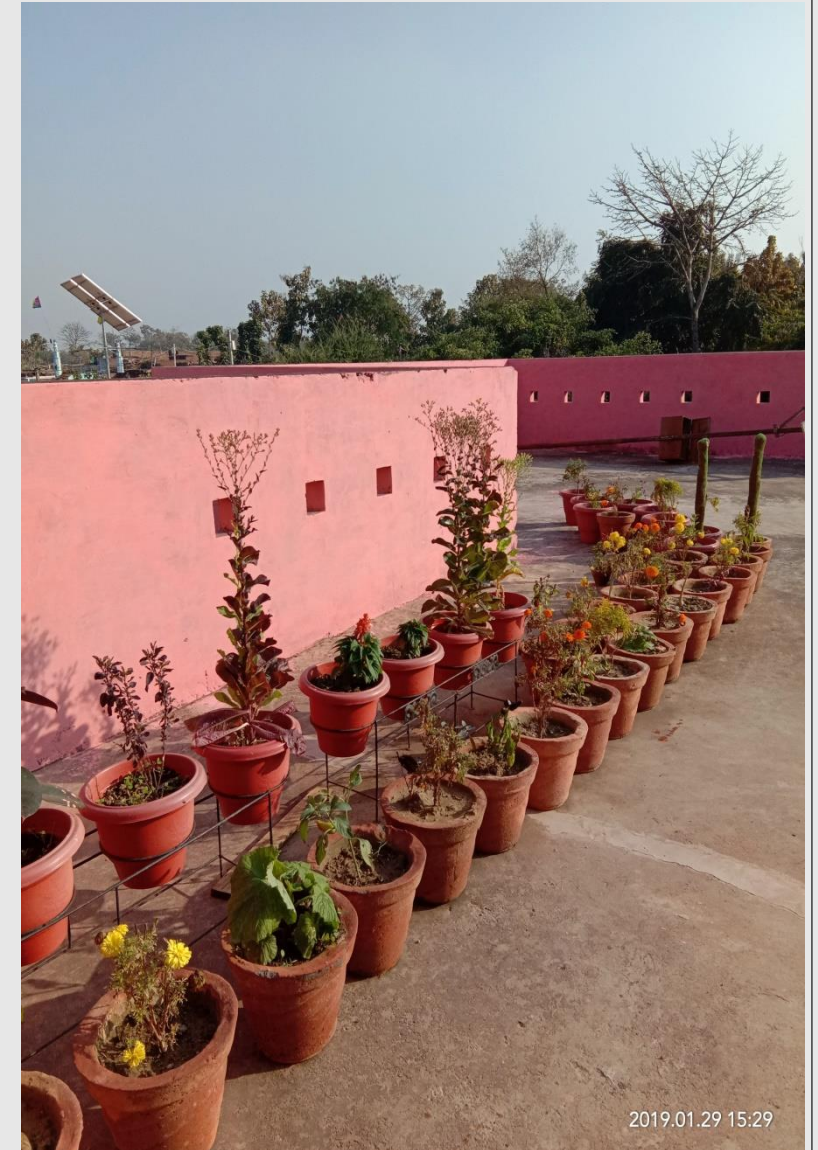
Location	Risk classification	Routine cleaning frequency	Additional cleaning	Disinfection level required	Reagents to use
Operation theatre	High risk	- Start of the day - between cases - end of the list - detailed wash-down	Yes	High	Aldehyde based
General ward	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based
Patient rooms (Patient not on isolation precautions)	Low risk	At least twice a day at fixed times	As required	Low	QUAT
Patient rooms (Patient on isolation precautions)	Medium risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Pharmacy	Low risk	At least twice a day at fixed times	As required	Low	QUAT
Physiotherapy	Low risk	At least twice a day at fixed times	As required	Low	QUAT
Procedure rooms	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Radiology	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT
Reception area	Low risk	At least twice a day at fixed times	As required	Only cleaning/ low level disinfection	Only soap/ QUAT
Respiratory therapy room/area	High risk	At least twice a day at fixed times	Yes	High	Aldehyde based
Soiled linen collection area	Medium risk	At least twice a day at fixed times	As required	High	Aldehyde based

Cleanliness Protocols

Direction of cleaning (Unidirectional)



B1 Cleanliness of Circulation Area (Floors and walls of Corridors, Waiting area, stairs, roof top)

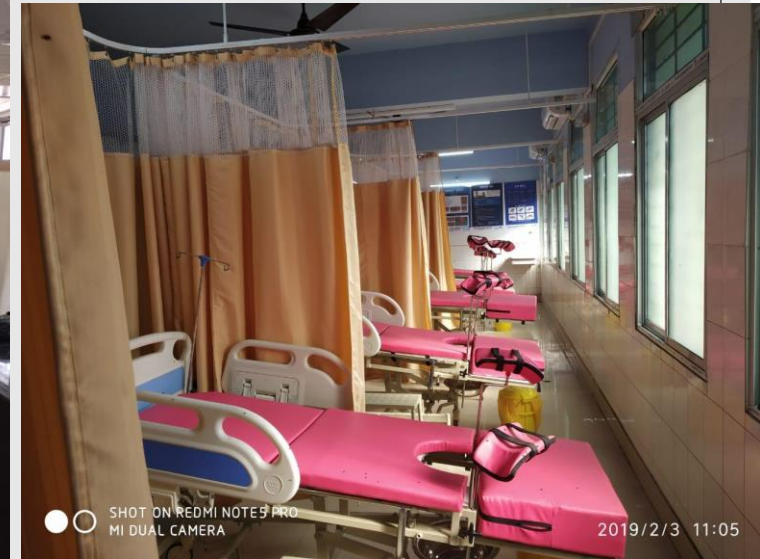


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B2 Cleanliness of Wards



B3 Cleanliness of Procedure Areas (Floors and walls of Labour room, OT, Dressing room)



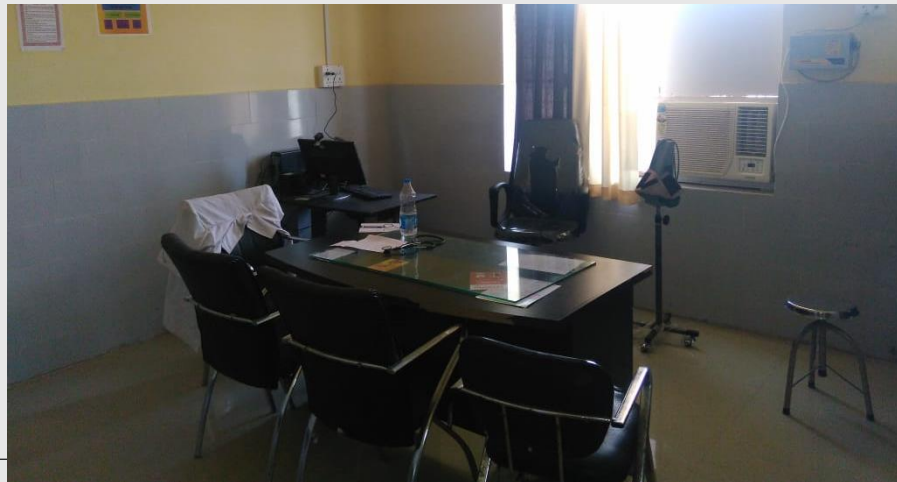
Critical Areas



B4 Cleanliness of Ambulatory Area (OPD, Emergency, Lab)



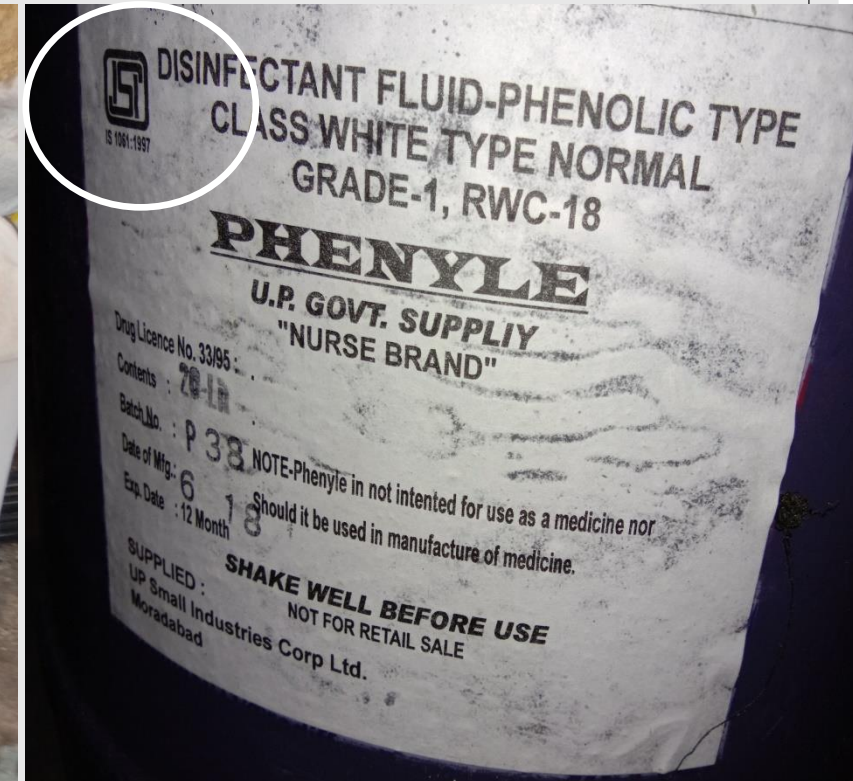
B5 Cleanliness of Auxiliary Area (Floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices)



B6 Cleanliness of Toilets



B7 Use of standards materials and Equipment for Cleaning



Records of Disinfectants (Phenyl & Carbolic acid)



B8 MATERIAL AND EQUIPMENT FOR CLEANING

- **Two Bucket System:**

Bucket 1 – Clean Water

Bucket 2 - Rinsed in the second bucket



- **Three Bucket System:**

Bucket 1 - Water with detergent used in the beginning.

Bucket 2 - Rinsed in the second bucket

Bucket 3 - Disinfectant



B8.3 No use of brooms in patient care areas



B9 Monitoring of Cleanliness Activities

Daily Toilet Cleaning Checklist

Date	8:00 AM to 2:00 PM (Checked by Staff nurse on duty)		2:00 PM to 8:00 PM (Checked by Staff nurse on duty)		8:00 PM to 8:00 AM (Checked by Staff nurse on duty)	
	Name/Sig Of cleaning Staff	Signature of Supervisor	Name/Sig Of cleaning Staff	Signature of Supervisor	Name/Sig Of cleaning Staff	Signature of Supervisor
1-3-19						
2-3-19						
3-3-19						
4-3-19						
5-3-19						
6-3-19						
7-3-19						
8-3-19						
9-3-19						
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28-3-19						
29-3-19						
30-3-19						
31-3-19						

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HOUSEKEEPING CHECKLIST

DIST- HAPUR

MONTH- March-19

DATE	Femal Toilet		Male Toilet		SUPERVISOR	REMARKS
	TIME (8 am TO 2 pm) Sweeper /C	TIME (2 pm TO 8 pm) Sweeper /C	TIME (8 pm TO 8 am) Sweeper /C	TIME (8 pm TO 8 am) Sweeper /C		
1/3/19						
2/3/19	X	X	X	X	Rajni	Good
3/3/19	X	X	X	X	Rajni	Good
4/3/19	X	X	X	X	Rajni	Good
5/3/19	X	X	X	X	Rajni	Good
6/3/19	X	X	X	X	Rajni	Good
7/3/19	X	X	X	X	Rajni	Good
8/3/19	X	X	X	X	Rajni	Good
9/3/19	X	X	X	X	Rajni	Good
10/3/19	X	X	X	X	Rajni	Good
11/3/19	X	X	X	X	Rajni	Good
12/3/19	X	X	X	X	Rajni	Good
13/3/19	X	X	X	X	Rajni	Good
14/3/19	X	X	X	X	Rajni	Good
15/3/19	X	X	X	X	Rajni	Good
16/3/19	X	X	X	X	Rajni	Good
17/3/19	X	X	X	X	Rajni	Good
18/3/19	X	X	X	X	Rajni	Good
19/3/19	X	X	X	X	Rajni	Good
20/3/19	X	X	X	X	Rajni	Good
21/3/19	X	X	X	X	Rajni	Good
22/3/19	X	X	X	X	Rajni	Good
23/3/19	X	X	X	X	Rajni	Good
24/3/19	X	X	X	X	Rajni	Good
25/3/19	X	X	X	X	Rajni	Good
26/3/19	X	X	X	X	Rajni	Good
27/3/19	X	X	X	X	Rajni	Good
28/3/19	X	X	X	X	Rajni	Good
29/3/19	X	X	X	X	Rajni	Good
30/3/19	X	X	X	X	Rajni	Good
31/3/19	X	X	X	X	Rajni	Good

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House Keeping Checklist

C H C Gainsari

Month- Jan. 2019

Date	First Shift: 08:00 AM to 12:00 PM		Second Shift: 12:00 PM to 4:00 PM		Third Shift: 4:00 PM to 8:00 PM		Remarks
	Sweeper Sign./Time	Sweeper Sign./Time	Sweeper Sign./Time	Sweeper Sign./Time	Sweeper Sign./Time	Sweeper Sign./Time	
1/1/2019							
2/1/2019							
3/1/2019							
4/1/2019							
5/1/2019							
6/1/2019							
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8/1/2019							
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31/1/2019							

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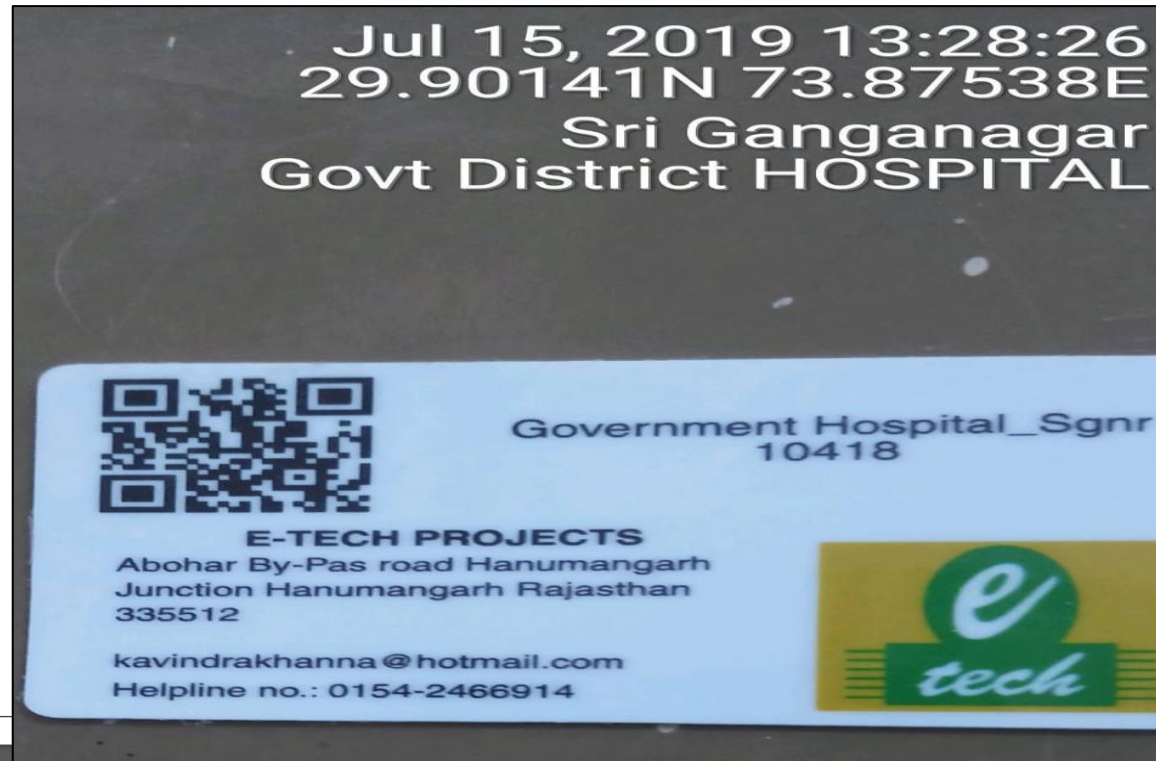
B10 Drainage and Sewage Management





C. Waste Management

C1.3 THE FACILITY HAS STARTED UNDERTAKING ACTIONS FOR BAR CODING SYSTEM



Hospital unique ID card for BMW

Bar Code System



The color mark or Text shall be placed at the top left corner of the bar code label
For handling of yellow color bio-medical waste bag by a 1700 bedded hospital viz., All India Institute of Medical Sciences (AIIMS) located at New Delhi, Delhi State (DH) and having unique number (say 00578), in such a case, the bar code or QR code label shall be as given in Figure below



OR



Dedicated bar code scanner

In this system, the bag is kept on weighing scale and scanned by scanner device by the person collecting waste. Weight of bio-medical waste is automatically transferred from weighing scale to device along with bar code or QR code information. There can also be a provision of manual entry of weight data.

A dedicated bar code scanner is given in **Figure . Also, the bar code scanner should require following hardware:-**

- ❑ 1 GB and above internal memory or minimum memory should be able to retrieve the 2 to 3 months data
- ❑ 2G and GPRS
- ❑ AGPS or GPS supported



Bar Code system flow chart

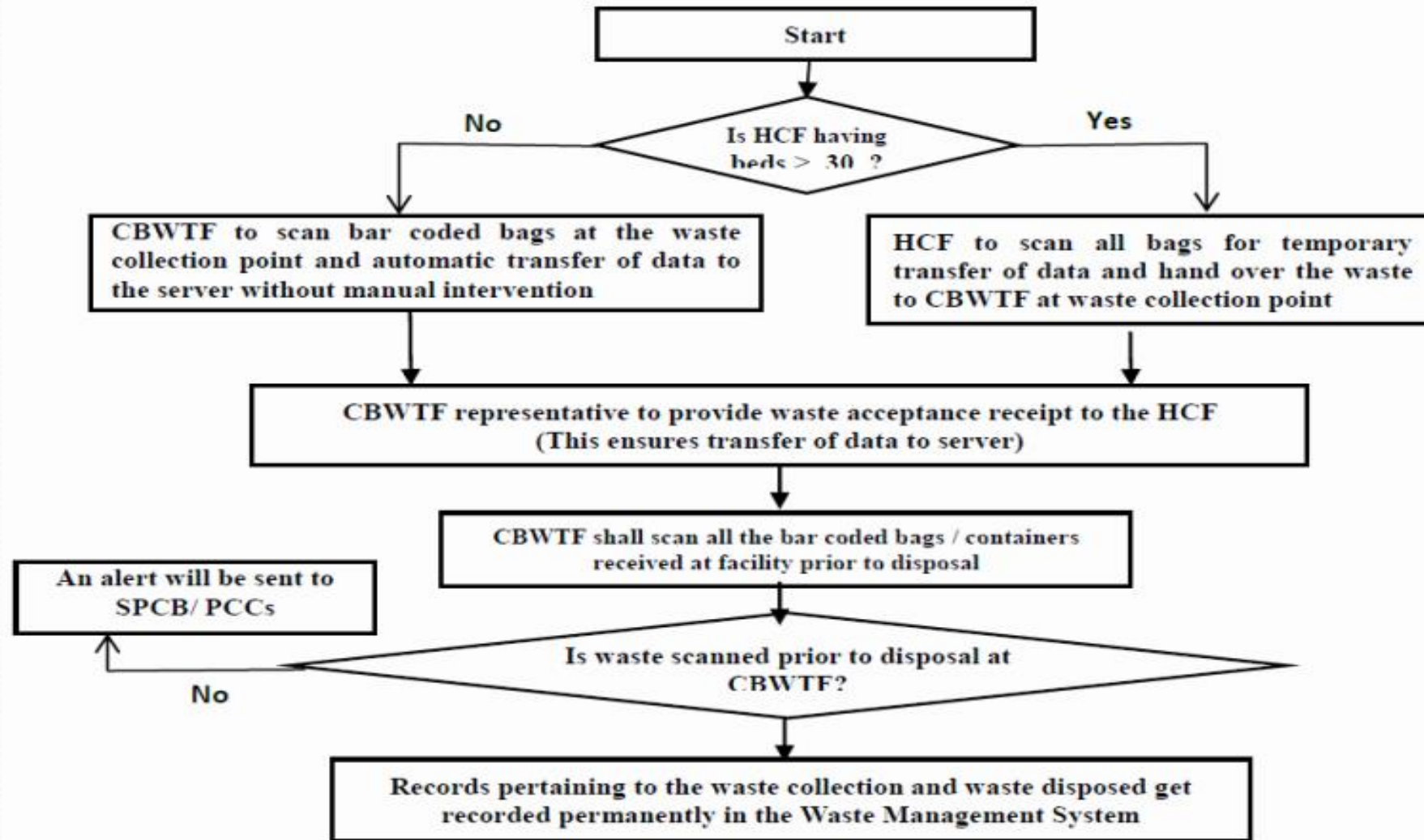


Figure 5. Implementation of the Bar Code System

Responsibility of the Occupier w.r. to the Bar Code System

- Procurement of the Bar Coded Labels or Pre-printed colour coded Bags and containers fulfilling the specification as given under these guidelines from the vendor on charge basis is the sole responsibility of the occupier.
- In case of Health Care Facility (with less than 30 beds) or clinics or laboratories, concerned HCF /Clinic/Laboratory is not required to pre-scan the bags, the same shall be carried out by waste picker after arrival at site.
- In case of Health Care Facility (with more than 30 beds) it is the responsibility of the Occupier to scan the bags containing BMW

C1.4 The facility has started undertaking actions, which are to be complied by March 2019

- a. Procurement of Non-chlorinated bags



b. Development of Website and uploading of Annual Report(C-10.2)



GOVERNMENT HOSPITAL_SGNR

Hospital Data

Particulars	Details
Name of HCF	GOVERNMENT HOSPITAL_SGNR
Name of the authorised person	
Address for Correspondence	SURATGARH ROAD, SRI GANGANAGAR, 335001
Tel. No, Fax. No	
E-mail ID	kavindrakhanna@hotmail.com
Website URL	http://codeland.in/ganganagar-hce/10418-2/
GPS coordinates of HCF	Longitude 73.87404 Latitude 29.90288
Ownership of HCF	Private
BMW Authorization No	RSPCB UNIT ID 72637
	Valid up to
Type of Health Care Facility	Government Bedded Hospital



Collection Month	June 2019	
Category	Count	Weight
Blue Mark Box	7	68.33
Red Bags	41	111.40
Yellow Bags	39	135.98
Cytotoxic Bags	0	0.00
White Bags	4	1.69

जिला महिला चिकित्सालय मेरठ

संक्षिप्त विवरण संपर्क करें ब्लॉग डॉक्टरों को जाने एंबुलेंस सेवा महत्वपूर्ण लिंक

BMW Annual Report 2019-20

Form - IV
(Sec rule 13)
ANNUAL REPORT

(To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF))

Sr. No.	Particulars	
1.	Particulars of the Occupier	
(i)	Name of the authorized person (occupier or operator of facility)	Dr. Manisha Verma
(ii)	Name of HCF or CBWTF	District Women Hospital
(iii)	Address for Correspondence	Meerut Road, Near Ghanshyam
(iv)	Address of Facility	Same as above
(v)	Tel. No, Fax. No	0191-23188
(vi)	E-mail ID	cons@wma.org
(vii)	URL of Website	www.wma.org
(viii)	GPS coordinates of HCF or CBWTF	29.90288, 73.87404
(ix)	Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other)
(x)	Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorized G.O. No. 1881/99 Valid up to 18.01.20
(xi)	Status of Consents under Water Act and Air Act	Valid up to 18.01.20
2.	Type of Health Care Facility	State Govt. Hospital
(i)	Bedded Hospital	No. of Beds, 100
(ii)	Non-bedded hospital	
(iii)	Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other	
(iv)	License number and its date of expiry	
3.	Details of CBWTF	
(i)	Number health care facilities covered by CBWTF	Suratgarh Hospital Management Ltd.
(ii)	No of beds covered by CBWTF	
(iii)	Installed treatment and disposal capacity of CBWTF	100 kg/day
(iv)	Quantity of biomedical waste treated or disposed by CBWTF	kg/day
4.	Quantity of waste generated or disposed in kg per annum (or monthly average tons)	Yellow Category: 1432 kg/Year Red Category: 1432 kg/Year White: 1432 kg/Year Blue Category: 1432 kg/Year General Solid waste: 1432 kg/Year
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	
(i)	Details of the on-site storage	Size

C2 Segregated Collection and Transportation of Biomedical Waste



C2.1 Segregation of BMW is done as per BMW management rule,2016



Biomedical Waste Segregation (Bio Medical Waste Management Rules, 2016)



YELLOW CATEGORY

Non-Chlorinated Plastic Bag



Human and Animal Anatomical Wastes: tissues, organs, body parts and fetus below the viability period

Soiled Waste contaminated with blood, body fluids like dressings, swabs, plaster casts, linen, pads

Blood Bags

Chemical Wastes including discarded disinfectants, chemical liquid wastes

Lab Wastes

Expired/discarded Medicines

Cytotoxic Drugs
Items contaminated with Cytotoxic Drugs

RED CATEGORY

Non-Chlorinated Plastic Bag/Container



Recyclable Waste (Plastic)

- Tubing
- Bottles
- IV tube/sets
- Catheters
- Urobags
- Syringes
- Vacutainers
- Gloves

BLUE CATEGORY

Cardboard Boxes with Blue Colored Marking



Waste Glassware

- Broken glass
- Medicine vials/ampules
- Metallic body implants

WHITE (Translucent)

Puncture Proof, Leak Proof, Tamper Proof Container



Waste Metal Sharps

- Used, discarded and contaminated needles
- Syringes with fixed needles
- Needles cut in hub-cutter
- Scalpel blades

BLACK CATEGORY

Plastic Bag



General Waste

- Paper, wrappers
- Leftover vegetable/ fruits/food
- Thermocol
- Disposable glasses and plates

NOTE: All plastic bags should be properly sealed, labelled and audited before disposal

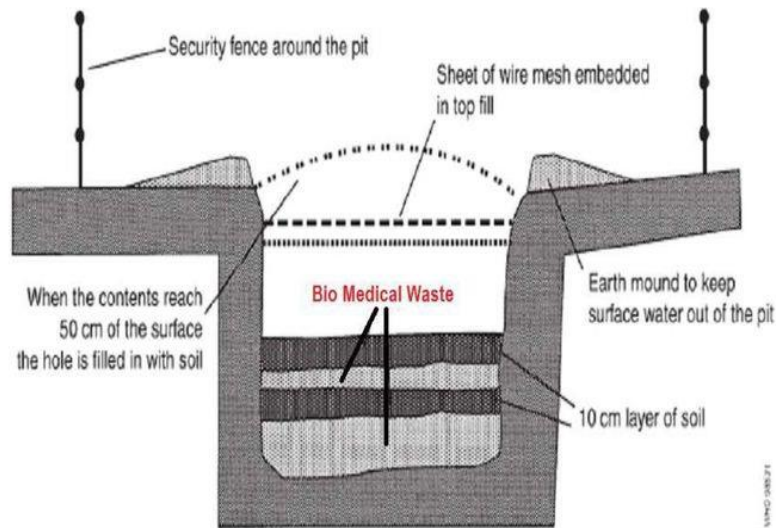
C2.2 Work instructions for segregation and handling of Biomedical waste has been displayed prominently



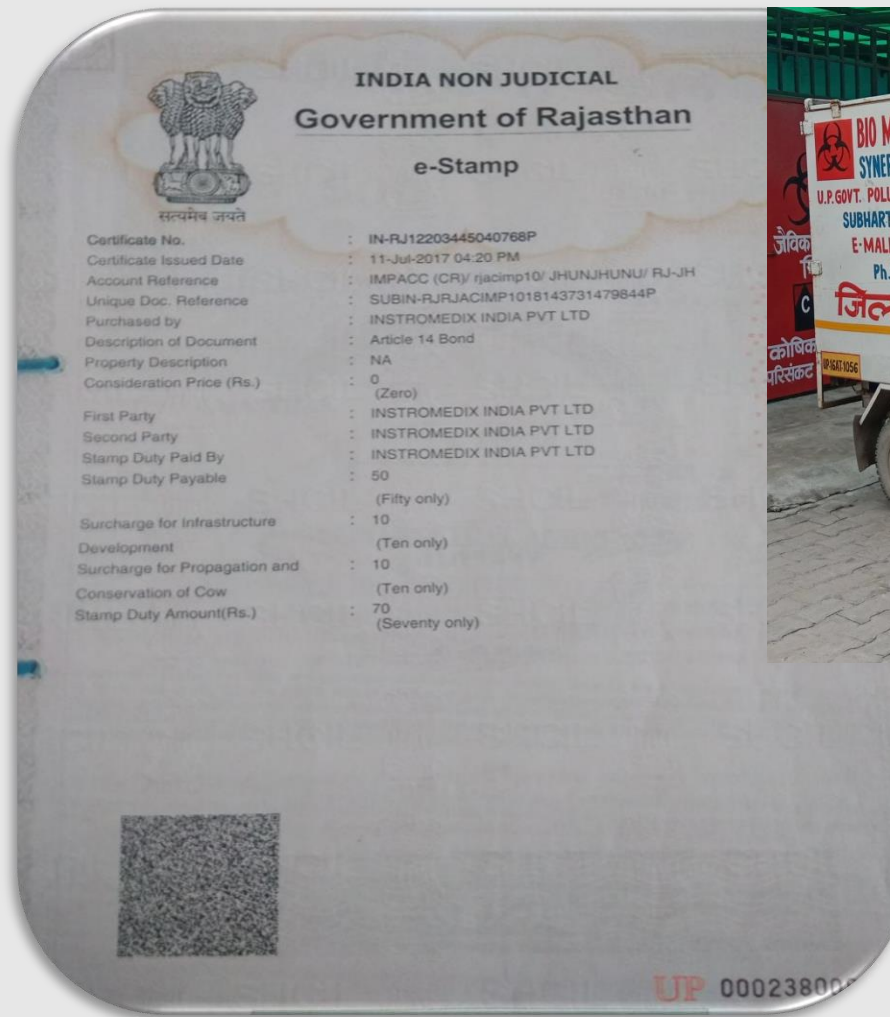
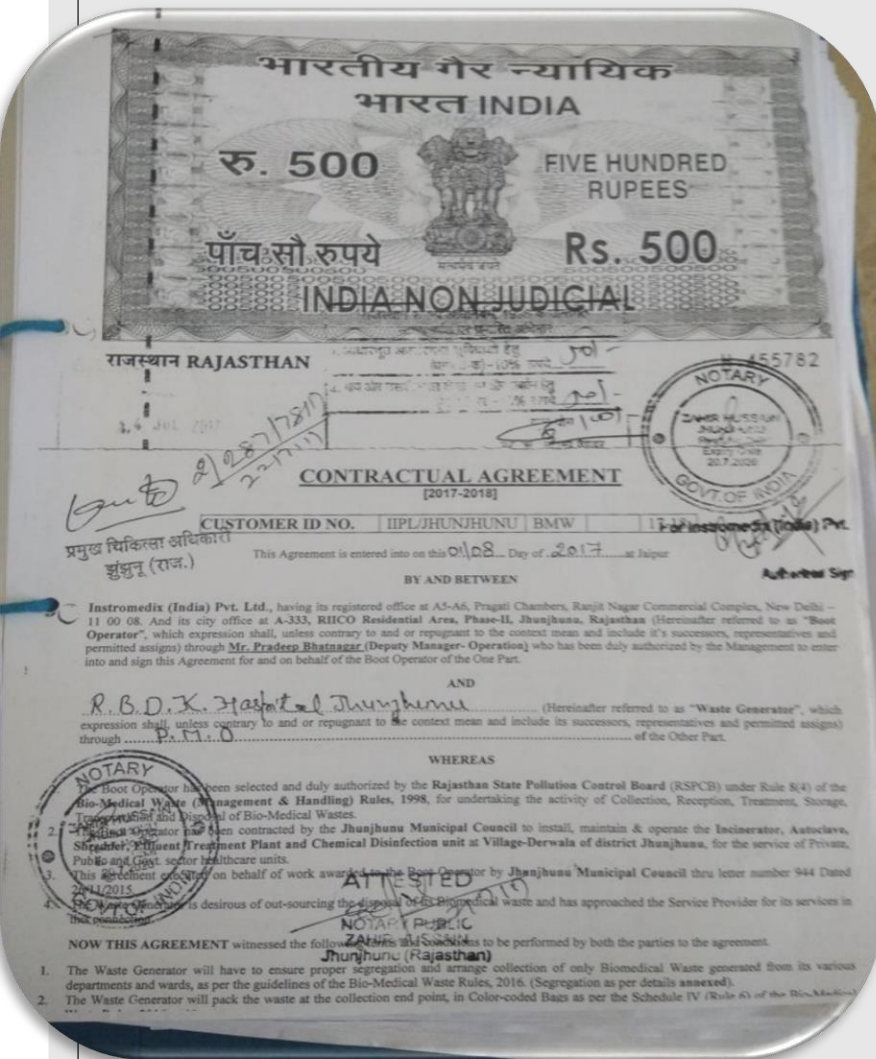
C2.3 & 5.1,5.3 The facility has linkage with a CWTF Operator or **has deep burial pit (with prior approval of the prescribed authority)**

LAND DISPOSAL-DEEP BURIAL

► Wastes belonging to category 1,3,6 collected in yellow containers are disposed by this method.



Check record for functional linkage with a CWTF C-2.3&10.1



C2.4 Biomedical waste bins are covered



C2.5 Transportation of biomedical waste is done in closed container/trolley



C3 Sharp Management

WHITE (Translucent)



- Needles
- Syringes with fixed needles
- Blades
- Scalpels

* Use 1% Hypo Chloride Solution for disinfecting Glass & Metal Sharps

BLUE



- Glass
 - Broken Glass
 - Ampoules
 - Lab Slides
- Metals
 - Nails
 - Metallic Body Implants
 - Scissors

* Use 1% Hypo Chloride Solution for disinfecting Glass & Metal Sharps

C3.1 Disinfection of Broken / Discarded Glassware is done as per recommended procedure

Steps of Handling

- The glassware waste generated from the hospital needs to be first pre-treated in the hospital before handing it over to the CBMWTF or disposing in the sharp pits.
- Pre-treatment of the waste is carried out by immersing the waste in the 1% chlorine solution (having 30% residual chlorine) for at least 20 minutes or by use of autoclave. Hypochlorite must be prepared fresh before immersion.
- All the glassware needs to be collected and stored in Puncture proof and leak proof boxes or containers with blue coloured marking (2018 Amendment)



C3.2 Disinfected Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016

- **C3.2 Glassware – Broken & Contaminated glass, Medicine vials & ampoules**



C3.3 The Staff uses needle cutters for cutting/burning the syringe hub



C.3.4 Sharp Waste is stored in Puncture proof containers Puncture (White Translucent) storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade

Scalpels, Blades, lance Suture needle, aluminium foil and any contaminated sharp object



Handed over to Waste Agency... when 2/3 is full

C3.5 Prophylaxis against needle stick injuries

Safety Measures

1. Safe Management of sharps (Needles, blades, knives and scissors).
2. Wear personal protective equipments (PPE)
3. Never recap the needle after use.
4. Decontamination of used sharps by 1% chlorine solution.
5. Always dispose the sharps appropriately in puncture proof box (Sharp container).
6. Don't overfill in the sharp container.
7. Don't put finger inside the sharp container.
8. Don't remove needle from the hub.
9. Vaccination against Hepatitis B and tetanus of all the staff.
10. Report all needle stick injuries promptly.



Do Not Overfill

Management

Clean:

- Encourage the wound to bleed, ideally by holding it under running water.
- Don't scrub the affected site
- Don't squeeze or suck the blood from the wound.

Report

- Report the injury to their supervisor/ Infection Control Nurse (ICN).

Test

- Immediately consult doctor on emergency duty.
- Find out the patient's HIV, Hep B and Hep C status

Treat

- First dose of post exposure prophylaxis (PEP) should be administered ideally within 2 hours (but certainly within the first 72 hours) of exposure and the risk evaluated as soon as possible.

Types of PPE Used in Healthcare Settings





C4 - STORAGE OF BIOMEDICAL WASTE

C4.1,4.2,4.3 Dedicated Storage facility is available for biomedical waste and its has biohazard symbol displayed



C4.4 No Biomedical waste is stored for more than 48 Hours

बायो मेडिकल वेस्ट संग्रह रिपोर्ट

- पी०एल० शर्मा जिला चिकित्सालय, मेरठ
- बी०एच (309 क्रियाशील बैड)

एच०सी०एफ०
एच०सी०एफ० प्रकार

क्र. सं.	संग्रह सं.	दिनांक	समय	पीला बैग		लाल बैग		नीला बिन किलो	सफेद बिन किलो	कुल रंगीन बैग	कुल वेस्ट किलो	वेस्ट ले जाने वाले का नाम
				नम्बर	भरा/किलो	नम्बर	भरा/किलो					
1	17/8/15	1	11/01/15 2PM	N	3/4	-	-	3/4	1/4	1		शशि वाता
2	18/8/15	2	18/11/15 12PM	-	3/4	-	-	3/4	3/4	3/4		शशि वाता
3	19/8/15	3	18/01/15 2PM	A	3/4	-	-	3/4	4/4	4/4		शशि वाता
4	20/8/15	4	19/11/15 10AM	Y	3/4	-	-	3/4	4/4	4/4		शशि वाता
5	21/8/15	5	19/11/15 92AM	Y	3/4	-	-	3/4	4/4	4/4		शशि वाता
6	22/8/15	6										
7	23/8/15	7										
8	24/8/15	8										
9	25/8/15	9										
10	26/8/15	10										
11	27/8/15	11										
12	28/8/15	12										
13	29/8/15	13										
14	30/8/15	14										
15	31/8/15	15										
16		16										

C4.5 The storage facility has hand-washing facilities for the workers



C5 Disposal of Biomedical waste



C5.2 Recyclable waste is disposed as per procedure given in the BMW Rules 2016 Recyclable waste


(catheter, syringes, gloves, IV tubes, Ryle's tube, etc.) is shredded / mutilated after treatment (options autoclaving/microwave/hydroclave)

RED BAGS

Plastic waste such as catheters, injection syringes, tubings, iv bottles



C5.4 Disposal of Expired or discarded medicine is done as per protocol given in Schedule I of BMW Rules 2016

S. No.	Category	Type of Waste	Colour & Type of Container
	Yellow Category	<ul style="list-style-type: none">Human Anatomical WasteSoiled WasteDiscarded or Expired MedicineChemical Liquid WasteChemical Laboratory WasteChemotherapy Drug Vials	<p>Yellow colour non chlorinated plastic bags or containers</p> 



C6 Management Hazardous Waste



Typical Hospital Hazardous Waste

X-Ray Film containing silver or other metals

Ethanol and formaldehyde/ethanol solutions

Spent, off-spec, or excess laboratory chemicals (solvents, acids, bases, etc.)

Chemotherapy drugs

C 6.1,6.2 Availability of Mercury Spill management and its awareness .<https://www.youtube.com/watch?v=18xjzoOoCNY>

Personal protective equipment (PPE): Rubber or nitrile gloves, safety goggles or protective eyewear, respiratory protection, face mask, coveralls, apron, disposable shoe covers

Air-tight, sealable plastic container: Air- tight, sealable plastic container: This container is needed to store elemental mercury after collecting from the floor. The container may be filled with some water and it is ideal if the container is wide mouthed.

Air-tight, puncture-resistant, rigid plastic or steel jar or container a wide mouthed steel jar or puncture proof rigid plastic container may be used for collecting broken glass contaminated with mercury.



Shiny mercury beads can be located with the help of a torch.



Thin pieces of **Plastic or stiff paper/ Cardboard / X rays**. They can be used to gather mercury beads on to plastic scoop.



Tweezers - help remove broken glass pieces



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Eyedropper or syringe (without the needle) to draw up large mercury beads



Stick tape may be used to pick up tiny mercury droplets that could not be gathered by other methods



Sulphur powder or sodium thiosulphate to be sprinkled to absorb any leftover mercury on the floor.



C6.3 Disposal of Radiographic Developer and Fixer

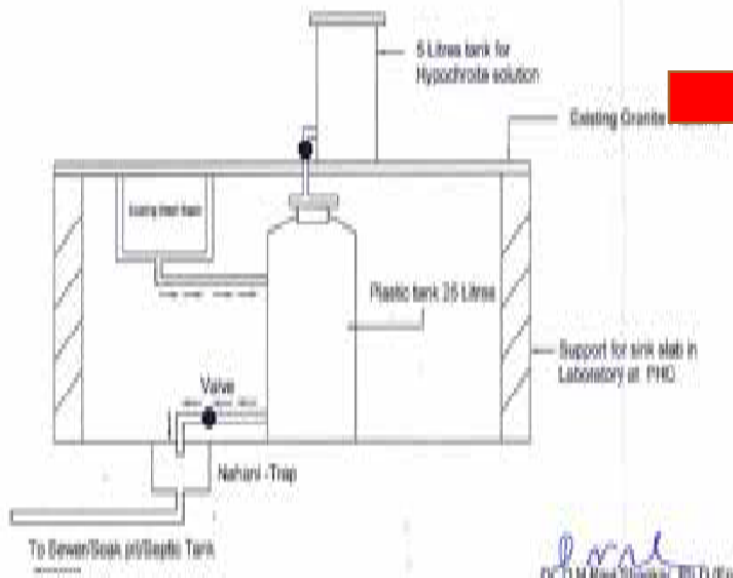
It should be handed over to an authorized agency, not discharged in the drain

WASTE MANAGEMENT OF DARK ROOM

- The primary ingredient of concern in processing solutions is the dissolved silver found in used fixer.
- Another material of concern is the lead foil found in film packet.
- Several means are available for properly disposing of the silver and lead. Silver may be recovered from the fixer by using either metallic replacement or electroplating methods.
- Metallic replacement uses cartridges through which waste solutions are poured. In this process, iron goes into the solution and the silver precipitates as a sludge.

C-6.3& 8.3 Disposal of Lab reagents

Proposal for disinfection of "Liquid Bio-medical Waste" at Primary Health Centres in Karnataka



For Small quantity waste



Automatic Lab liquid waste management machine

C7 Solid General Waste Management



C7.1 Recyclable and Biodegradable Wastes have segregated collection

Availability of two types of bins for collecting Recyclables and Biodegradables



C7.2 The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes Display of Posters/ Work instructions are displayed at the locations.

Right stuff.

Only this stuff goes in your blue bin.



Milk bottles

Aerosols

Glass bottles and jars (no lids)

Cans and tins

Foil

Foil trays

Plastic bottles - all types (no lids)

Right bin.

Only this stuff goes in your green bin.



Food and drink cartons

Mail

Cardboard packaging

Telephone directories and magazines

Newspapers

Mixed paper

KEEP OUT!

Do not put these items in the recycling bins

Please do not leave any additional items on the floor of the bin storage area.



Plastic pots, tubs and trays

Window glass

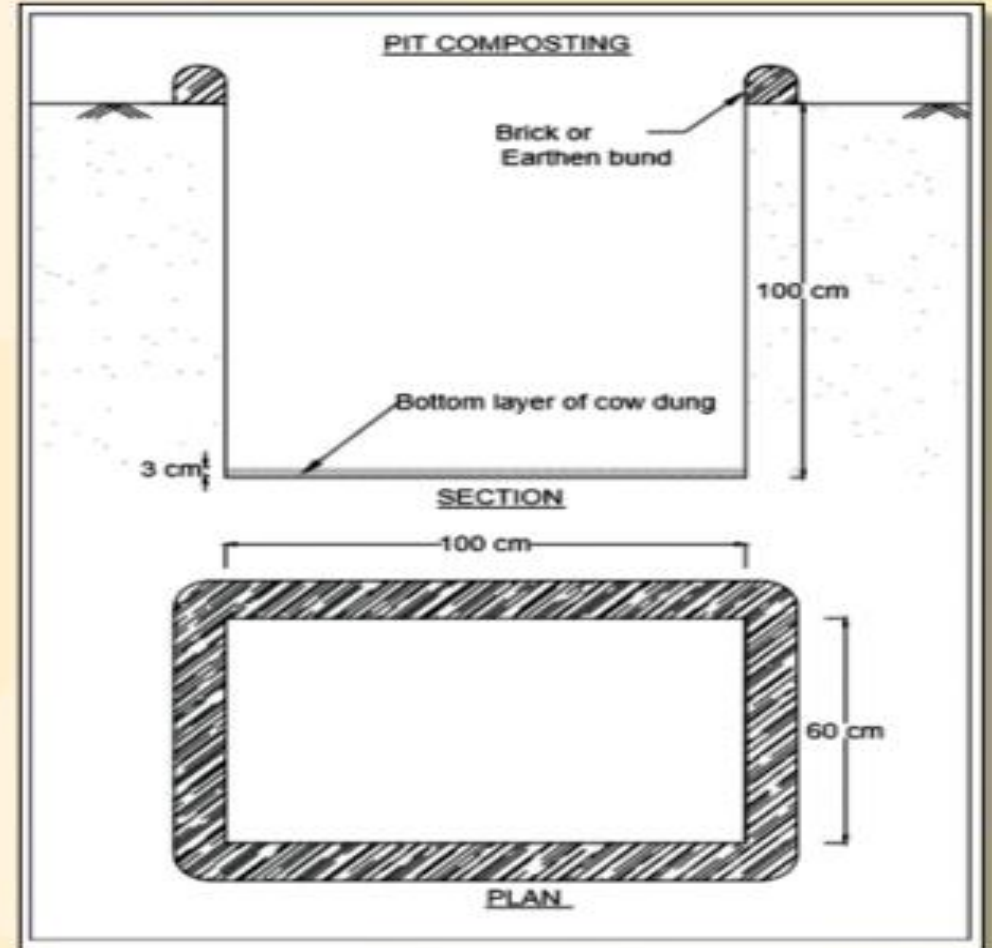
All polystyrene

Electrical items

Plastic bags

General waste

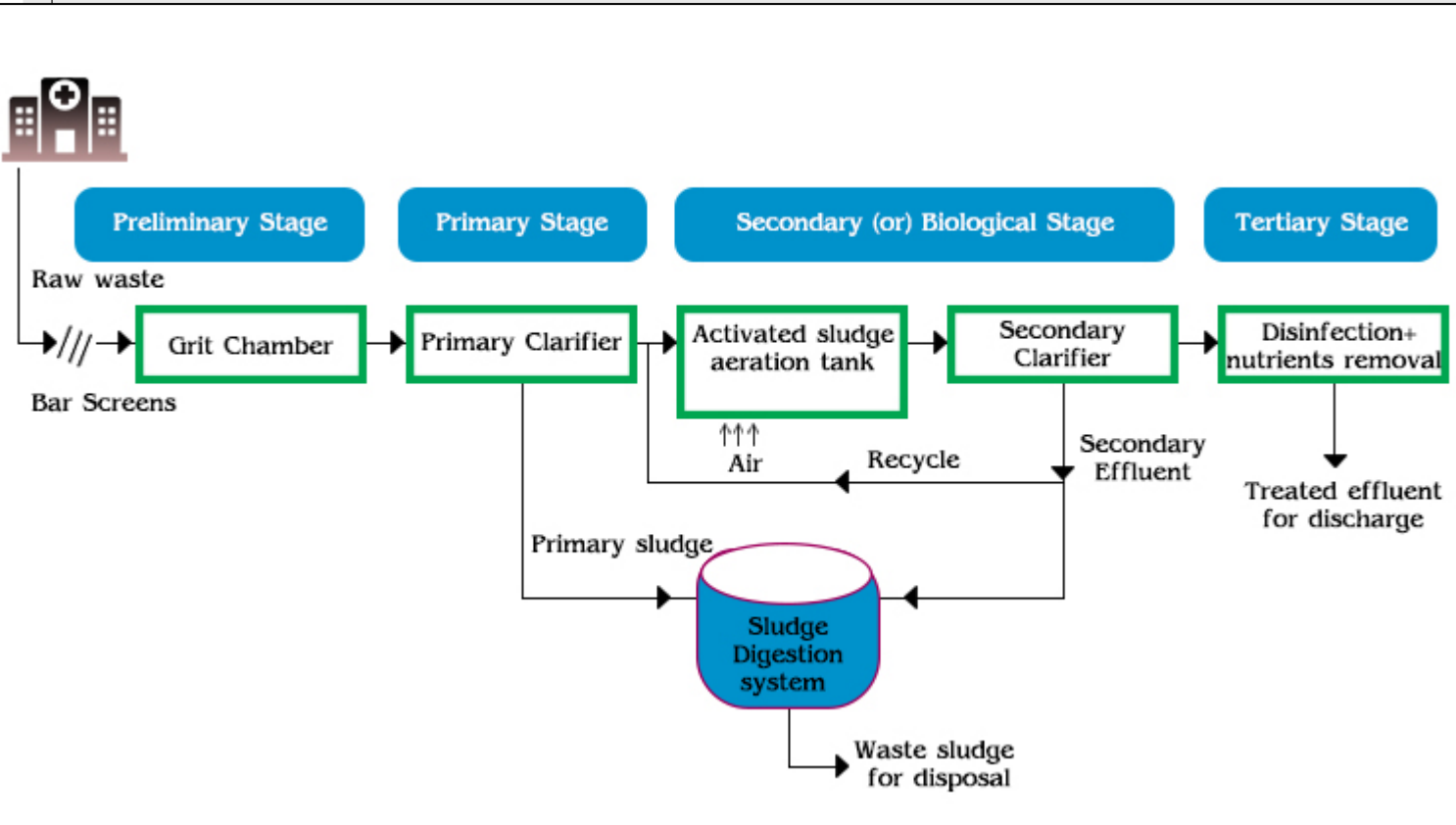
C-7.4,7.5 Availability of Compost Pit within the premises



C8.1 The laboratory has a functional protocol for managing discarded samples

- https://psmri-my.sharepoint.com/:w:/r/personal/vibhor_kumar_piramalswasthya_org/_layouts/15/Doc.aspx?sourcedoc=%7B794B9983-9389-4ED7-A32A-5B9132FBC223%7D&file=6.%20LAB.docx&action=default&mobileredirect=true

C-8.2 Body fluids, Secretions of suction apparatus, blood and other exudates in OT, Labour room, minor OT, Dressing room are disposed only after treatment



Effluent Treatment Plant for Hospitals | ETP for Hospitals

C-8.4 & 8.5 Sullage is managed scientifically

- Check that Sullage does not stagnate (causing fly & mosquito breeding) and is connected to Municipal system.



C-9 Equipment and Supplies for Bio Medical Waste Management

(C-9.1 to 9.5)

(Availability of bins & Liners, hub cutter with puncture proof container, PPE, BMW Trolley)



C10 Statuary Compliances



C-10.5 Documentation

Information to be maintained in the Waste Register at the point of generation

Date	Time	Location	Yellow	Yellow Cytotoxic	Red	White	puncture proof leak proof box with blue mark	Sign of ward nurse	Sign of housekeeping staff
			N	N	N	N	N		

N: number

Sample of records to be maintained at the temporary storage area in the HCF

Date	Time	Location	Yellow	Yellow Cytotoxic	Red	White	puncture proof leak proof box with blue mark	Total Quantity (kg)	Sign of supervisor in storage area	Sign of CBWTF person	Vehicle number, date and time of collection
			N Wt	N Wt	N Wt	N Wt	N Wt				

N: number, Wt: weight



Example of injury Register

Serial No.	Date	Name	Age	Sex	Designation	Sign of ward I/C	Sign of Infection control Nurse/I/C Nodal Officer

Investigation and follow-up schedule for injuries

Date	
Name, age, sex	
Time of injury	
Time of reporting	
Work area where exposure occurred	
How did it happen	
Patients HIV, HBsAg	
Status	
Type of exposure (blood filled device, body or blood fluid exposure, body part exposed, type of device)	
Post-exposure Prophylaxis Investigations done	
Treatment given	
Follow-up dates for treating and testing	

Example of Spill Register

Serial No.	Date and time	Type of spilt material	Action taken and time	Signature of Staff in-charge

Sample of record of request for equipment

Sl. No.	Date and time of request	Name of equipment required	Date and time of problem with equipment	Date and time of collection of equipment by the maintenance department	Name and sign of the ward in charge

C-10.2 Annual pollution Report

Form - IV

(See rule 13)

ANNUAL REPORT

S. N	Particulars
1.	Particulars of the occupier
	(i) Name of the authorised person (occupier or : operator of facility) : DR KESAR SINGH KAMRA
	(ii) Name of HCF : GOVT DISTRICT HOSPITAL
	(iii) Address for Correspondence: SURATGARH ROAD, SRI GANGANAGAR , SRI GANGANAGAR , 335001
	(iv) Address of CBMWTF Facility : E-TECH PROJECT HANUMANGARH AND SRI GANGANAGAR
	(v) Tel. No, Fax. No : 0154-2465509, 9460617300
	(vi) E-mail ID : pmosgnr@gmail.com
	(vii) URL of Website: N.a.
	(viii) GPS coordinates of HCF or CBMWTF : Latitude : 29.90377 N Longitude : 73.87547 E
	(ix) Ownership of HCF or CBMWTF (State Government or Private or Semi Govt. or any other): GOVERNMENT
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules: Authorization no. : BMW/2010-2011/SWMC/BMW/41 dated 01/03/2010 Valid up to : 01/03/2010 TO 28/02/2011
	(xi) Status of Consents under Water Act and Air Act:
2.	Type of Health Care Facility
	(i) Bedded Hospital No. of Beds: 370 (THREE HUNDRED SEVENTY)
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) : HOSPITAL
	(iii) License number and its date of expiry :
3.	Details of CBMWTF
	(i) Number of healthcare facilities covered by CBMWTF N.A.
	(ii) No of beds covered by CBMWTF N.A.
	(iii) Installed treatment and disposal capacity of CBMWTF N.A.
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF N.A.
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)
	Yellow category 16 Kg/Day
	Red category 25 Kg/Day
	White category 10 Kg/Day
	Blue category 20 Kg/Day



AWARD
TO PUBLIC HEALTH FACILITIES
KAYAKALP



**GUIDELINES FOR
IMPLEMENTATION OF
"KAYAKALP"
INITIATIVE**

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

ASSESSMENT OF THEMATIC AREAS - D, E, F & G



**D - Infection
Control**



**E - Support
Services**



**F - Hygiene
promotion**



**G - Beyond Hospital
Boundary**



Theme D: Infection Control



D1

Hand Hygiene

D2

Personal
Protective
Equipment

D3

Personal
Protective
Practices

D4

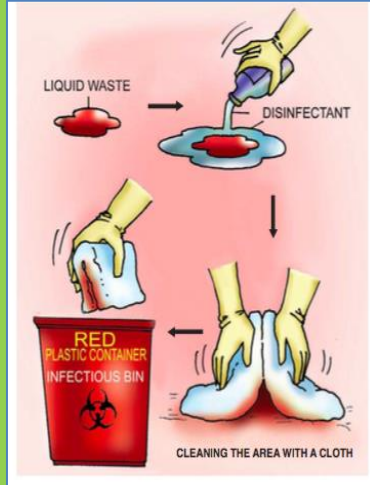
Decontamination
& cleaning of
instruments

D5

Disinfection
and
Sterilization of
instruments



Theme D: Infection Control



D6

Spill
management.



D7

Isolation and
Barrier Nursing.



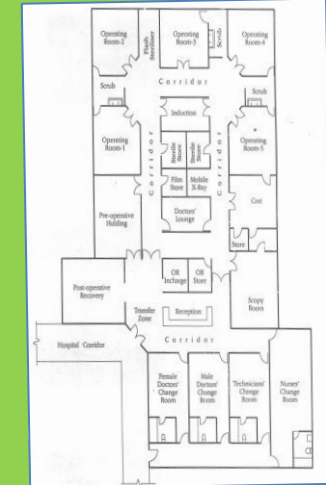
D8

Infection
Control Program



D9

Hospital
Acquired
infection
surveillance



D10

Environmental
Control.

10 COMPONENTS

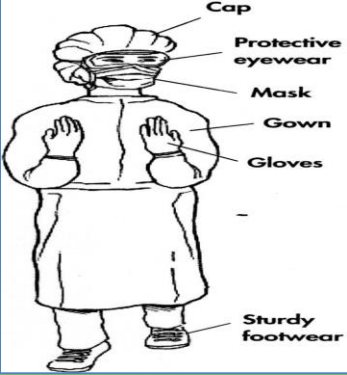
50 CHECKPOINTS

100 MARKS

WEIGHTAGE 20%



- Alcohol based Hand rub.
- Staff aware of when to wash hands.



D2: Personal Protective Equipment



Use of gloves during procedures and examination



Use of Masks and Head caps



Use of Heavy duty gloves and gum boots by waste handlers



Use of Aprons by clinical staff.

Adequate supply of PPEs



D3: Personal Protective Practices

Staff aware of use of gloves;

Correct method of wearing and removing gloves.

Correct method of wearing cap and masks

No reuse of disposable PPEs.

Standard Precautions awareness.





D4: Decontamination & Cleaning of Instruments.

Staff knows how to make sodium Hypochlorite solution

Decontamination of operating surfaces, table, dressing tables.

Decontamination of instruments after use.

Cleaning of instruments after decontamination.

Adequate contact time.





D5: Disinfection and Sterilization of Instruments.



- Adherence to protocols of Autoclaving.
- HLD



Use of Signal Lock.



- Chemical sterilization as per protocols.
- Maintaining sterility of Autoclaved packs.



D6: Spill Management



- Staff aware of how to manage small spills.
- Spill management Kit.
- Staff trained on spill management.

- Spill Management Protocols are displayed.
- Staff aware of management of Large spills.



D7: Isolation & Barrier Nursing

Provision of Isolation ward

Infectious patients not mixed with general patients.

Adequate distance between beds.

Separate footwear.

Restriction of visitors.



No outdoor footwear

VISITOR RESTRICTIONS

During flu season, help us protect our patients, their families and our employees.

Please follow these guidelines when visiting:

- **No children under 14 years old** should come to the hospital unless they need medical care. If you feel you have special circumstances, please talk to one of our nursing supervisors.
- **All visitors should be healthy.** Do not visit if you feel sick or have symptoms of a cold, flu or another illness.
- **Cover your cough.** Please request a mask, or you may be asked to wear one, if you are coughing frequently. Otherwise, when you sneeze or cough, please do so into your sleeve.
- **Wash your hands frequently.**



Thank you for your understanding and cooperation.



D8: Infection Control Program

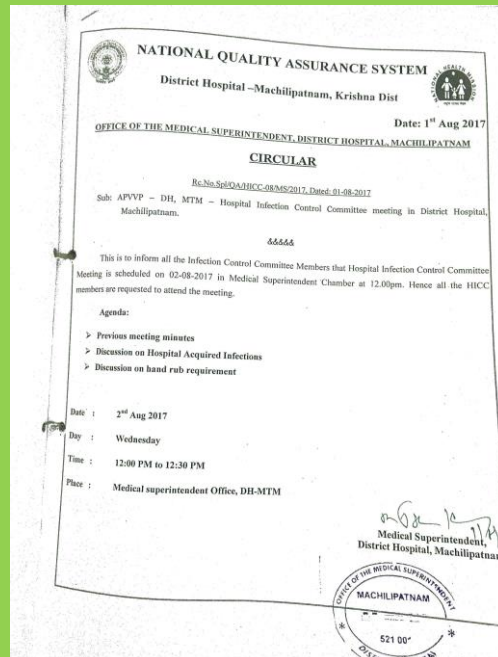
Functional
Infection
Control
Committee

Regular
Monitoring of
Infection
Control
Practices.

Antibiotic
policy
implemented.

Immunization
of service
providers.

Regular
medical check
ups of food
handlers and
housekeeping
staff.





D9: Hospital Acquired Infection surveillance

Regular microbiological surveillance of critical areas

Measurement of surgical site infection rate.

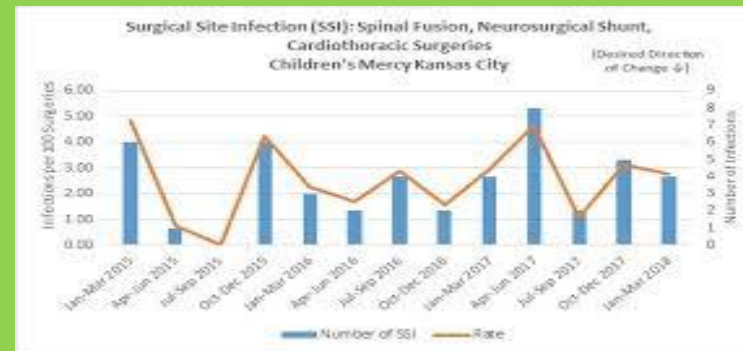
Measurement of device related HAI rates.

Measurement of blood related and respiratory HAIs.

Corrective actions on HAIs.

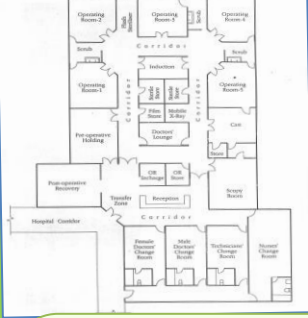
MICROBIOLOGICAL SURVEILLANCE OF OPERATION THEATRES

Dr. SUMI NANDWANI
Associate Professor, Microbiology,
E.S.I.C., PGIMS, Basaidarapur, New Delhi



Corrective Action Preventive Action Defect Repair

Corrective Action	Preventive Action	Defect Repair
Corrective Action is an action taken to preclude occurrences of an identified hazard or to prevent recurrence of a problem.	Preventive Action is a change implemented to address a weakness in a management system that is not yet responsible for existing nonconforming product or service.	Defect repair is a process of repairing the defective part or replacing it, if needed.



D10: Environmental Control.

Maintenance of positive air pressure in OT and ICU.

Maintenance of Air exchanges in OT and ICU

Maintenance of Layout in OT

Carbolization of OT and LR.

Segregation of general and patient traffic.





Theme E - Support Services



Laundry



Water and Sanitation



Kitchen Services



Security



Outsourced Service Management

FIVE COMPONENTS

25 CHECKPOINTS

50 MARKS

WEIGHTAGE 8.3%



E1-LAUNDRY SERVICES AND LINEN MANAGEMENT



- Adequate stock.
- Clean and stain free.
- Daily Change of linen.

- Segregation of soiled linen

- Patient dress: Clean, torn free



AFFORDABLE



CLEAN



ACCESSIBLE

E-2 Water Sanitation



- Adequate quantity as per requirement
- Storage tank and its cleanliness



- Chlorinated drinking water
- Quality testing of water



- Available at all point of use



E3 KITCHEN SERVICES.



- Functional kitchen, away from patient care areas.
- Dry and fresh ration separately.
- Smoke free and fly proof
- Personal hygiene of staff.

- Food distribution in covered trolley.



E4 security services.



Security of ALL entries



Smartly dressed security staff.



Robust crowd management system



- Reprimanding unhygienic behaviour.
- No unauthorized vendor; secure storage.



E5 Outsourced services management

Valid Contract.

Measurable deliverables.

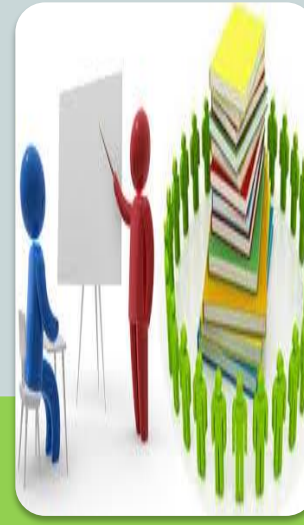
Penalty clause for non-performance.

Measurement and evaluation

Timely payment.



Theme F - Hygiene Promotion



Community
monitoring &
patient
participation

Information,
Education and
Communication

Leadership and
Teamwork.

Training,
Capacity
building and
standardization

Staff Hygiene
and Dress
Code.

FIVE COMPONENTS

25 CHECKPOINTS

50 MARKS

WEIGHTAGE 8.3%



F1: Community Monitoring & patient Participation



- Monitoring by RKS/Local bodies.

- Involvement of NGO/Civil Society organisation

- Patients counselling on benefits of hygiene.
- Patient are made aware of Responsibilities regarding cleanliness
- Patient feedback.



F2: Information, Education & Communication



IEC on Hand hygiene



IEC on use of toilets



IEC on Swachhata Abhiyaan



IEC regarding Water Sanitation

Use of Innovative methods for IEC-hygiene Kiosk, leaflets, SMS, video messages



F3: Leadership & Teamwork

Cleanliness & Infection Control Committee.

Multidisciplinary with representation from all departments

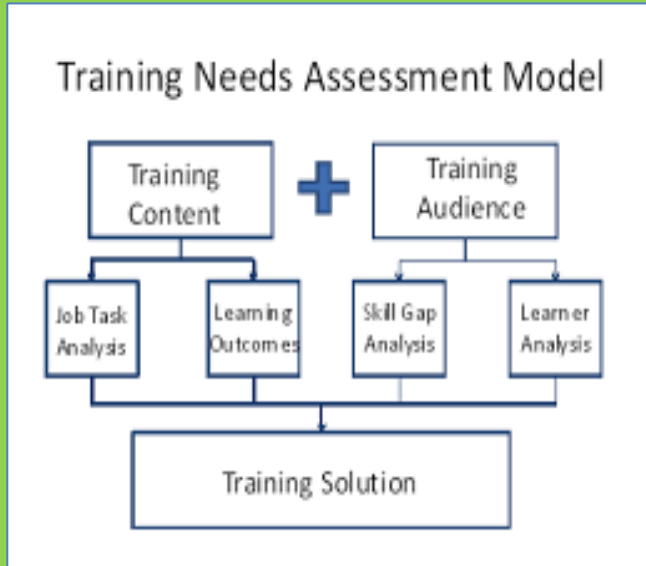
Roles & Responsibilities- assigned & communicated.

Weekly review by leader

Performance evaluation



F4: Training, Capacity Building & Standardization



Training need assessment.

- Biomedical waste management training.
- Infection control training.

- SOP for Cleanliness and upkeep.
- SOP for BMW management & Infection Control.



F5: Staff Hygiene and Dress Code

Dress code policy.

Adherence by Nursing staff.

Adherence by Support and housekeeping staff.

Monitoring of Hygiene practices (Food handlers and housekeeping staff)

I Cards and Name Plate.





Theme G – Beyond Hospital Boundary





Theme G – Beyond Hospital Boundary



TEN COMPONENTS

50 CHECKPOINTS

100 MARKS

WEIGHTAGE 16.6%

G1: Promotion of Swachhata in surrounding area

Local community actively participates during Swachhata Pakhwara (fortnight)

IEC activities related to 'Swachh Bharat Abhiyan'

Community Awareness

- Physical activity
- Cultural programs
- Competition & rewards

G2: Coordination with local Institutions

local Municipal corporation/PRI for improving the sanitation and hygiene

Linkage with Local NGOs, who work in the area of water, sanitation and Hygiene coordinates with nearby market welfare associations, Resident Welfare associations

nearby schools & colleges, National Service Scheme, NSG (National Scouts and Guides), NCC (National Cadet Core)

Education (school programs on hygiene promotions), Water and Sanitation (making area ODF), PWD (Repair & Maintenance), Forest Department (Plantation Drive)

G3: Alternative Financing and support Mechanism

- Corporate social responsibility & Initiative
- Philanthropic Organisations

local leaders such as MPs, MLAs, Municipal counsellors, Panchayat members, individual donations,

local Community for reducing household pollutions in the Vicinity
Facility coordinate with local school/college

G4: Leadership & Governance in Surrounding area

- Open Defecation Free
- Person may be regular/contractual or voluntary. Full time or Part time.

- Promotion of water Conservation
- Measure to control air pollution in surrounding area

- Measure to control noise pollution in Surrounding area

G5: Approach Road to Health facility

On the way signage's are available
No unauthorised encroachments alongside of approach road

Approach roads are even and free from potholes
Approach roads are wide enough for smooth traffic flow

Functional street lights are available along the approach road

G6: Cleanliness of Surrounding areas

Area around the Facility is clean, neat & tidy

- No water logging in surrounding area.
- All drains and sewer are covered.

- Footpaths and pavements are clean
- Exterior of hospital boundary wall is painted and maintained

G7: Public Amenities in Surrounding Area

Availability of Public
toilets in surrounding
Area
Availability of urinals
in surrounding area

Public toilets & urinal
in surrounding areas
are clean
Presence of safe
drinking water facility
outside the health
facility

Availability of adequate
parking stand

G8: Aesthetics of Surrounding area

Parks and green areas in the surrounding area are well maintained

no stray animals in surrounding area

Illumination in surrounding area

No unwanted/broken/torn/loose hanging posters/billboards.
No loose hanging wires in and around the billboards, electric poles, etc

G9: General Waste Management in surrounding

- Availability of bins for general recyclable and biodegradable wastes
- Segregation of general waste is done

Availability of Garbage
Storage area
Daily collections
of general waste by
Municipal corporation

Innovations in
managing general
waste

G10: Maintenance of Surrounding Area

Surrounding areas are well maintained
Vector control measures are taken for disease prevention.

Regular cleaning of Drains
Regular repairs and maintained of roads, footpaths and pavements

Periodic cleaning of dust bins and garbage storage area

Thank You!

Any Questions!!

