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भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,



ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

No. Addl.M.S/Kaya Kalp/RMLH/2023-24 /545.

Dated the 8th February, 2024

CIRCULAR

As per the instruction received from MOHFW, a team of assessors for external assessment of hospital/institutes under Kayakalp Award scheme, 2023-24 will be visiting our hospital on 15th & 16th of February 2024. All concerned are directed to submit the requisite documents in the office of undersigned within three days.(checklist enclosed)

Kalyani
Dr. Kalyani Behera
Additional Medical Superintendent

Copy to:-

1. All Addl. MS
2. HOD Radiology
3. HOD Laboratory
4. HOD PSM
5. HOD Community Medicine
6. Officer I/C BMW
7. Officer I/C Hygiene & Sanitation
8. Officer I/C M&R Dept.
9. Officer I/C Condemnation
10. Officer I/C Store
11. Officer I/C Mosquito Control Committee
12. Officer I/C MRD
13. Officer I/C Nursing Home
14. Officer I/C Laundry
15. Officer I/C HICC
16. Officer I/C Kitchen
17. Officer I/C Antibiotic Control Committee
18. Officer I/C CNE Cell
19. Officer I/C Tobacco Control Committee

20. Officer I/C Complaint & Grievances
21. Officer I/C Purchase
22. Officer I/C CSSD
23. Officer I/C Chemical Store
24. Officer I/C Drugs Store
25. Officer I/C Stationary Store
26. Officer I/C Equipment Store
27. Officer I/C Disposable Store
28. Officer I/C Linen Store
29. Officer I/C E Governance
30. Officer I/C Security
31. Dy. Director (Admin)
32. Nursing Superintendent to Circulate to all ward and all OTs including OPD, IPD
33. EE (CPWD Civil)
34. EE (CPWD Electrical)
35. Sanitary Superintendent

List of Records and points to be checked

S.No	Description		Documentation required	Responsibility allotted to
A5.2	Hospital has a system for periodic maintenance of infrastructure at pre-defined interval	RR	Check the records for preventive maintenance of the building. It should be done at least annually.	EE-CPWD (Civil)
A6.5	There is a system of preventive maintenance of furniture and fixtures	RR	Check if hospital has an annual preventive maintenance programmed for furniture and fixtures, at least once in a year.	CMO I/C (M &R) Department CMO I/C (Stationary Store)
A7.5	Hospital has documented and implemented Condemnation policy	RR	Check if Hospital has drafted its condemnation policy or have got one from the state. Check whether they are complying with it	CMO I/C (M &R) Department CMO I/C (Condemnation of Equipment)
A8.3	Pest Control Measures are implemented in the facility	RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same.	CMO I/C (M&R)
A8.4	Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically.	RR	Check if the facility has a scheduled programmed for anti-termite treatment at least once in a year	CMO I/C (M&R) Department
A8.5	Measures for Mosquito free environment are in place	RR	Check for a. Usage of Mosquito nets by the patients b. Availability of adequate stock of Mosquito nets c. Wire Mesh in windows d. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled e. No water collection for mosquito breeding within the premises	CMO I/C (Mosquito Control Committee)
A9.5	Cleaning schedule of tanks maintained and adhered to	RR	Check cleaning schedules have been prepared in advance and tanks have been cleaned on defined interval as per schedule	EE-CPWD (Civil)
A.12.1	There is establish retention and disposal policy for records	RR		CMO I/C (MRD)
B1.3	Corridors are cleaned at least twice in the day	RR	Ask cleaning staff about frequency of cleaning a day. Verify with housekeeping records.	CMO I/C (Sanitation Deptt.) Sanitation Superintendent

	wet mop			
B1.4	Corridors are rigorously cleaned with scrubbing/ flooding once in a month	RR	Ask cleaning staff about cleaning schedule and activities.	CMO I/C (Sanitation Deptt.) Sanitation Superintendent
B2.3	Ward are cleaned at least thrice in the day with met mop	RR	Ask cleaning staff about frequency of cleaning in a day. Verify with housekeeping records.	CMO I/C (Sanitation Deptt.) Sanitation Superintendent
B2.5	Floors, walls, furniture and fixture thoroughly cleaned once in week.	RR	Ask cleaning staff about frequency of cleaning in a day. Verify with housekeeping records if available.	CMO I/C (Sanitation Deptt.) Sanitation Superintendent
B3.3	OT/ Labour Room floors and procedures surfaces are cleaned at least twice a day / after every surgery.	RR	Ask cleaning staff about frequency of cleaning in a day. Verify with housekeeping records.	Sanitation Superintendent Sister I/C - All OTs & Labour Rooms
B3.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	RR	Ask cleaning staff about frequency of cleaning in a day. Verify with housekeeping records if available.	Sanitation Superintendent
B4.3	Ambulatory Areas are cleaned at least thrice in the day with wet mop	RR	Ask cleaning staff about frequency of cleaning in a day. Verify with housekeeping records.	Sanitation Superintendent
B4.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	RR	Ask staff about schedule of cleaning and verify with records.	Sanitation Superintendent
B5.3	Auxiliary Areas are cleaned at least twice in the day with wet mop	RR	Ask cleaning staff about frequency of cleaning in a day. Verify with housekeeping records.	Sanitation Superintendent
B5.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	RR	Ask staff about schedule of cleaning and verify with records	Sanitation Superintendent

B6.4	Sinks and Cistern are cleaned every two hour or whenever required.	RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records.	Sanitation Superintendent
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	RR	Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records.	CMO I/C (Chemical Store) Sanitation Superintendent CMO I/C Linen & Contingency
B7.2	Cleaning staff uses correct concentration of cleaning solution	RR	Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution. Ask them to demonstrate. Verify it with the instruction given solution bottle.	Sanitary Superintendent Matron
B7.3	Availability of carbolic Acid/ Basaloid for surface cleaning in procedure areas - OT, Labour Room	RR	Check for adequacy of the supply. Verify with the records of stock outs, if any	CMO I/C (Chemical Store)
B7.4	Availability of Buckets and carts for Moping	RR	Check if adequate numbers of Buckets and carts are available. General and critical areas should have separate buckets and carts.	Sanitary Superintendent
B10.1	Use of housekeeping Checklist in Toilets	RR	Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month	Sanitary Superintendent
B10.2	Use of Housekeeping Checklist in Patient Care Areas	RR	Check that Housekeeping Checklist is displayed in OPD, IPD, Lab etc. Check Housekeeping records if checklists are daily updated for at least last one month	Sanitary Superintendent Sister I/C (OPD, IPD - Matron)
B10.3	Cleaning schedule for each are available .	RR	Check cleaning schedule for each areas has been prepared, approved and disseminated to the concerned persons.	Sanitary Superintendent
B10.4	Duty roster made and adhered to	RR	Check duty roster for cleaning & housekeeping staff has been prepared and cleaning staff is available as per schedule prepared	Sanitary Superintendent

B10.5	A person is designated for monitoring of Housekeeping Activities	RR	Check if functional sewage treatment plant is available at the facility	CMO I/C (Sanitation) Sanitation Superintendent
B11.2	Availability of Sewage Treatment Plant	RR	Check if functional sewage treatment plant is available at the facility	CMO I/C (BMW) EE- CPWD (Civil & Electrical)
B11.3	Records maintained of cleaning of drains and sewage maintained	RR	Check records regarding cleaning schedule	Sanitary Superintendent EE (CPWD-Civil)
B12.1	All mechanical equipment have warranty cards available	RR		CMO I/C (Purchase) CMO I/c (Equipment Store)
B12.5	Routine maintenance schedule available and adhered to for all mechanical equipment	RR		CMO I/C (M&R)
C1.1	Adequate linen required for all beds	RR	Check the stock position and its turn-over during last one year in term of demand and availability At least 5 sets per bed should be available. Periodic stock taking is done and records are maintained for the same.	CMO I/C (Linen Store)
C4.1	There is valid contract for outsourced services, like housekeeping, BMW management, security, etc.	RR	Please check contract document of all out-sourced services	CMO I/C (BMW) CMO I/C (Sanitation) CMO I/C (Security)
C4.2	The Contract has well defined measurable deliverables	RR	Check the contract documents to see, whether the deliverables of the out-sourced organization have been well defined in term of the work to be done and how it would be verified	CMO I/C (BMW) CMO I/C (Sanitation) CMO I/C (Security)
C4.3	The Contract has penalty clause and it has been evoked in the event of non-performance or sub-standard	RR	Look for the penalty clause in the contract and how often it has been used	CMO I/C (BMW) CMO I/C (Sanitation) CMO I/C (Security)

	performance			
C4.4	Service provided by the out-sourced organization are measured periodically and performance evaluation is formally recorded.	RR	Check if Performance of the vendors have been evaluated and recorded	CMO I/C (BMW) CMO I/C (Sanitation) CMO I/C (Security)
C4.5	There is defined time-line for release of payment to the contractors for the services delivered by the organization.	RR	Check the record for the time taken in releasing the payment due to the out-sourced organization.	Dy. Director (Admn.)
D2.4	No Biomedical waste is stored for more than 48 hours	RR	Verify that the waste is disposed/handed over to CTF within 48 hour of generation. Check the record especially during holidays	CMO I/C (BMW)
D3.1	The Health Facility has adequate arrangements for disposal of Biomedical waste	RR	The Health facility within 75 KM of CTF have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or The facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should approved by the Prescribed Authority	CMO I/C (BMW)
D3.2	Recyclable waste is disposed as per procedure given in the BMW Rules 2016	RR	Check if Recyclable waste (catheter, syringes, gloves, IV tubes, Ryle's tube, etc.) is shredded/mutilated after treatment (options autoclaving/microwave/hydro clave) and then sent back to registered recyclers. Alternatively it can also be sent for energy recovery or road construction. Ascertain that waste is never sent for incineration or land-fill site.	CMO I/C (BMW)
D3.3	The facility has linkage with a CWTF Operator	RR	Check record for functional linkage with a CWTF in absence of such linkage, check existence of deep burial pit, which has approval of the prescribed authority.	CMO I/C (BMW)
D3.4	Disposal of expired or discarded medicine is done	RR	Check, if there is a system of sending discarded medicines back to manufacturer or disposed by incineration.	CMO I/C (Drugs Store)

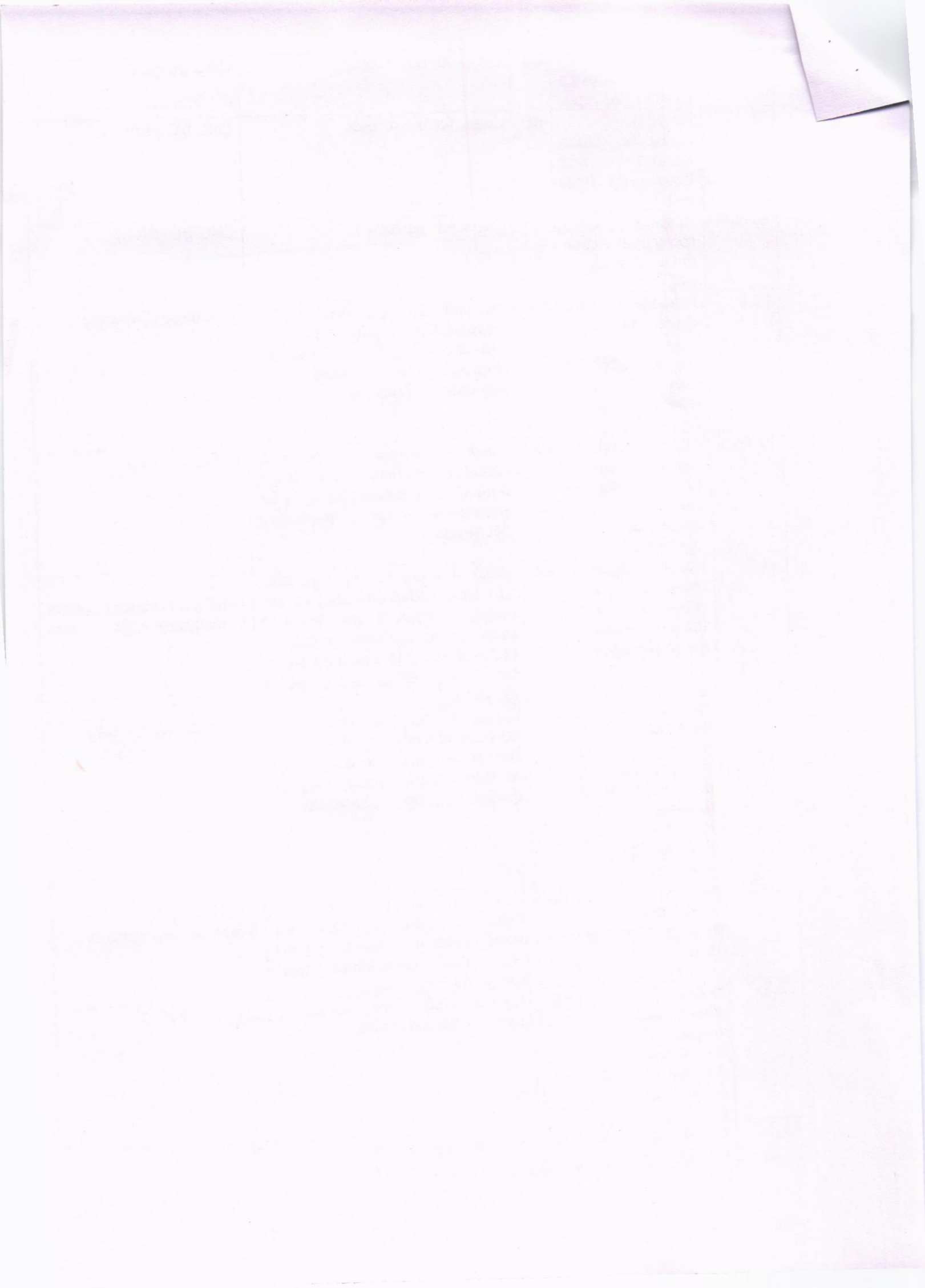
	as per protocol given in Schedule I of BMW Rules 2016			
D3.5	Discarded/contaminated linen is disposed as per procedure given in the BMW Rules 2016	RR	Check that discarded linen, mattresses & bedding contaminated with blood or body fluid is subjected to disinfection (e.g. Hydrogen Peroxide) followed by incineration. Alternatively it can be shredded or mutilated.	CMO I/C (Condemnation for Linen) CMO I/C (Laundry)
D4.1	Availability of Bins and liners for segregated collection of waste at point of use	RR	One set of bins and liners of appropriate size at each point of generation for Biomedical and General waste and its supply record	CMO I/C (BMW)
D4.3	Availability and supply of personal protective equipment	RR	Please look at availability of PPE (cap, mask, gloves, boots, goggles) for waste handlers and its supply record	CMO I/C (BMW)
D4.4	Availability of Sodium Hypochlorite Solution	RR	Please look at availability of Sodium Hypochlorite and its supply record	CMO I/C (Chemical Store)
D5.1	Disinfection of Broken/Discarded Glassware is done as per recommended procedure	RR	Check if such waste is pre-treated either with 10% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/microwave/hydroclave	CMO I/C (BMW)
D5.2	Disinfected Glasware is stored as per protocol given in Schedule I of the BMW Rules 2016	RR	Verify that all glassware is stored in a Cardboard with Blue colored marking and later sent for recycling	CMO I/C (BMW)
D5.5	Staff is aware of needle stick injury Protocol and PEP is available to the staff	RR	Ask staff immediate management of expoure site; and Medical Officer knows criteria for PEP. Please check records of reporting of Needle Stick Injury case, PEP, and follow-up	CMO I/C (HICC)
D6.5	The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes The Facility Undertakes	RR	Posters/Work instructions are displayed at the locations, where two types of bins have been kept	Sanitary Superintendent HOD (Community Medicine)

	efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes			
D7.1	The laboratory has a functional protocol for managing discarded samples	RR	A copy of such protocol should be available and staff should be aware of the same. Discarded Lab samples made safe before mixing with other waste water	HODs - All Labs
D8.2	Waste is removed from kitchen after every shift	RR		CMO I/C (Kitchen)
D8.4	Kitchen waste is disposed in composite/taken by agency contracted for solid waste management	RR		CMO I/C (Kitchen)
D9.3	Disposal of Radiographic Developer and Fixer	RR	Check in the Radiology Department about the procedure being followed for disposal of Radiographic developers and fixer. It should be handed over to an authorized agency, not discharged in the drain	HOD (Radiology Dept.)
D9.5	Disposal of Lab reagents	RR	As per instructions of the manufacturer	HODs - All Labs
D10.1	The Health Facility has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for availability of the authorization certificate and its validity	CMO I/c (BMW)
D10.2	The Health Facility submits Annual report to pollution control board	RR	Check the records that reports have been submitted to the prescribed authority on or before 30 th June every year.	CMO I/C (BMW)
D10.3	The Health Facility has a system of review and monitoring of BMW Management through an existing committee or by	RR	Check following records - A. Office order for constitution of committee or its review by existing committee - Quality Control Committee/infection control committee B. Frequency of committee meetings - at least 6 monthly C. Minutes of meetings	CMO I/C (BMW)

	forming a new committee			
D10.4	The Health facility maintains its website and annual report is uploaded	RR	Check, if the facility has its own website and annual report under the BMW Rules 2016 is uploaded	CMO I/C (BMW)
D10.5	The Health Facility maintains records, as required under the Biomedical Waste Rules 2016	RR	Check following records - A. Yearly Health Check-up record of all handlers B. BMW training records of all staff (once in year training) C. Immunization records of all waste handlers D. Records of operation of Autoclave and other equipment for last five years	CMO I/C (BMW)
E2.5	Adequate supply of Personal Protective Equipment (PPE)	RR	Check with staff whether they have adequate supply of personal protective equipment. Verify the records for any stock outs.	CMO I/C (Linen & contingency Store)
E5.3	Use of Signal Locks for sterilization	RR	Check autoclaving records for use of sterilization indicators (signal Loc)	CMO I/C (HICC) CMO I/C (CSSD) Sister I/C - All OTs
E6.3	Staff has been trained for spill management	RR	Check for the training records	CMO I/C (HICC)
E8.1	Infection Control Committee is constituted and functional in the Hospital	RR	Check for the enabling order and minutes of the meeting	CMO I/C (HICC)
E8.2	Regular Monitoring of infection control practices	RR	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	CMO I/C (HICC)
E8.3	Antibiotic Policy is implemented at the facility	RR	Check if the hospital has documented Anti biotic policy and doctors are aware of it.	CMO I/C (Antibiotics Policy Committee)
E8.4	Immunization of Service Providers	RR	Hospital staff has been immunized against Hepatitis B	CMO I/C (HICC) Sanitary Superintendent
E8.5	Regular Medical check-ups of food handlers and housekeeping staff	RR	Check for the records and lab investigations of Food handlers and housekeeping staff	CMO I/C (Kitchen) Sanitary Superintendent
E9.1	Regular microbiological surveillance of Critical areas	RR	Check for the records of microbiological surveillance of critical areas like OT, Labour room, ICU, SNCU etc.	CMO I/C (HICC)
E9.2	Hospital measures Surgical Site Infection Rates	RR	Check for the records	CMO I/C (HICC)



E9.3	Hospital measures Device Related HAI rates	RR	Check for the records	CMO I/C (HICC)
E9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR	Check for the records	CMO I/C (HICC)
E9.5	Hospital takes corrective Action on occurrence of HAI	RR	Check for the records	CMO I/C (HICC)
F1.5	Patients are made aware of their responsibility of keeping the health facility clean	RR	Ask patients about their roles & responsibilities with regard to cleanliness. Patient's responsibilities should be prominently displayed	In Charge (CNE Cell)
F1.6	Hospital conducts regular program to engage community for promoting cleanliness	RR	Check outreach sessions, education seminars are being conducted by hospital though PSM department for promoting cleanliness	HOD (PSM Dept.)
F1.8	Hospital regularly monitors and control the use of tobacco products in the premises.	RR	Check if there is any cigarette/pan shop within/adjoining to the hospital. Check if any fine has been collected from offenders. Check if there is any mechanism for checking of tobacco products for visitors	CMO I/C (Tobacco Control Committee) - Dr. Nutan Mehta
F1.9	Hospital is involved in training and capacity building of lower level facilities for Hygiene and Infection Control Practices	RR	Check if hospital involved in activities of training of PHCs, CHC, District Hospitals for issues such as waste management, infection control, hygiene and sanitation.	In charge (CNE - Cell)
F1.10	Hospital celebrates important health days	RR	Check if hospital celebrated important health days such as, world health day, Hand Hygiene day, Good Governance Day, Swachhata Pakhwada etc.	CMO I/C HICC HODs- All Departments
F2.5	Hospital disseminates hygiene messages through other innovative manners	RR	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	CMO I/C (HICC)
F3.2	Cleanliness and infection control	RR	Verify with the records	CMO I/C (HICC)



	committee has representation of all cadre of staff including Group 'D' and cleanings staff			
F3.3	Roles and responsibility of different staff members have been assigned and communicated	RR	Ask different members about their roles and responsibilities	Sanitary Superintendent
F3.4	Hospital leadership review the progress of the cleanliness drive on weekly basis	RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	Sanitary Superintendent
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if trg. Need assessment has been done	CMO I/C HICC
F4.2	Bio medical waste management training has been provided to the staff	RR	Verify with the training records	Bio Medical Waste management
F4.3	Infection control Training has been provided to the staff	RR	Verify with the training records	Infection control
F4.4	Hospital has documented standard Operating procedures for cleanliness and upkeep of facility	RR	Check availability of SOP with the users	I/c HICC
F4.5	Hospital has documented standard Operating Procedures for Bio Medical waste Management and infection control	RR	Check availability of SOP with respective Users	Bio Medical Waste management
F5.1	Hospital has dress code policy for Doctors	RR	Ask Hospital Administration about the policy check if is documented	DD(A)