CIRCULAR

It has been decided to reconstitute the Subcommittees to implement and monitor the various activities related to Kayakalp and prepare the hospital for inspection by the External Kayakalp Team in the January 2020. It is requested to all concern to kindly keep all the requisites updated as per Kayakalp guidelines (copy enclosed).

Further all concern is requested to attend Kayakalp meeting to be held at least once a week beginning last week of December 2019.

This issues with the approval of Director & Medical Superintendent.

(Dr. Yashvant Singh)
Addl. Medical Superintendent

Copy to:-

1. All Addl. Medical Superintendents.
2. Dr. Shalini Malhotra, Convener & Coordinator, Kayakalp Committee.
3. Mrs. Vijay Kanan, Matron, Convener & Coordinator, Kayakalp Committee.
4. HOD (Accident & Emergency)
5. Officer In-charge, Condemnation Committee.
6. Officer In-charge, Maintenance Committee.
7. Officer In-charge, Bio Medical Waste.
8. HOD, (Community Medicine)
9. Officer In-charge, E-governance.
10. Officer In-charge, Laundry
11. Officer In-charge, Kitchen
12. Officer In-charge, Mortuary
13. Officer In-charge, CSSD
14. Executive Engineer, (Civil)
15. Executive Engineer, (Electric)
16. Executive Engineer, (Horticulture)
17. Officer In-charge, Security Services
18. Officer In-charge, Procurement Section
19. Officer In-charges (Stores)
20. Dy. Director (Admin.)
21. Sanitary Superintendent
22. In-charge, Sulabh International
23. PS to Medical Superintendent.
**Kayakalp Committee**

**Convenor & Coordinator**

Dr. Yashvant Singh

Dr. Shalini Malhotra

Mrs. Vijay Kanan, Matron

**Sub Committees**

<table>
<thead>
<tr>
<th>Hospital upkeep Committee</th>
<th>Hospital support services Committee</th>
<th>Bio Medical Waste Management Committee</th>
<th>Infection control Committee</th>
<th>Sanitation Committee</th>
<th>Hygiene promotion Committee</th>
<th>Feedback Committee</th>
<th>Maintenance Committee</th>
<th>Condemnation &amp; Auction Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>O/I CPWD Executive Engineer Civil, Electrical &amp; Horticulture</td>
<td>O/I Laundry, Kitchen, CSSD, Mortuary Security services, Labs</td>
<td>O/I BMW, DDA</td>
<td>O/I HIC Committee</td>
<td>O/I S. Superintendent</td>
<td>HOD Community Medicine</td>
<td>CMO 1/c e-governance, Complaint &amp; Grievances, Nursing Home,</td>
<td>Chairperson (M &amp; R)</td>
<td>Chairman, Condemnation Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O/I BMW, DDA</td>
<td>Infection control nurse</td>
<td>O/I Chemical Store</td>
<td>O/I Chemical Store</td>
<td>O/I Mosquito Control committee</td>
<td>O/I stationery Store</td>
<td>Chairman, Auction Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CMO (Chemical Store)</td>
<td>Sr. Nursing officer</td>
<td>HOD Community Medicine</td>
<td></td>
<td></td>
<td>Sanitation Supervisors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CMO (Store Disposable items)</td>
<td>Sanitation supervisor</td>
<td>O/I Mosquito Control committee</td>
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<td></td>
<td></td>
<td>Sulabh Supervisor</td>
<td>Sr. Nursing officer</td>
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</tbody>
</table>
1. **Hospital upkeep committee**

   **Responsibilities**

   a. Executive Engineer Civil -
   i. Painting & white washing
   ii. Infrastructure maintenance (Road, sewage with record)
   iii. Safe drinking water
   iv. Rooftop tank cleaning
   v. Water conservation practice
   vi. Signage in Hospital
   vii. Admin. Office doors, maintenance floor etc.
   viii. ETP + STP
   ix. Compost pit

   b. Executive Engineer Electrical
   i. Illumination in various areas.
   ii. Electricity supply with power backup.

   c. Executive Engineer Horticulture -
   i. Landscaping
   ii. Gardening
   iii. Greenery
   iv. Herbal garden maintenance
   v. Compost pit

2. **Hospital Support service Committee**

   **O/I (Laundry, Kitchen, CSSD, Mortuary Security Services, Labs)**

   a. SOP from respected areas (All).
   b. Adequate linen supply + coding of bed sheets (laundry)
   c. Records of equipments etc (All).
   d. Medical health check up of staff (All).
   e. PPE availability for staff (All).
   f. Complete work flow as per standard guidelines (All)
   g. Waste from kitchen – green bag waste – compost pit (kitchen)
   h. Liquid waste disposal (labs)
### 3. BMW Management Committee
#### Responsibilities

<table>
<thead>
<tr>
<th>D1</th>
<th>D2</th>
<th>D3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomical waste &amp; Soiled waste is segregated in as per BMW 2016 guideline</td>
<td>Dedicated Storage facility is available for biomedical waste and its has biohazard symbol displayed</td>
<td>The Health Facility has adequate arrangements for disposal of Biomedical waste</td>
</tr>
<tr>
<td>Solid infectious waste (recycle) are segregated as per BMW 2016 guideline</td>
<td>The Storage facility is located away from the patient area and has connectivity of a motor able road &amp; facility has handwashing facilities for the workers</td>
<td>Recyclable waste is disposed as per procedure given in the BMW Rules 2016</td>
</tr>
<tr>
<td>Used, discarded and contaminated metals sharps &amp; Glassware are disposed in appropriate bin.</td>
<td>The Storage facility is secured against pilferage and reach of animal and rodents.</td>
<td>The facility has linkage with a CWTF Operator</td>
</tr>
<tr>
<td>Work instructions for segregation and handling of Biomedical waste has been displayed prominently</td>
<td>No Biomedical waste is stored for more than 48 Hours</td>
<td>Disposal of Expired or discarded medicine is done as per protocol given in Schedule I of BMW Rules 2016</td>
</tr>
<tr>
<td>Biomedical waste bins are covered</td>
<td>Transportation of biomedical waste is done in closed container/trolley</td>
<td>Discarded / contaminated linen is disposed as per procedure given in the BMW Rules 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D4</th>
<th>D5</th>
<th>D6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Bins and liners for segregated collection of waste at point of use</td>
<td>Disinfection of Broken / Discarded Glassware is done as per recommended procedure</td>
<td>General Waste is not mixed with infected waste</td>
</tr>
<tr>
<td>Availability of Needle/ Hub cutter and puncture proof boxes</td>
<td>Disinfected Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016</td>
<td>Availability of Compost Pit within the premises</td>
</tr>
<tr>
<td>Availability and supply of personal protective equipment</td>
<td>The Staff uses needle cutters for cutting/burning the syringe hub</td>
<td>The facility has introduced innovations in managing General Waste</td>
</tr>
<tr>
<td>Availability of Sodium Hypochlorite Solution</td>
<td>Sharp Waste is stored in Puncture proof containers</td>
<td>Recyclable and Biodegradable Wastes have segregated collection</td>
</tr>
<tr>
<td>Availability of trolleys for waste collection and transportation</td>
<td>Staff is aware of needle stick injury Protocol and PEP is available to the staff</td>
<td>The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D7</th>
<th>D8</th>
<th>D9</th>
</tr>
</thead>
<tbody>
<tr>
<td>The laboratory has a functional protocol for managing discarded samples</td>
<td>Segregation of kitchen waste is done in general waste bin</td>
<td>The Staff is aware of Mercury Spill management</td>
</tr>
<tr>
<td>Body fluids, Secretions in suction apparatus, blood and other exudates in OT, Labour room, minor OT, Dressing room are disposed only after treatment</td>
<td>Waste is removed from kitchen after every shift</td>
<td>Availability of Mercury Spill Management Kit</td>
</tr>
<tr>
<td>The Facility has treatment facility for managing infectious liquid waste</td>
<td>Kitchen waste is collected separately &amp; not mixed with Bio medical waste</td>
<td>Disposal of Radiographic Developer and Fixer</td>
</tr>
<tr>
<td>Sullage is managed scientifically</td>
<td>Kitchen waste is disposed in composite/taken by agency contracted for solid waste management</td>
<td>Disposal of Disinfectant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disposal of Lab reagents</td>
</tr>
<tr>
<td>E4</td>
<td>E5</td>
<td>E6</td>
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<tr>
<td>----</td>
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</tr>
<tr>
<td>i. Staff knows how to make Chlorine solution</td>
<td>i. Adherence to Protocols for autoclaving</td>
<td>i. Staff is aware of how manage small spills</td>
</tr>
<tr>
<td>ii. Decontamination of operating and Surface examination table, dressing tables etc. after every procedures</td>
<td>ii. Adherence to Protocol for High Level disinfection</td>
<td>ii. Availability of spill management Kit</td>
</tr>
<tr>
<td>iii. Decontamination of instruments after use</td>
<td>iii. Use of Signal Locks for sterilization</td>
<td>iii. Staff has been trained for spill management</td>
</tr>
<tr>
<td>iv. Cleaning of instruments done after decontamination</td>
<td>iv. Chemical Sterilization of instruments done as per protocol</td>
<td>iv. Spill management protocols are displayed at points if use</td>
</tr>
<tr>
<td>v. Adequate Contact Time for decontamination</td>
<td>v. Sterility of autoclaved pack maintained during storage</td>
<td>v. Staff is aware of management of large spills</td>
</tr>
</tbody>
</table>

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<tr>
<th>E7</th>
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<th>E9</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Provision of Isolation ward</td>
<td>i. Infection Control Committee is constituted and functional in the Hospital</td>
<td>i. Regular microbiological surveillance of Critical areas</td>
</tr>
<tr>
<td>ii. Infectious patients are not mixed for general patients</td>
<td>ii. Regular Monitoring of infection control practices</td>
<td>ii. Hospital measures Surgical Site Infection Rates</td>
</tr>
<tr>
<td>iii. Maintenance of adequate bed to bed distance in wards</td>
<td>iii. Antibiotic Policy is implemented at the facility</td>
<td>iii. Hospital measures Device Related HAI rates</td>
</tr>
<tr>
<td>iv. Restriction of external foot wear in critical areas</td>
<td>iv. Immunization of Service Providers</td>
<td>iv. Hospital measures Blood Related and Respiratory Tract HAI</td>
</tr>
<tr>
<td>v. Restriction of visitors to Isolation Area</td>
<td>v. Regular Medical check-ups of food handlers and housekeeping staff</td>
<td>v. Hospital takes corrective Action on occurrence of HAIs</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>E10</th>
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</thead>
<tbody>
<tr>
<td>i. Maintenance of positive air pressure in OT and ICU</td>
</tr>
<tr>
<td>ii. Maintenance of air exchanges in OT and ICU</td>
</tr>
<tr>
<td>iii. Maintenance of Layout in OT</td>
</tr>
<tr>
<td>iv. Carbonization of OT and Labour Room</td>
</tr>
<tr>
<td>v. General and patient traffic are segregated in Hospitals</td>
</tr>
</tbody>
</table>

b. Sterilization indicator
c. SOP
d. Needle stick injury protocols
e. IEC
f. Celebration of important days
5. Sanitation Committee

a. Cleaning of circulation area (corridor - scrubbing monthly), floors, fixtures
b. Cleaning of labour room/OT/OPD/Emergency/Lab/ICU/CCU/wards (thrice a day)
c. All met mopping with records & schedules

<table>
<thead>
<tr>
<th>Corridors</th>
<th>Monthly scrubbing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walls</td>
<td>Weekly</td>
</tr>
<tr>
<td>Patient areas +</td>
<td>thrice a day</td>
</tr>
<tr>
<td>critical areas</td>
<td></td>
</tr>
<tr>
<td>d. Adequate dust bins + bags with color coding.</td>
<td></td>
</tr>
<tr>
<td>e. Cleanliness of auxiliary areas/toilets</td>
<td></td>
</tr>
</tbody>
</table>

SOP for cleaning - frequency, material, schedule
Monitoring of cleaning - checklist
f. Maintenance of cleaning equipments including mechanized system.
g. Drainage & sewage - records for drain cleaning
h. Cleaning of sinks & cisterns - 2 hourly with records
i. Availability of detergent/ disinfectant (records chemical store I/c)
j. Correct concentration of detergent/disinfectant - SOP
k. Housekeeping checklist for wards + patient care areas.
l. Duty roster of housekeeping staff.
m. Monitoring of housekeeping activities - counter sign of I/c on checklist.
n. Contract for outsourced sulabh with penalty clause
o. Record for time taken in release of payment to outsource organization.
p. Awards + appreciations.
### 6. Hygiene Promotion Committee

**F1**
- i. Areas around the hospital are cleaned and free of any waste materials
- ii. Members Local Governance bodies monitor the cleanliness of the hospital at pre-defined intervals
- iii. Local NGO/ Civil Society Organizations are involved in cleanliness of the hospital
- iv. Patients are counselled on benefits of Hygiene
- v. Patients are made aware of their responsibility of keeping the health facility clean
- vi. Hospital conducts regular program to engage community for promoting cleanliness
- vii. Hospital has been declared Smoking/Tobacco Free zone
- viii. Hospital regularly monitors and control the use of tobacco products in the premises.
- ix. Hospital is involved in training and capacity building of lower level facilities for Hygiene and Infection Control Practices
- x. Hospital celebrates important health days

**F2**
- i. IEC regarding importance of maintaining hand hygiene is displayed in hospital premises
- ii. IEC regarding Swachhata Abhiyan is displayed within the facilities’ premises
- iii. IEC regarding use of toilets is displayed within hospital premises
- iv. IEC regarding water sanitation is displayed in the hospital premises
- v. Hospital disseminates hygiene messages through other innovative manners

**F3**
- i. Cleanliness and Infection control committee is constituted at the facility
- ii. Cleanliness and infection control committee has representation of all cadre of staff including Group ‘D’ and cleanings staff
- iii. Roles and responsibility of different staff members have been assigned and communicated
- iv. Hospital leadership review the progress of the cleanliness drive on weekly basis
- v. Hospitals leadership identifies good performing staff members and departments

**F4**
- i. Hospital conducts are training need assessment regarding cleanliness and infection control in hospital
- ii. Bio medical waste Management training has been provided to the staff
- iii. Infection control Training has been provided to the staff
- iv. Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility
- v. Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control

**F5**
- i. Hospital has dress code policy for Doctors
- ii. Hospital has dress code policy for Nursing Staff
- iii. Hospital has dress code policy for Paramedics and Technicians
- iv. Hospital has dress code policy for Support Staff
- v. Hospital has dress code policy for Housekeeping Staff
- vi. Hospital has dress code policy for Volunteers/ Other staff
- vii. Doctors adheres to the dress code policy established by the hospital
- viii. Nursing Staff adheres to the dress code policy established by the hospital
- ix. Paramedic/Technicians adheres to the dress code policy established by the hospital
8. Maintenance & Repair Committee

a. Maintenance of furniture/fixture/equipments – AMC with records  
b. Retention + disposal policy for Hospital records (MRD)  
c. Warranty card for all equipment (CMO I/c purchase)  
d. Pest control measures with records (annual)  
e. Antitermite treatment of wooden furniture + fixture – Annual schedule programme

9. Condemnation & Auction Committee

a. Condemnation policy with monthly record  
b. Mechanism of removal of junk