

NAAC Criterion 7: Institutional Values and Best Practices

7.1 Institutional Values and Social Responsibilities

7.1.4: Describe the facilities in the institution for the management of the following types of degradable and non-degradable waste





PES Institute of Medical Sciences & Research

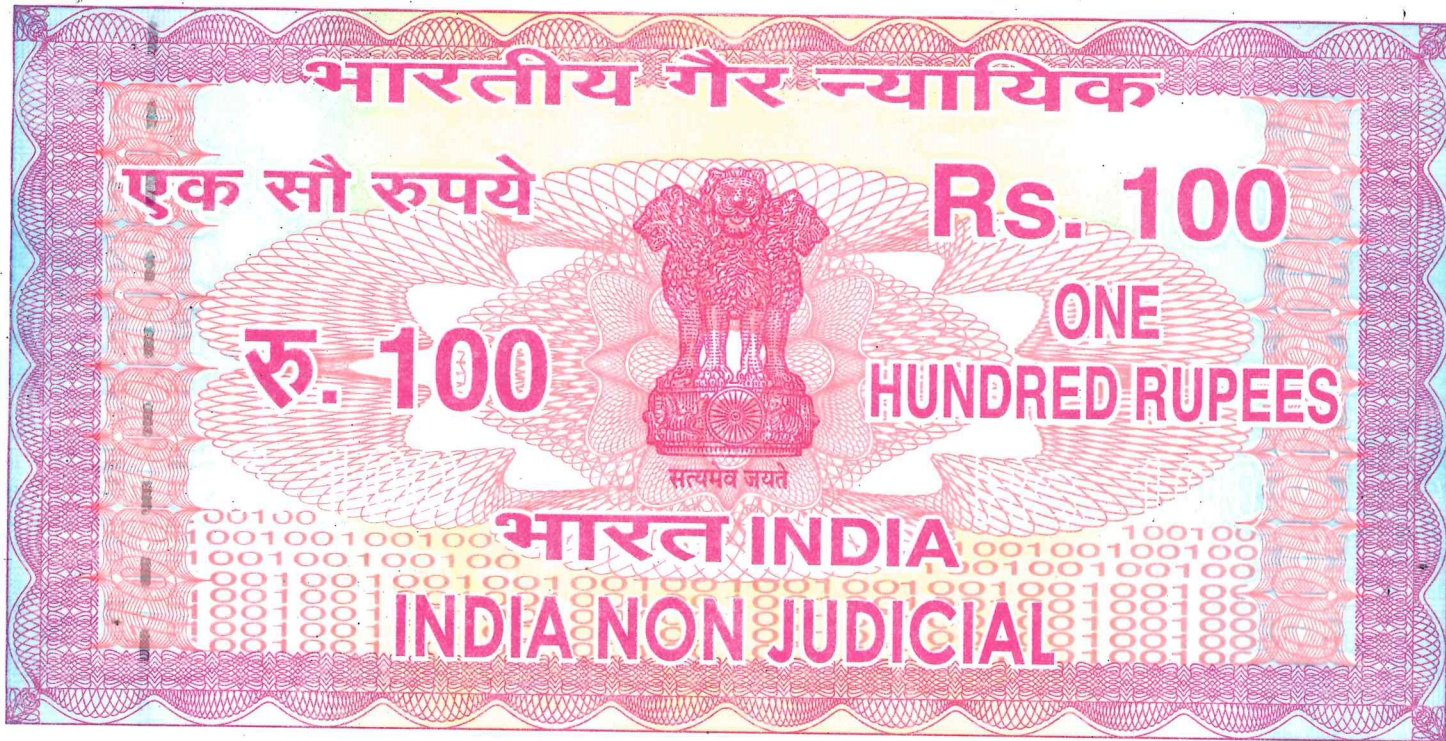
Kuppam- 517 425, Chittoor Dist., Andhra Pradesh

Tel: 08570 - 277999, 277799, 277666

Email: principal@pesimsr.pes.edu Web: www.pesimsr.pes.edu

Agreements/MoUs with Government and other approved agencies





Serial No. 22310
Purchased By :
NUTHALAPATI HANUMAI AH
S/O HANUMANTHU RAO
TIRUPATI

Denomination: 100
For :
AWM CONSULTING LTD

Date 28-04-2018

Stamp S. no. CF 560576
Sub-Registrar
Ex. Office Stamp Vendor
SRO Tirupathi (R.0)

MEMORANDUM OF UNDERSTANDING

This Memorandum of Undertaking entered into this day of 19-09-2018.

By & Between

AWM Consulting Ltd., having its local office at 1-5-553, 2nd Floor, Balaji Colony, Tirupati, Chittoor District and incorporated under the Indian Companies Act of 1956 hereinafter referred to as "AWM Consulting Ltd".

And

The Medical Director PES Institute of Medical sciences & Research, Kuppam, Chittoor District, Hereafter referred to as.

For AWM Consulting Ltd.

[Signature]
General Manager

[Signature]
Dr. K. SURESH

M.D. (UK), FACC (USA)

Medical Director

PES Institute of Medical Sciences & Research
Kuppam, Chittoor Dist, A.P.

WHEREAS, AWM Consulting Ltd, is proposing to commission a comprehensive facility for handling clinical and infections wastes generated from health care establishments and intends to provide complete range of bio-medical waste management services such as waste segregation, collection, transport and disposal on contract basis, AND.

WHEREAS. AP. POLLUTION CONTROL BOARD has authorized AWM as the authorized operator for handling and management of biomedical waste in Chittoor District.

NOW, therefore, it is agreed between AWM and the above mentioned medical establishment to enter into Memorandum of Understanding (MOU) on the following terms and conditions.


- a) AWM hereby agrees to provide comprehensive waste handling management.
- b) The scope of waste management and handling services will cover the following.

- I. **Waste Segregation:** AWM will help the member health care establishment Segregate, at sources, various categories of waste generated.
- II. **Waste Collection:** AWM will provide standardized, color coded containers to be used for collection of various categories of bio.medical waste at source. Each of the member establishment will be provided with a waste collection schedule. Waste will be collected as per the schedule and transported to AWMs CTF.
- III. **Waste Disposal;** Waste will be disposed off in accordance with the existing laws.
- IV. In consideration of AWM Consulting Ltd providing the aforesaid services, the above mentioned medical establishment agrees to pay as under.

Contract period	Rate/Bed (Rs)	No. Beds
01-09-2018 to 31-08-2021 (3 years)	5.50, Per Bed/Per Day	750
01-09-2021 to 31-08-2023 (2 years)	6.00, Per Bed/Per Day	750

- V. This agreement is valid for a period of five Years i.e. from 01-09-2018 to 31-08-2023 AWM. Reserves the right – to requesting for increasing the charges depending on the general conditions prevailing at the point of time with the consent of AP pollution control Board.

For AWM CONSULTING LTD,
For AWM Consulting Ltd.


Ganaral Manager


Dr. K. SURESH
M.D. FRCP(UK), FACC (USA)
MEDICAL DIRECTOR
PES Institute of Medical Sciences & Research
Kuppam-517 425, Chittoor Dist, A.P.



PES

Institute of Medical
Sciences & Research

EMPLOYEE HANDBOOK

VERSION 3

(Date of Release 1st January 2022)



Perseverance



Excellence



Service

Foreward

PES Institute of Medical sciences and Research (PESIMSR) is very glad to place this handbook in your hands. PESIMSR has been making a steady progress over the years and today, it has occupied the top slot in the state in the field of Medical education. PES IMSR ranked 3rd best college/Hospital in the Dr. NTR University of Health Sciences, AP. When other institutions are making efforts to catch up with our place, we need to make a paradigm shift to maintain and increase the distance from the runners up. We all have to know that retaining this top position is as difficult as attaining it. In order to keep this position, it is necessary that we work in a more guided way. This hand book provides the necessary guidelines so that all of us can follow and work in tandem to achieve the PESIMSR dream of being among the Top Ten Medical Colleges in the country.

These rules/regulations/policies/procedures will surely to provide transparency to the policies that are framed in tune with the philosophy of the institute. These rules give us better focus and allow us a greater freedom in our decision making, most of the time without waiting for directions from the top. Although quite an amount of effort has gone into framing these rules, they offer scope for improvements. Our experiences with these rules, I am sure, would result in an accumulation of newer thoughts from all of us, which can be incorporated through amendments to this handbook over time.

Dr. SURESH KRISHNAMURTHY
MEDICAL DIRECTOR
PESIMSR, KUPPAM

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9. NABH COMMITTEES:

S.NO	Name of the Committee	Chairperson
01	Research Committee	Dr. Suresh Krishnamurthy Medical Director
02	Pharmacy Committee	Dr. Pundarikasha HOD of Pharmacology
03	Quality Committee	Dr. Suresh Krishnamurthy Medical Director
04	Infection Control Committee	Dr. Y.J. Visweswara Reddy Emiritis Professor-General Medicine
05	Clinical Audit Committee	Dr. Y.J. Visweswara Reddy Emiritis Professor -General Medicine
06	Safety Committee	Dr. Roopa Suresh, Associate Medical Director
07	Ethics Committee	Dr. H.R.Krishna Rao, Dean & Principal
09	Committee against Sexual Harassment(CASH)	Dr. L. Mohana Rupa Prof. of Pharmacology
09	Blood Transfusion Committee	Dr. Ramaswamy Prof. & HOD of Pathology
10	Ex-Officio Member	Dr. Sangeeta.Kamatchi, Head - QMS

The HEAD- QMS is an ex officio member for all the NABH committees and will guide and monitor the functioning of all the committees. Copy of minutes of meeting shall be sent to Head - QMS through email.

III. BIO-MEDICAL WASTE MANAGEMENT

Bio-Medical waste management involves

- Generation
- Segregation
- Collection
- Transportation
- Temporary storage
- Final disposal
- Always follow the colour coding as given by the infection control committee.

The Colour codes for BMW is displayed in all Clinical and Para clinical areas and this has to be strictly adhered.

Treatment and Disposal

1. Disinfect all infected waste at source.
2. Segregate all waste and dispose in color coded bags.
3. Handover all waste including infected waste to the Biomedical waste department of the Hospital.
4. The infected waste related to the Hospital are quantified and handed over to AMW representative.
5. Ensure that no infected waste is stored in the Hospital for more than 48 hours.
6. AMW will dispose the infected wastes as per the directions of the Govt. of A.P.

IV. Handling infected linen

Linen contaminated with blood and body fluids may carry disease causing germs. There is little risk if the correct procedure is followed:

- Infected linen must be placed in a bag and then placed in the red bin.
- Infected linen is taken to pre-wash area and soaked in a disinfectant with 0.5% of sodium hypo chlorite for 10 minutes.
- It is then washed with fresh water and then laundered.
- This linen is then washed in the washing machine; this minimizes contact with the laundry staff thus preventing transmission of infection or contamination of the environment.

20. SPILLAGES

I. MERCURY SPILLAGE

- Push small mercury beads together with a card or stiff paper, and then collect them using a plastic dustpan in a leak-tight plastic or glass container.
- Work from the outside of the spill area toward the centre. Mercury's high density and smoothness cause it to roll fast.
- Use a flashlight to look all around the areas of the spill. The light will reflect off the shiny mercury beads and make it easier to see them.
- Sprinkle sulphur powder on the spill area after cleaning up beads of mercury; a colour change from yellow to brown indicates that mercury is still present and more clean-up is needed.
- Gloves to be worn for personal protection while collecting mercury.
- The collected mercury should be handed over to store for further action.

What to do after cleaning a spill?

- Wash your hands. Shower or bathe if other parts of the body have contacted mercury.
In case of a mercury spill you should NEVER do this:
- Never use a vacuum cleaner to clean up the mercury – may result in mercury fumes, which is toxic.
- Never use household cleaning products to clean the spill.
- Never use a broom or a paint brush to clean up mercury.
- Never pour or allow mercury to go down a drain.

II. Blood Spillage/Infectious body fluid

- Minor spills of blood or infectious body fluid are to be disinfected by pouring freshly prepared 1% Sodium hypochlorite solution over the spilled area and leaving it for 10 minutes.
- To get 1% sodium hypochlorite solution, mix 10 ml of the readily available Sodium hypochlorite solution (12%) in 100 ml of water.
- Cover the spillage with tissue paper/cloth piece to absorb the fluid from the area.
- Collect the waste and put it in the yellow colour coded bag.
- The area of the spill should be cleaned with soap and water.
- For major spills, disinfect as mentioned above, and clean the whole room with soap solution and 1% sodium hypochlorite water.

21. FIRE SAFETY & EMERGENCY

Classification of Fire:

- **Class A:** Solid Fire
 - Paper, cardboard, trash etc.

Extinguish with water/sand etc.
- **Class B:** Liquid Fire
 - Petroleum products viz., diesel, oil, paints etc.

Extinguish with Sand/ Dry Chemical Powder/ Foam/ Co₂,

Do not use water.

- **Class C:** Gas Fire
 - Cooking gas, Propane, Acetylene etc.
 - Extinguish in the dry powder extinguisher
- **Class D:** Metal Fire -potassium, Magnesium, Phosphorus.
 - Welding sparks etc.
 - Special dry powder extinguisher
- **I. Preventive and Safety Issues**
 - Housekeeping Issues
 - ✓ Keep your worksite clean and free of trash and debris.
 - ✓ Follow proper storage guidelines.
 - Inflammable and Combustible Liquids
 - ✓ Use and store the minimum amounts necessary.
- II. Electrical Fire Safety**
 - Electrical Fire Hazards
 - ✓ Don't use unapproved electrical devices.
 - ✓ Avoid improper uses of multi-plugs.
 - ✓ Avoid inserting naked wires into sockets. Use proper plugs.
 - ✓ Avoid electrical maintenance on wet surfaces.
 - ✓ In case of electrical/fire use CO2 type fire extinguisher.
- III. Fire Extinguishers**
 - It is an active fire protection device used to extinguish or control small fires.

IV. TYPES OF FIRE EXTINGUISHERS ARE:

						
Old Colour BS 5406	New Colour BS EN3	Class A Paper or Wood etc.	Class B Flammable Liquids	Class C Flammable Gas Fires	Class D Metal Fires	Electrical Fires
		✓	Do Not Use ✗			Do Not Use ✗
		✓	Do Not Use ✗			Do Not Use ✗
		Note: Multi-Purpose Foams may be used. ✓	Note: Specialist Foams required for industrial alcohol. ✓			Do Not Use ✗
			Secondary ✓			Primary ✓
		✓	Note: Specialist DP required for Solvents & Esters. ✓	✓	Note: Specialist Dry Powders may be required ✓	✓
			Primary ✓	General Note - May be used in conjunction with other extinguishing agents / or fire extinguishing techniques.		

VI FIRE PROTECTION SYSTEM (CONTACT NUMBER – 2100 OR 2110)

- The first levels of protection are Fire Extinguishers. These are available in different types according to the category of fire. The categories are A. wood, paper, textiles, B. petrol, diesel, solvents, lubricants, spirits, C. electrical equipment, such as appliances, wiring, circuit breakers and outlets. This should

be used by persons who find the fire first to put out small and medium fires.

- If the fire cannot be extinguished with the first level the second level of protection are the fire hose in the fire Hose Box and the sand stored next to the diesel. Water should not be used in case of electric fire.
- ABC Type of extinguisher can be used in any type of fires.
- Co2 type fire extinguisher to be used only in electrical equipment.
- The automated sprinkler system which get activated when the room temp crosses approx. 68 °C.

VII. MEDICAL GASES

- Any gas leakage, alarms or shortage of pressure in O2, N2O, Air, Vac, please call 2110 /2100 immediately.

VIII. Accident prevention

- Hospital strives to provide the environment free of recognizable hazards and to reduce the risk of injuries. Hospital assures a safe environment for patients, personnel and visitors by establishing a safety management programme.
- Hospital policy also includes compliance with all safety and health standards and regulations in accordance with legal and contractual requirements.
- Preventing accidents is largely a matter of individual responsibility. Employees should keep the following in mind which will help the hospital a safe place to work.
- Follow all hospital and department safety policies and practices.

- Be continuously informed about the fire rule of the hospital, the location of the fire extinguishers and fire alarms, Each employee should clearly understand his/her responsibilities in case of fire.
- Avoid accidents by eliminating hazards and developing safe work habits.

IX. FIRE SAFETY PROTOCOL

- Call the operator at 2110 with the exact location and nature/gravity of fire. The operator will announce code RED.
- Also call Maintenance (2255) and Security (2288) giving similar information and stand by the phone.
- Depute a person to start initial fire fighting with the fire extinguishers on assessing the gravity/class of fire.
- Break fire alarm glass to set on the alarm.
- On hearing the alarm, all the staff working in the floor to report to the person in-charge of emergency.
- The person in-charge will assess the class (A,B or C) & the gravity of fire and accordingly proceed with the evacuation, if required
- Request all by standards and patients who can walk to move to safe areas, away from the fire. Constantly ask them to be calm & orderly.
- Arrange shifting of bed-ridden patients using trolleys or the sheet carry method seeking assistance from respective by standers, if available and staff members.
- If it is not identified as an electric or oil fire and the Fire Extinguisher is not effective, then use the A class fire/hose to fight the fire.

- If possible shift all fire supporting material away from the approaching fire.
- If the fire is of a large volume, GM/Manager/Supervisor will call for the Fire Brigade.
- Ask everyone to avoid lifts and use stairs or RAMS from the affected area.
- Assist the Fire fighting team on arrival.

22. TELEPHONE

Call Forward #(Extension No) followed by Extension No.

Call Back Dial extension No followed by 8

Call Pick up Dial 88 followed by extension No.

Call Transfer Press Flash followed by extension No.

23. OCCUPATIONAL AND ACCIDENT POLICY

1. Employee those who are covered under ESI scheme shall take benefit provided under the ESI scheme and rules there under.
2. All the employees/ workmen and carrying work at hazards operations and who have covered under ESI scheme shall get benefit under the ESI scheme and rules there under.
3. Employees who have employed and not covered under the ESI scheme are automatically covered under workmen compensation Act.
4. Any employee who meets the accidents during the course of employment shall be referred to ESI Hospital, if the employee covered under ESI scheme. If not covered under ESI scheme

Management shall make arrangements for his/her treatment at free of cost and compensation, if, any shall be in terms of WC Act.

5. Any employee who meets the accident during his/her employment shall be referred to ESI Hospital, if employee covered under the ESI scheme or employee not covered under the ESI scheme, the treatment shall be extended by the Management and, if any compensation shall be as per the WC Act only.
6. However, first Aid shall be carried out in the Hospital before referring to ESI or otherwise at free of cost.
7. Employees working in the canteen area shall be given Hepatitis B vaccination at free of cost.
8. Nursing staff dealing the patient care shall be given Hepatitis B vaccination free of cost.
9. If any of the employees reported with exposure to HIV/HbsAg infection on employment, post exposure prophylaxis treatment for HIV and HbsAg shall be made available with the control of employer.

Procedure:

1. If any accident during the employment shall be informed to Admin/HR office by the immediate supervisor or HoD.
2. Admin /HR department shall inform to the ESI authorities as per procedure lay down under the ESI scheme.
3. If accident happens during the course of employment, the employee or any person shall have to inform Admin /HR office by telephonically about the accident. The HR/Admin department shall take necessary action, i.e. refer to ESI Hospital if employees covered under the ESI scheme provide facility including treatment at the cost of employer or any benefit can be extended as provided under workmen Compensation Act.

4. If any accidental death during course of employment, the compensation and other benefit shall be extended through ESI scheme if covered or shall be treated under act.

24. COMMANDMENTS FOR DOCTORS

1. Assess and re-assess patient as per hospital policy
2. Document your visits with notes duly signed with the date time and name below the signature
3. Ensure informed consent for all procedures
4. Make patient and family education a habit as part of care
5. Use alcohol hand rub before and after each patient examination
6. Write medication order clearly and preferably in capital letters
7. Avoid verbal orders
8. Prescribe as per hospital formulary and follow the antibiotic policy
9. Have formal meetings/briefings with other specialists when more than one doctor is treating the patient.
10. Prepare/counter sign discharge summary and talk to patient regarding discharge instructions, follow up and care at home

25. COMMANDMENTS FOR NURSES

1. Take care of patient's needs; no other job shall come before this
2. Keep patients safe, secure and free from harm or injury at all times

33. FREQUENTLY CALLED NUMBERS

Medical Superintendent	2120, 9100064475
Assistant Medical Superintendents	8618746417, 9884760082 9100439253
Ambulance Services	18004259066
Blood Bank	2133,9391833741
Canteen	2111, 3324,3315 9573272233
Cash counter/ Billing section	2103
Cashless Services	3308,9390191611
Central Pharmacy	3309,9701342714
Emergency Medicine	2109, 9391833745
Emergency reception	2110,9701342718
Female Reception	2100
Fire	2110,2288
Housekeeping	3333,9701342711
HRD	2148,9701342724
ICU	2160,9391833746
Chief Infection Control Officer	9343979903

IP Registration	2272
Male Reception	2101
Medical Superintendent	2120
Nursing	3334, 9100773470
Police Constable (Mr.Zilani)	9491913957
Public Relation	2108, 9701342710
Quality Management Services Head QMS	3305/9959011615
Committee Against Sexual Harassment (CASH) Dr.L.Mohana Rupa/ Dr.Sangeetha	9884760082//9959011615
Security	2288,9701342723
Speciality Hospital Reception	5000
Hospital Administrator	5006, 9100773473
GM Opertaions	9000821259
Facility Officer	7093900314

For any queries and details related to the contents in this book, contact HRD, PESIMSR, Kuppam-517425, A.P.

Vision

To emerge as the preferred healthcare provider in the tristate region through quality, safety and reliability.

Mission

To provide, affordable, scientific, ethical and high-quality, tertiary health care services to all.

To assist the medical and nursing colleges with their educational and research goals.

Quality Policy

To provide optimal, timely and cost-efficient care to all our patients through continuous quality improvement.

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

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