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मानक

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“जानने का अधिकार, जीने का अधिकार”

Mazdoor Kisan Shakti Sangathan

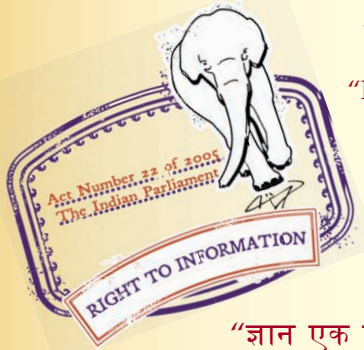
“The Right to Information, The Right to Live”

“पुराने को छोड़ नये के तरफ”

Jawaharlal Nehru

“Step Out From the Old to the New”

IS 15902 (2010): GUIDELINES FOR NURSING HOME [MHD 14:  
Hospital Planning]



“ज्ञान से एक नये भारत का निर्माण”

Satyanarayan Gangaram Pitroda

“Invent a New India Using Knowledge”



“ज्ञान एक ऐसा खजाना है जो कभी चुराया नहीं जा सकता है”

Bhartrhari—Nitiśatakam

“Knowledge is such a treasure which cannot be stolen”



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भारतीय मानक  
नर्सिंग होम हेतु दिशानिर्देश

*Indian Standard*  
GUIDELINES FOR NURSING HOME

ICS 91.040.10

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**BUREAU OF INDIAN STANDARDS**  
MANAK BHAVAN, 9 BAHADUR SHAH ZAFAR MARG  
NEW DELHI 110002

## FOREWORD

This Indian Standard was adopted by the Bureau of Indian Standards, after the draft finalized by the Hospital Planning Sectional Committee had been approved by the Medical Equipment and Hospital Planning Division Council.

This is the formal recognition by the community of the social structure of a country and its responsibility for providing the means for keeping them well or restoring lost health. The nursing home has been defined as an integral part of a social and medical organization, the function of which is to provide medical care to the population and whose services reach out to the family in its home environment.

In the recent past there has been a mushrooming growth of substandard nursing homes in India which necessitated the need of review of position in this regard and put forward suggestions for improving the quality of these nursing homes through standardization and setting up of minimum norms for extending medical care to common consumer.

While formulating this standard, assistance has been derived from the following:

Guide to Staffing Pattern for Hospitals, issued by the National Institute of Health & Family Welfare, Government of India.

*Delhi Nursing Home Registration Act, 1953 and Amendment to Rules (1965)*, issued by Delhi Administration.

This standard covers functional requirements, space requirement, manpower requirement, instruments and equipments requirements, patient access, assessment and continuity of care management, patient rights and education, care of patient, management of medication, infection control, continuous quality improvement, responsibility of management, facility management and safety, human resource management, information management system etc.

The guidelines for maternity nursing home covered in a separate Indian Standard.

The other standards published on the subject, which could also be relevant, are given in Annex A.

The composition of the Committee responsible for the formulation of this standard is given in Annex B.

# *Indian Standard*

## GUIDELINES FOR NURSING HOME

### 1 SCOPE

This standard covers basic requirements for planning a nursing home in respect of functional, space, man power, instruments and equipment, and management requirements. Certain essential requirements for building, services and environment have also been included.

### 2 REFERENCES

The following standards contain provisions which through references in this text constitute provisions of this standard. At the time of publication, the editions indicated were valid. All standards are subject to revision and parties to agreement based on this standard are encouraged to investigate the possibility of applying the most recent editions of the standards indicated below.

<i>IS No.</i>	<i>Title</i>
1742 : 1983	Code of practice for building drainage ( <i>second revision</i> )
1860 : 1980	Code of practice for installation, operation and maintenance of electrical passenger and goods lifts ( <i>first revision</i> )
2064 : 1993	Code of practice for selection, installation and maintenance of sanitary appliances ( <i>second revision</i> )
2065 : 1983	Code of practice for water supply in buildings
2190 : 1979	Selection, installation and maintenance of first-aid fire extinguisher — Code of practice
3362 : 1977	Code of practice for natural ventilation of residential buildings
4347 : 1967	Code of practice for hospital lighting
5329 : 1983	Code of practice for sanitary pipe work above ground for buildings
IS/ISO 14001 : 2004	Environmental management systems — Requirements with guidance for use
14665 (Part 1) : 2000	Electric traction lifts : Part 1 Guidelines for outline dimensions of passengers, goods, and service and hospital lifts
IS/ISO 15189 : 2003	Medical laboratory — Particular requirements for quality and competence

<i>IS No.</i>	<i>Title</i>
15195 : 2000	Performance guidelines for quality assurance in hospital services up to 30 bedded hospitals
15461 : 2004	Performance guidelines for quality assurance in hospital services up to 100 bedded hospitals
18001 : 2007	Occupational health and safety management systems requirements

### 3 NURSING HOME

**3.1** Functionally the nursing home shall have four distinct sections:

- a) Out-patient and emergency services,
- b) Diagnostic and therapeutic services,
- c) Inpatient nursing units (wards), and
- d) Administrative unit, non-clinical and engineering services.

#### 3.2 Entrance Lobby-cum-Reception and Admissions

It should also serve as waiting area for the patients before getting registered.

### 4 FUNCTIONAL REQUIREMENTS

**4.1** Out patient and emergency services are needed to perform following chief functions, namely:

- a) To diagnose and treat patients at an early stage,
- b) To follow up treatment after discharge from the nursing home, and
- c) To institute health education programme to educate the public in environmental hygiene.

**4.1.1** The out patient department (OPD) of a nursing home should have following four distinct sections:

- a) General facilities,
- b) Clinics for various medical disciplines,
- c) Supporting facilities like laboratory and injection room, and
- d) Pharmacy.

There may be nursing home dedicated to Siddha treatment system or a wing within the allopathic nursing home. Functional requirements in respect of Siddha outpatient clinics, primacy, diagnostic and therapeutic sections have been described under **4.1.4**.

**4.1.2 General Facilities**

**4.1.2.1 Entrance hall**

It serves as waiting area for the patients before getting registered and for the followers who wait for the return of the patients. The size of the hall may be determined on the basis of number of beds available to back up the OPD. Adequate toilet facilities may also be provided close to it.

**4.1.2.2 Waiting space**

Apart from the entrance hall, general waiting per clinic and subsidiary waiting spaces are required adjacent to each consultation and treatment room in all the clinics.

**4.1.2.3 Medical records**

It is desirable to maintain the medical records of the out-patients in continuation of registration area.

**4.1.3 Clinics for various medical disciplines**

These clinics include medical, surgical, orthopaedic, eye, ENT, dental, obstetric and gynecological, paediatric, skin, psychiatric etc.

**4.1.3.1 Medical clinic**

The clinic should have one or two consultation-cum-examination rooms depending upon the load of out-patients. The clinic should also have facilities for cardiographic examination.

**4.1.3.2 Surgical clinic**

The clinic should have facilities for treatment-cum-dressings. For convenience, this should be placed next to consultation-cum-examination room with adequate waiting space.

**4.1.3.3 Orthopaedic clinic**

The clinic should include arrangements for plaster preparation and splint storage, fracture treatment besides consultation-cum-examination. For X-ray facilities the clinic should have the facilities of X-rays.

**4.1.3.4 Eye clinic**

The clinic should include consultation-cum-refraction, minor surgery-cum-treatment, and a dark room. For testing the state of refractive power of the eye, room length not less than 6 m is essential. However, by use of mirror, length of room can be reduced.

**4.1.3.5 ENT clinic**

The clinic should have facilities for treatment and a sound-proof audiometry room.

**4.1.3.6 Dental clinic (optional)**

The clinic should have facilities for dental consultation-cum-surgery, dental hygiene, dental workshop and X-ray facilities.

**4.1.3.7 Obstetric and gynaecology**

The clinic should include consulting-cum-examination, treatment, and supported with clinical laboratory. Facilities should be available for antenatal patients to undergo certain formalities prior to examination such as a toilet and change.

**4.1.3.8 Paediatric clinic**

The clinic should provide medical care for infants and children up to the age of 12 years. Owing the risk of infection it is essential to isolate the clinic from other clinics. The clinic shall be provided with a separate dressing cum treatment and immunization room.

**4.1.3.9 Skin and STD clinic (optional)**

The clinic should provide diagnostic and curative facilities for dermatology, STD (Sexually Transmitted Disease). The treatment rooms for dermatology and STD may be combined.

**4.1.3.10 Psychiatric clinic (optional)**

The facilities required for the clinic should include consultation-cum-examination room, EEG examination room and a recovery room. The clinic should preferably be located on ground floor to reduce the risk of suicide and accident. All rooms of the clinic shall have dado 1 m high and all electrical fittings shall be protected.

**4.1.4 Out Patient Clinics for Siddha Wing of Nursing Home/Siddha Nursing Home**

Seven major clinics may be provided in the case of Siddha Nursing Home. These are termed as (a) Pothu Maruthuvam (General Medicine), (b) Vathanoi Maruthuvam (Orthopaedics), (c) Tholnoi Maruthuvam (Skin), (d) Kuzhandhai Maruthuvam (Paediatric), (e) Magalir Maruthuvam (Obstetric and Gynaecology), (f) Muthiyornoi Maruthuvam (Geriatric) and (g) Ulanoigal Maruthuvam (Psychiatric). A consulting room of floor area of 14 m and examination room of floor area of 10.50 m<sup>2</sup> for each of the speciality shall be provided. A hall for Yoga and meditation of floor area of 10.50 m<sup>2</sup> shall also be provided. Toilet facilities for patients and staff for the whole Siddha using shall also be provided.

**4.1.4.1 Pharmacy for Siddha Wing/Siddha Nursing Home**

Pharmacy may be equipped with facilities for common dosage forms like *kudineer* (decoction), *Saaru* (juice), *Karkam* (paste), *Surasam*, medicated *kizhi* (Package of Thokanam) etc for immediate usage. This facility shall have a floor area of approximately 10.5 m<sup>2</sup>.

#### 4.1.4.2 *Diagnostic and Therapeutic Section for Siddha Wing/Siddha Nursing Home*

**4.1.4.2.1** Diagnostic section shall have facilities for Siddha diagnostic laboratory (including facilities for Neerkuri, Neikuri, Manikadai nool etc) and if needed modern diagnostic laboratory (including radio diagnosis, biochemistry laboratory, ECG microbiology laboratory).

**4.1.4.2.2** Therapeutic section shall have facilities for Pugai Maruthuvam (Fumes application), Nasiyam Maruthuvam (Nasal application), Thokkanam Maruthuvam (Physiotherapy), Otradam Maruthuvam, Varma sigichai (Varma therapy), Yogasanam (Yoga therapy) section, Katu and Patru Maruthuvam, and if needed Minor Operation theatre for minimal invasive pure surgical procedures likes karanoool sigichai, Atal Vidal (leech therapy). The therapeutic section should be located at a place which may be at convenient access to both in-patients and out-patients. Availability of natural light, fresh air and adequate ventilation and complete privacy and necessary research section may also be catered provided the Nursing home is involved in clinical research.

#### 4.1.5 *Supporting facilities*

Various clinics under OPD require supporting facilities in common which include clinical laboratory and injection room.

##### 4.1.5.1 *Injection room*

For administering injection to patients a central injection room should be provided in conjunction with the dispensary.

##### 4.1.5.2 *Clinical laboratory*

A small clinical laboratory for quick investigations and sample collection facilities should be provided close to injection room with all essential requirements.

##### 4.1.5.3 *Social work*

A social worker room to render service to the patients may be provided.

#### 4.1.6 *Pharmacy (Dispensary)*

The pharmacy should be located in an area conveniently accessible from several clinics and shall be with regards to the provisions of the *Drugs and Cosmetics Rules* in respect of space, storage facilities and shall be in accordance to the provisions of section 42 of the *Pharmacy Act* in respect of dispensing of drugs.

#### 4.1.7 *Emergency Unit*

The unit comprising examination cubicle, treatment and an observation may be scheduled to function

outside out patient clinics hours. The unit close to entrance lobby should be provided for emergent cases so that a very minimum time is lost in giving immediate treatment to casualties arriving to the nursing home. There should be an easy ambulance approach with adequate space for free passage of vehicle and covered area for alighting patients.

#### 4.2 *Diagnostic and Therapeutic Services*

- a) Pathology,
- b) Radio-diagnosis,
- c) Physiotherapy, and
- d) *Surgical suites* — Operation theatre/Labour room.

Pathology and radio-diagnosis are the diagnostic function where as physiotherapy and surgical suite unit is the therapeutic service which should be provided for a nursing home.

##### 4.2.1 *Pathology*

Pathology is concerned with the analysis of diseased tissue or fluid and other elements in the body. It may comprise activities like Biochemistry, Microbiology, Clinical pathology and Haematology, Histology and Cytology.

##### 4.2.1.1 *Biochemistry laboratory*

Biochemistry laboratory is concerned with chemical analysis of body tissue and fluids.

##### 4.2.1.2 *Microbiology laboratory*

Microbiology laboratory is concerned with the bacteria or pathogen found in the body or the environment.

##### 4.2.1.3 *Clinical pathology and haematology laboratory*

Clinical pathology and haematology laboratory is concerned with the study of urine, stool and blood specimens.

##### 4.2.1.4 *Histology and cytology laboratory*

Histology and cytology laboratory is concerned with the structural composition and function of tissues and also with preparation of tissue.

**4.2.1.5** Each laboratory should be provided with 0.6 m wide and 0.8 m high bench of length about 1.6 m per technician. Each laboratory bench shall have laboratory sink with swan neck fittings, reagent shelving, gas and power point and under counter cabinet. Top of the laboratory bench shall be of acid and alkali-proof material.

##### 4.2.1.6 *Blood transfusion*

States/Union territories shall enact rules for registration of nursing homes wherein provision for affiliation with



a licensed blood bank for procurement of blood for their patients shall be incorporated.

#### **4.2.2 Radio-diagnosis**

The diagnostic services of a nursing home generally deal with radiography and ultrasound to cover its basic need. Beside X-ray and ultrasound rooms, a film developing-cum-processing room, and a room for the Radiologist/technician should be provided for the unit.

##### **4.2.2.1 Radiography room**

The room should have a sub waiting area with a toilet and a change room facility. The radiography unit should be operated from a separate control cabin or behind a lead mobile protection screen of 1.5 mm lead equivalent. From radiation protection and safety point of view, normal one brick wall thickness is adequate.

##### **4.2.2.2 Ultrasound**

For the ultrasound room, a patient toilet either accessible from the procedure room or from the corridor, shall be provided.

##### **4.2.2.3 Film developing and processing room**

A dark room shall be provided for processing film unless the processing equipment normally used does not require a dark room for loading and transfer. Film processing shall be located convenient to the procedure room.

##### **4.2.2.4 Consultation area**

An appropriate area for individual consultation with referring clinicians and for quality control that is for viewing film shall be provided.

#### **4.2.3 Physiotherapy**

The physiotherapy unit provides treatment facilities to patients suffering from crippling diseases and disabilities. Treatments may be classified as physical and electro-therapy, and exercise. Availability of natural light, fresh air and adequate ventilation are of extreme importance for the unit. Physiotherapy demands complete privacy. Accommodation should therefore be provided in the form of cubicles. A long room provided with curtains which could be drawn to form cubicles and afford adequate privacy may be suitable.

##### **4.2.3.1 Physical and electrotherapy**

The nature of treatment may be of various kinds such as diathermy, ultra-violet, combined treatment, infra red etc.

##### **4.2.3.2 Exercise**

Exercise activities include parallel bars, pulleys, wall bars, ladders, etc, which may be arranged into a common room.

#### **4.2.4 Surgical-cum-Obstetrical Suite**

A high degree of asepsis should be ensured to provide environment for staff and patients. Zoning shall be done to keep the suite free from micro organisms. There shall be four well defined zones of varying degree of cleanliness. These are protective, clean, sterile, and disposal zones. The suite should comprise of an operation theatre unit for conducting general surgical and gynaecological operations, and obstetrical suite should include facilities described here after. Since delivery and operating rooms are in the same suite, access and service arrangements shall be such that neither staff nor patients need to travel through one area to reach the other.

##### **4.2.4.1 Zoning traffic flow**

It should be ensured that flow of traffic from one zone to another is arranged through proper barrier nursing. All soiled material both disposable and non-disposable should move without crossing the sterile and clean zone. Non-disposable material like instruments, etc should be cleaned in dirty wash and they shall be returned for sterilization. All communication between the operation theatres, dirty utility, and instrument lay-up shall be carried out through well designed hatches or a door through which the material is passed.

##### **4.2.4.2 Circulation**

Normally there are three types of traffic flow, namely (a) patients, (b) staff, and (c) supplies. All these should properly channelized. Patients are brought from ward and should not cross the transfer area in their ward clothing which is great source of infection. Changeover of trolleys should be done at a place which will link up both pre-operative and post-operative rooms. Staff should enter from a separate route and through a set of change rooms. All sterile goods should have a separate entry point reaching the clean corridor independently.

##### **4.2.4.3 Comfort condition**

An optimum comfort level in the operation theatre/delivery room is of vital importance. Temperature between 16°C, to 21°C, with 50 percent humidity shall be maintained through air-conditioning. Ventilation should be of 15 to 20 air changes per hour.

##### **4.2.4.4 Reception bay and relative waiting**

Reception bay with a relative waiting shall be provided close to the suite. Many a time, patient may arrive in a state of imminent delivery can be received at the reception bay. Waiting room with toilet facility for the relatives attending the patients to wait and meet them after operation/delivery should be provided.

##### **4.2.4.5 Change rooms**

Separate change rooms for doctors, nurses and

technicians should be provided, with arrangement for lockers and toilet facility.

#### **4.2.4.6 Storage**

Store room should be provided for storing theatre supplies like stretcher, trolley, sterile material, medical gas cylinders, instruments and linen.

#### **4.2.4.7 Theatre pack preparation room**

It should be a work room for arranging of sutures, dressings and all other surgical items.

#### **4.2.4.8 Pre-operative room**

Patients are transferred from ward to this room for pre-medication before surgery/delivery. The room should have toilet facility.

#### **4.2.4.9 Recovery room**

Immediately after the operation, the patients are kept in this room until such time they are found fit to be taken back to their parent ward/room.

#### **4.2.4.10 Labour room(s)/Labour delivery recovery room (LDR)**

A minimum of two labour beds shall be provided for each caesarean/delivery room. Each room shall be designed for either one or two beds. Each labour room should contain hand washing fixture and to have access to toilet which may serve 2 labour rooms. Labour-Delivery- Recovery room to accommodate the birthing process from labour through delivery and recovery of mother and baby may be provided if so desired.

#### **4.2.4.11 Operation theatre/Delivery room**

Operating room/Delivery room should be made dust-proof, moisture proof, corners and junctions of walls, floor and ceiling coved to prevent accumulation of dust and to facilitate cleaning. Its door should be two leaf type with a minimum 1.5 m width and shall have self closing devices. Natural lighting and general illumination should be provided. The operating room/delivery room should be normally arranged in pairs so as to have scrub-up and instrument sub-sterilizing/lay-up room facility in common.

#### **4.2.4.12 Scrub-up**

In this space the operating team washes and scrub-up their hands and arms, put on their sterile gown, gloves and other covers before entering the operation theatre/delivery room. It may have a single leaf door with self closing device. A pair of elbow or knee operated taps for a suitably designed scrub-up unit should be provided.

#### **4.2.4.13 Instrument sterilization**

It is a sub-sterilizing unit attached to the operation

theatre/delivery room limiting its role to sterile operating instruments on an emergency basis only, and lay-up instrument trolley. This room should be equipped with high pressure, quick sterilization apparatus, work top with sink and storage cabinets.

#### **4.2.4.14 Dirty utility**

Operation theatre/Delivery refuse such as dirty linen, used instruments and other disposable/non-disposal stuff is removed to this room after each procedure. Non-disposable instruments after initial wash is given back to instrument sterilization and rest of the disposable items are disposed and destroyed. Dirty linen is sent to laundry through a separate exit. The room should be provided with a sink, drain board, bed pan sink, and work top.

### **4.3 In-patient Nursing Units (Wards)**

In-patient services shall comprise of following:

- a) General ward for male, female and pediatric patients,
- b) Private ward, and
- c) Intensive care unit.

#### **4.3.1 Ward Ancillaries**

Each of the nursing unit or ward should have a set of ward ancillaries.

##### **4.3.1.1 Nursing station**

It should be positioned in such a way that the nurse can keep a continuous watch over the patients. The station shall contain a drug cupboard, call system points, records space and cabinets to hold materials which might otherwise be placed in clean utility room. A dirty utility room for soiled holding should also be placed. Separate toilet facilities for nurses shall be provided.

##### **4.3.1.2 Treatment room**

For carrying out major dressing and complicated treatments to avoid cross infection.

##### **4.3.1.3 Ward pantry**

For collection and distribution of meals and preparation of beverages, a ward pantry should be provided. It should be fitted with a geyser for hot-water supply, refrigerator, a hot case and the facilities for storing cutlery, etc.

##### **4.3.1.4 Ward store**

A store for storing the weekly need of clothes, bed sheets and ward equipments shall be provided.

##### **4.3.1.5 Sluice room**

A room shall be provided for emptying and cleaning

bed pans, urine bottles, and sputum mugs, disposing of used dressing and similar material, stool and urine specimen etc.

#### **4.3.1.6 Day space**

For those patients who are allowed to sit and relax, a space shall be provided. It should afford an easy access to patients and supervision by nursing staff and should be provided with easy chairs, book shelves. It may serve as dining space.

#### **4.3.1.7 Sanitary**

Toilet for an individual room (single or two bedded) in ward unit shall be of 3.5 m<sup>2</sup> toilet common to serve two such rooms shall be 5.25 m<sup>2</sup> comprising a bath, a wash basin and a WC. For multiple beds of a ward unit, a lavatory block comprising of WC cubicle at 1 for every 8 (male)/6 (female) beds or part thereof, Urinal at 1 for every 12 (male) beds or part thereof, Wash basin and Shower bath cubicle at 1 each for every 12 beds or part thereof shall be provided. One bed pan sink and cleaner's sink for washing mackintosh shall be provided.

#### **4.3.2 Ward Unit**

The basic consideration in placement of ward unit is to ensure sufficient nursing care locating them according to the needs of treatment and checking cross infection. In this case there should be two ward units, one for male and one for female, alternatively segregation of male and female patient within the single ward may be provided.

##### **4.3.2.1 General ward**

A common ward for traditional type of male, female and paediatric patients who are not critically ill but need hospitalization and have to be in bed shall be provided. This ward shall include patients relating to discipline catered for in the Nursing Home. Segregation of patients particularly female to cover the need for pre and post natal care, and paediatric may be taken care of within the ward.

##### **4.3.2.2 Private ward**

A ward for patients who are in position to pay more for in-patient treatment should be provided. The ward has to have patient care in the form of single and two bedded individual rooms with attached toilet facility. These may be air-conditioned.

#### **4.3.3 Intensive Care (High Dependency) Unit (ICU)**

The unit is for critically ill and post-operative patients. The basic consideration in placing the unit is to ensure sufficient nursing care, segregating patients according to the ailments, locating them according to the needs

of treatment in respective medical discipline and checking cross infection.

##### **4.3.3.1 Planning of ICU**

The basic consideration in planning of ICU should be to have, (a) a fully visible patients area with adequate space all round for positioning specialized equipment, (b) a central nurses station with minimum possible walking distance, (c) an adequate stock of medicines, and (d) distinct clean and dirty utility area where movement of staff and supplies could be minimized.

##### **4.3.3.2 Floor space**

All beds in this unit are to be arranged in glazed cubicles with centrally located nurse's station. The area per bed in this unit preferably should be 10.5 m<sup>2</sup> to cater for free movement, check against infection and at time utilization of specialized bulky equipments.

##### **4.3.3.3 Nurses station**

This should be planned as an open area with adequate counter space for writing, telephones, patients monitoring equipments, X-ray viewing boxes, etc. Open planning should be adopted for visibility as well as audibility of entire patients' area. A small pantry space along with the nurses' station may be helpful.

##### **4.3.3.4 Clean utility**

This should contain all the essential supplies, linen, medicines, lotions, syringes, trolleys, various mobile equipments etc.

##### **4.3.3.5 Equipment-cum-laboratory**

This should provide for immediate clinical tests and investigations. All essential testing equipments should be housed in it.

#### **4.4 Administrative Unit, Non-clinical and Engineering Services**

##### **4.4.1 Administrative Unit**

The administrative unit of any nursing home shall essentially look after an organized group of people, patients and resources in order to accomplish the task of providing best patient care. It shall deal with all matters relating to overall upkeep of the nursing home as well as welfare of its staff and patients.

##### **4.4.2 Non-clinical Services**

Non-clinical services shall include sterilization, dietary, laundry and stores.

##### **4.4.2.1 Sterilization**

Sterilization, being one of the most essential services, requires the utmost consideration in planning. Centralization increase efficiency results in economy

in the use of equipment and ensures better supervision and control. The materials and equipments dealt in for those related to surgical-cum-obstetric suite, in-patient wards and out patient clinics.

#### **4.4.2.2 Dietary service**

Dietary service is an important therapeutic tool. Properly rendered, it should be a clinical and administrative means of stimulating rapid recovery of patients thereby shortening patients stay in the nursing home.

#### **4.4.2.3 Laundry service**

Laundering of nursing home linen should satisfy two basic considerations, namely, cleanliness and disinfection. Nursing home may be provided with facilities for washing, extraction, drying, pressing, and storage of soiled and cleaned linen.

#### **4.4.2.4 Stores**

Nursing home's stores comprises of stores needed for medical and non-medical purposes. The space for each type of stores should be utilized to the optimum by providing storage racks. Adequate ventilation and security arrangement shall be provided.

#### **4.4.3 Engineering services**

These should mainly comprise of civil, electrical, mechanical, water supply, drainage and sanitation, communication, gas supply, and waste disposal.

##### **4.4.3.1 Civil engineering**

An office-cum-store should be provided to handle day to day maintenance works of the building.

##### **4.4.3.2 Electrical**

Electrical installation to meet the electrical requirement of the nursing home shall be provided. Standby generator should be provided to generate power requirement for essential and critical areas of the nursing home.

##### **4.4.3.3 Illumination**

The level of illumination for various visual tasks shall be provided in accordance with IS 4347. General lighting of all nursing home areas shall be fluorescent/CFL.

##### **4.4.3.4 Ventilation**

Ventilation may be achieved by either natural supply and natural exhaust of air, or natural supply and mechanical exhaust of air. The general principles of natural ventilation shall be in accordance with IS 3362.

##### **4.4.3.5 Mechanical**

Air-conditioning and environmental control is essential to ensure the comfort of patients, sterile and comfortable conditions in operation theatre and delivery suite, maintenance of essential sophisticated equipments and to help in speedy ill patient's recovery.

##### **4.4.3.6 Water supply**

Arrangement shall be made to supply 350 litre of potable water per bed per day to meet the requirements. Storage capacity for 2 days requirements should be on the basis of above consumption. The laying and distribution of the water supply system shall be according to the provisions of IS 2065. Cold and hot water supply piping should run in concealed form embedded into wall with full precautions to avoid any seepage.

##### **4.4.3.7 Drainage and sanitation**

The design, construction and maintenance of drains for waste water, surface water, sub-soil water and sewerage shall be in accordance with IS 1742. The selection, installation and maintenances of sanitary appliances shall be in accordance with IS 2064. The design and installation of soil waste and ventilating pipes shall be as given in IS 5329.

##### **4.4.3.8 Traction**

Besides the stairways, electrically operated automatic control lift (s) shall be provided if the building is more than one storey. The installation, operation and maintenance of lifts shall be as given in IS 1860. The outline dimensions of machine room, pit depth and total headroom, shall be in accordance with IS 14665 (Part1). The recommended car speed for hospital bed lifts shall be 0.25 m/s.

##### **4.4.3.9 Gas supply**

- a) Medical gases comprise mainly of oxygen and nitrous oxide. The cylinder supply should be made available.
- b) LPG (Liquefied petroleum gas) for better hygienic conditions use of LPG (liquefied petroleum gas) cooking gas cylinders are recommended. LPG cylinders/piped supply may also be made available for laboratory.

##### **4.4.3.10 Fire protection**

Adequate first-aid, fire fighting equipment shall be provided and installed in accordance with IS 2190. Manually operated fire alarm shall be provided which sound an audible alarm in fire office/round the clock work room where gongs, sirens, whistles or bells do not disturb the patients. Distinctive visual or audible

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alarm shall be installed at each nurse station and used for fire alarm purposes only.

### 4.4.3.11 Waste disposal system

Nursing home may be provided with a suitable waste disposal system as per prevailing practices and *Bio-Medical Wastes (Management and Handling) (Amended) Rules, 2000*.

### 4.4.4 Building Requirements

Building requirements shall suitably be considered.

#### 4.4.4.1 Circulation

Circulation areas, such as corridors, entrance lobby, and stairways in the nursing home shall not be less than 30 percent of the total floor area of the building.

#### 4.4.4.2 Floor height

The floor height of the rooms in the nursing home should not be less than 3.00 m and not more than 3.65 m, measured at any point from the floor to soffit of roof/floor slab. The minimum head room, such as under the bottom of beams, fans and lights shall be 2.5 m measured vertically under them.

#### 4.4.4.3 Apertures for light and air

Room shall have, for admission of light and air, one or more apertures, such as windows and fan lights, opening directly to the external air or into an open space/verandah. The minimum aggregate areas (the open-able area only) of such opening, excluding doors inclusive of frames, shall not be less than 20 percent of the floor area in case such apertures are located in one wall and not less than 15 percent of the floor area in case such apertures are located in two opposite walls at the same sill level.

#### 4.4.4.4 Architectural finishes

These shall be of high quality in view of maintenance, better hygienic conditions especially in toilets and lavatory blocks. Flooring in such situations should preferably be done with marble or non skid ceramic tiles and dado of glazed/polished ceramic tiles finish.

#### 4.4.4.5 Building design

The design shall ensure control of noise due to walking, movement of trolleys etc. Expansion joints should have a non metallic material finish. The doors should be open able on both sides in operation theatre, while inwardly at other places and out-wardly for patient's room toilet.

## 5 SPACE REQUIREMENT

### 5.1 Space planning module

To facilitate planning and framing of the structural grid,

a usable and workable space planning module of 14 m<sup>2</sup> based on basic space unit of 3.5 m<sup>2</sup> has been stipulated in order to rationalize the requirements for various facilities in the nursing home.

5.2 The recommended space requirement for various functions (see 4.1 to 4.3) is given at Table 1.

## 6 MANPOWER REQUIREMENT

6.1 For a viable size of nursing home, in the beginning when it starts working, it is recommended that the total strength should be based on two persons per bed but should get increased to three persons per bed when the nursing home is working to its full load capacity.

6.2 The recommended manpower requirement for the nursing home is given at Table 2.

## 7 INSTRUMENTS AND EQUIPMENTS REQUIREMENT

The recommended instruments and equipments required by various services section/units of a nursing home is given at Table 3. The instruments and equipments may conform to the relevant Indian Standards.

## 8 MANAGEMENT PARTICULAR REQUIREMENTS

### 8.1 Patient Access, Assessment and Continuity of Care Management

8.1.1 Patients shall be well informed of the services that the nursing home can and cannot provide. This will facilitate in appropriately matching patients with the healthcare facility's resources. The nursing home clearly defines and prominently displays the services that it can provide and the staff oriented to these services.

8.1.2 The nursing home facilities shall have a well-defined registration and admission process with standardized policies and procedures for out-patients, in-patients and emergency patients. Emergency patients shall receive life-stabilizing treatment and be then either admitted (if resources are available) or transferred appropriately to another healthcare facility that has the resources to take care of such patients.

8.1.3 Nursing home shall have an appropriate mechanism for transfer or referral of those patients who can not be treated there. The nursing home shall give a summary of patient's condition, investigation reports and the treatment given at the time of transfer/referral to other healthcare facilities.

8.1.4 During admission it shall be ensured that the patients and/or family members are explained about the proposed care, expected results, possible complications and expected costs in a language that can be understood by them.

**Table 1 Space Requirement Nursing Home**  
(Clause 5.2)

SI No.	Facility	Per Room/Space	Number, if More than One	Minimum Area m <sup>2</sup>	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
i)	<b>Entrance Lobby-cum-Reception and Admission</b>			35.00	
ii)	<b>Out-patient and Emergency Services</b>				
iii)	<b>General:</b>				
	a) Lavatories — separately for gents and ladies	lavatory	2	10.50	To be shared in common by patients, visitors and staff
	b) Canteen	space		10.50	
	c) Janitor closet	cubicle		3.50	
iv)	<b>Medical Clinic:</b>				
	a) Consultation and examination	room		14.00	
	b) E C G	room		10.50	
v)	<b>Surgical Clinic:</b>				
	a) Consultation and examination	room		14.00	
	b) Treatment/minor surgery	room		10.50	
vi)	<b>Orthopedic Clinic:</b>				
	a) Consultation and examination	room		14.00	
	b) Plaster prep. and splint storage	room		10.50	
	c) Fracture treatment	room		10.50	
vii)	<b>Eye Clinic:</b>				
	a) Consultation-cum-refraction	room		14.00	
	b) Treatment/minor surgery	room		10.50	
viii)	<b>ENT Clinic:</b>				
	a) Consultation and examination	room		14.00	
	b) Treatment/Minor surgery	room		10.50	
	c) Audiometry	room		8.75	
ix)	<b>Dental Clinic:</b>				
	a) Consultation-cum-surgery	room		14.00	Inclusive of X-ray facilities
	b) Dental hygiene	room		7.00	
	c) Dental workshop	room		7.00	
x)	<b>Obstetric and Gynaecology Clinic:</b>				
	a) Consultation and examination	room		17.50	Inclusive of an attached toilet
	b) Treatment and clinical Laboratory	room		12.25	
	c) Toilet-cum-change	room		5.25	Attached to treatment
xi)	<b>Pediatric Clinic:</b>				
	a) Consultation and examination	room		17.50	Inclusive of an attached toilet
	b) Treatment-cum-dressing	room		10.50	
	c) Immunization	room		7.00	
xii)	<b>Skin and STD Clinic:</b>				
	a) Consultation and examination	room		14.00	
	b) Treatment	room		10.50	
	c) Skin laboratory	room		7.00	
xiii)	<b>Psychiatric Clinic</b>				
	a) Consultation and examination	room		14.00	
	b) EEG	room		7.00	
	c) Recovery	room		10.50	
xiv)	<b>Supporting Facilities:</b>				
	a) Waiting room	clinic		10.50	
	b) Doctor/Consultant's toilet	toilet		3.50	One common for 3 to 4 clinics
	c) Central injection	room		7.00	
	d) Clinical laboratory	room		7.00	
	e) Social worker	room		7.00	
	f) Lavatories — separately for gents and ladies	lavatory		10.50	To be shared in common by patients, visitors and staff
xv)	<b>Pharmacy</b>	room		10.50	
xvi)	<b>Emergency Service Unit:</b>				
	a) Examination cubicle	cubicle		10.50	
	b) Treatment	room		17.50	
	c) Observation	room		14.00	
	d) Waiting	area		10.50	
	e) Toilet			3.50	
xvii)	<b>Diagnostic and Therapeutic Services</b>				

Table 1 (Continued)

Sl No.	Facility	Per Room/Space	Number, if More than One	Minimum Area m <sup>2</sup>	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
xviii)	<b>Pathology:</b>				
	a) Specimen collection	room		10.50	
	b) Pathologist	cabin		14.00	
	c) Laboratories	laboratory	4	7.00	May be arranged in one room
	d) Toilet	toilet	2	3.50	For patient and staff
xix)	<b>Radio-diagnosis:</b>				
	a) Radiography	room		28.00	
	b) Sub waiting	space		10.50	
	c) Ultrasound	room		10.50	
	d) Film developing and processing	room		10.50	
	e) Consultation	room		14.00	
	f) Toilet	toilet	2	3.50	For patient and staff
xx)	<b>Physiotherapy:</b>				
	a) Physical and electrotherapy	cubicles	5	7.00	
	b) Physiotherapist	room		10.50	
	c) Toilet and change	room		7.00	
xxi)	<b>Surgical-cum-Obstetric Suite:</b>				
	a) Reception bay and relative waiting	space		10.50	
	b) Change	room	3	3.50	
	c) Store	room		5.25	
	d) Theatre pack preparation	room		10.50	
	e) Pre-operative	room		21.00	To accommodate 2 beds
	f) Recovery	room		24.50	2 bedded with attached toilet
	g) Labour (LDR)	room		24.50	2 bedded with attached toilet
	h) Operation theatre/delivery	room	2	28.00	
	j) Scrub up	space		7.00	
	k) Instrument sterilization	room		7.00	
	m) Dirty utility	room		5.25	
	n) Doctor's work	room		10.50	
xxii)	<b>In-patient Nursing Units (Wards):</b>				
xxiii)	<b>Ward Ancillaries:</b>				
	a) Nursing station with CU & DU	space		14.00	
	b) Treatment	room		10.50	
	c) Ward pantry	room		7.00	
	d) Ward store	room		7.00	
	e) Sluice	room		3.50	
	f) Day space	space		10.50	
xxiv)	<b>General Ward (Common for Male, Female and Paediatric):</b>				With ward ancillaries vide sl. 1
	a) Isolation bed with attached toilet	bed	2	14.00	
	b) Progressive bed with toilet	bed	2	21.00	
	c) Pre-natal bed	bed	2	7.00	
	d) Post-natal bed	bed	2	10.50	
	e) Paediatric bed	bed	2	8.75	
	f) General beds — multiple	bed	as required	7.00	Separate for male and female
	g) Sanitary block		2	10.50	Separate for male and female
	h) Janitor closet			3.50	
xxv)	<b>Private Ward:</b>				Ward ancillaries be shared with general ward
	a) Single bedded	room	minimum 2	14.00	
	b) Two bedded	room	minimum 2	21.00	
	c) Toilet for each	room		5.25	
xxvi)	<b>Intensive Care Unit:</b>				
	a) Intensive care bed	cubicle	minimum 4	10.50	
	b) Nursing station with CU & DU	console		17.50	
	c) Equipment park-cum-Laboratory	room		10.50	
	d) Pantry	room		7.00	
	e) Store	room		7.00	
	f) Sanitary block			10.50	
	g) Janitor closet			3.50	
xxvii)	<b>Administrative Unit:</b>				
	a) Medical director	room		17.50	Inclusive of an attached toilet

Table 1 (Concluded)

Sl No.	Facility	Per Room/Space	Number, if More than One	Minimum Area m <sup>2</sup>	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
b)	General administration	room		21.00	Including account and purchase
c)	Nursing home information	room		10.50	
d)	Staff and visitor's toilet	toilet		5.25	
e)	Medical record	room		5.25	
xxviii)	<b>Non-clinical Services</b>				
xxix)	<b>Sterilization:</b>				
a)	Dirty receipt	area		7.00	
b)	Washing/disinfection and assembly	area		10.50	
c)	Sterilization	room		14.00	
d)	Sterile store and distribution	room		7.00	
xxx)	<b>Dietary:</b>				
a)	Stores — Dry and day	room		7.00	
b)	Preparation	area		10.50	
c)	Cooking	area		14.00	
d)	Wash — Pot and utensils	space		7.00	
xxxi)	<b>Laundry:</b>				
a)	Receipt and sorting	bay		5.25	
b)	Sluice and washing	area		7.00	
c)	Hydro extraction	area		7.00	
d)	Drying	area		7.00	
e)	Press	bay		5.25	
f)	Clean storage and issue	room		7.00	
xxxii)	<b>Stores:</b>				
a)	Medical store	room		10.50	
b)	Non-medical store	room		5.25	
xxxiii)	<b>Engineering Services:</b>				
a)	Civil engineering				
b)	Building maintenance office	room		14.00	All engineering staff to share
c)	Maintenance store	room		5.25	
d)	Electrical engineering				
e)	Transformer and panel	room		10.50	
f)	Generator silence type	room		10.50	
g)	Office and store	room		7.00	
h)	Mechanical engineering				
j)	Air-conditioner and cooler store	room		10.50	
k)	Water supply, drainage and Sanitation				
m)	Filtration and pump	room		7.00	
n)	Store	room		3.50	
p)	Gas supply				
q)	Store	room		7.00	
r)	Fire protection				
s)	Store — Spares and appliances	room		3.50	
t)	Control room			7.00	
u)	Public utility	toilet		5.25	Common for all staff

**8.1.5** The initial assessment for in-patients shall be documented within 24h earlier as per the patient's condition. The initial assessment shall result in a documented plan of care, which includes preventive aspects of the care.

**8.1.6** All patients cared for by nursing home shall undergo regular reassessment. All patients shall be reassessed at appropriate intervals as per the need to determine their response to treatment and to plan further treatment or discharge.

**8.1.7** Laboratory services shall be provided as per the requirements of the patients. Scope of the laboratory services shall commensurate with the services provided by the nursing home and adequately qualified and

trained personnel perform and/or supervise the investigations. The facility for those tests which are not available in the nursing home shall be outsourced to outside agency depending upon their quality assurance system.

**8.1.8** There shall be a documented established laboratory quality assurance programme (*see* IS/ISO 15189). This programme shall address verification and validation of test methods, surveillance of test results, periodic calibration and maintenance of all equipments with documentation of corrective and preventive actions.

**8.1.9** There shall be a documented established laboratory safety programme. Written policies and



**Table 2 Manpower Requirements — Nursing Home**  
(Clause 6.2)

Sl No. (1)	Staff (2)	Sl No. (1)	Staff (2)
i) <b>Medical Staff:</b>	a) General medicine (Physician) b) General surgery (Surgeon) c) Obstetrics and gynaecologist d) Pediatrician e) Anesthetist f) Eye specialist g) ENT specialist h) Skin specialist j) Psychiatrist k) Dentist m) Pathologist n) Radiologist p) General duty officers q) Community medicine	b) Assistant dietician c) Technician ECG d) Technologist imaging e) Technologist pathology f) Technologist ophthalmology g) Technologist ENT h) Technical aids j) Technician EEG k) Technologist dental m) Technologist sterilization n) Technologist medical record p) Technologist laundry q) Cook	
ii) <b>Health Staff:</b>	a) Female health assistant b) Extension educator c) Nutritionist d) Public health nurse	v) <b>Engineering Staff:</b>	a) Junior engineer b) Technician c) Electrician d) Plumber e) Engineering aids
iii) <b>Nursing Staff:</b>	a) Matron b) Operating theatre nurse c) Labour room nurse d) General nurses e) Nursing aids f) Receptionist	iv) <b>Administrative and Ancillary Staff:</b>	a) Medical director b) Assistant administrator c) Clerical staff d) General attendants e) Security attendants f) Sanitary attendants g) Store keeper
iv) <b>Para Medical Staff:</b>	a) Assistant pharmacist (Registered)		

**Table 3 Instruments and Equipments — Nursing Home**  
(Clause 7)

Sl No. (1)	Instruments and Equipments (2)	Sl No. (1)	Instruments and Equipments (2)
i) <b>Entrance Lobby-cum-Reception and Admissions:</b>	1) Chairs, metal, office type 2) Chairs, plastic moulded 3) Tables, metal, office 4) Reception, registration desk/counter 5) Trolleys, patient 6) Wheel chairs 7) Janitor's equipments	22) Dental chair unit with all accessories 23) ECG machine 24) EEG machine 25) Patient transport wheel chairs 26) Patient transport trollies 27) Portable patient monitor 28) Benches 3 seater 29) Spirometry 30) Neubliser 31) Hydraulic patient ER trolley 32) Bedside lockers 33) Kick buckets stainless steel mobile 34) Dressing trollies stainless steel mobile 35) Emergency cart with defibrillator 36) Medication cart 37) Dressing instrument set 38) Portable sterilizer 39) Dressing drums 40) Instrument trays stainless steel 41) Soiled linen cart stainless steel 42) Dirty disposal bins (set of 3) 43) Male/female urinal stainless steel 43) Pick station double model 44) Needle/syringe destroyer 45) Screen stand	
ii) <b>Out Patient and Emergency Service:</b>	1) Doctor tables 2) Doctor chairs 3) Attendant chair 4) Patient examination couches 5) Patient examination stools 6) Doctor cabinets 7) Double foot steps 8) Plaster room Table stainless steel 9) Instrument trollies 10) X-ray view boxes 11) Ultrasound examination table 12) Examination lights 13) BP apparatus and stethoscopes 14) Height scale adult and paediatric 15) Weighing machines adult & paediatric 16) General examination Kits 17) Gynaecological examination couch 18) Vaginoscope 19) Ophthalmic unit 20) ENT unit 21) Audioscope	iii) <b>Diagnostic and Therapeutic Department Pathology:</b>	1) Microscope 2) Refractometer 3) Hot air oven 4) Hot plate

Table 3 (Continued)

SI No. (1)	Instruments and Equipments (2)	SI No. (1)	Instruments and Equipments (2)
5)	Magnetic stirrer	19)	Cauterization set
6)	Centrifuge	20)	LP tray spinal
7)	BOD incubator	21)	Suturing set
8)	Autoclave	22)	Suture removal set
9)	Incubator	23)	Appendectomy set
10)	pH meter	24)	Vagotomy set
11)	Glass ware	25)	Vaginal hysterectomy set
12)	Balance laboratory	26)	Hernia instrument set
13)	Regent bottles assorted	27)	Caesarian instrument set
14)	Test tubes assorted	28)	D and C set
15)	Cabinet for slides	29)	Laprotomy instrument set
16)	Deep freezer -20 degree	30)	Speculum set Sims + Cosco
17)	Haemoglobinometer	31)	Hysterectomy instrument set
18)	Laboratory benches	32)	Fetal doppler
19)	Working tables	33)	Medical/sterile storage unit
20)	Pneumatic chairs	34)	Retractors assorted
21)	Instrument tray for grossing	35)	Needle holder set
22)	Syringe needle destroyer	36)	Hydraulic mayo trolley
23)	Dressing trolley	37)	Saddle trolley
24)	Laboratory sinks	38)	Pick station double module
iv)	<b>Radiology:</b>	39)	Instrument trolley
1)	Automatic film processor	40)	Dressing trolley stainless steel mobile
2)	Dark room equipment	41)	Kick bucket stainless steel mobile
3)	Mobile X-ray 60 mA	42)	X-ray view boxes
4)	Static X-ray 300 mA	43)	Instrument sterilization box with filters
5)	Ultrasound machine with colour doppler	44)	Wide body foot step
6)	X-ray view box ( 4 films)	45)	Soiled linen cart stainless steel
7)	X-ray protection screen	46)	Disposal bins (set of 3)
8)	Patient trolley	47)	Vacuum extractor with Sialastic cups
9)	Step stool	48)	Delivery instrument set
10)	Stool revolving	49)	Delivery forceps
11)	Film clips	50)	Delivery table
12)	Film hanger and wall bracket	vii)	<b>Inpatient Nursing (Ward):</b>
v)	<b>Physiotherapy:</b>	1)	Patient care beds FF/SF
1)	Physiotherapy tables	2)	Bed side lockers
2)	Goniometry	3)	Over bed food trollies
3)	Ultrasound apparatus	4)	Male/Female urinals
4)	Infrared mobile lamp	5)	Ceiling isolation cubicle systems
5)	Wax therapy apparatus	6)	Pick station single module
6)	Low melting point paraffin	7)	Medication carts
7)	Muscle stimulating apparatus	8)	Medical storage cupboard
8)	Traction bed and machine	9)	BP and stethoscope
9)	Hand exercise	10)	Nebuliser
10)	Heel stretcher	11)	Instrument trolley
11)	Hip rotator	12)	Dressing drums
12)	Shoulder wheel	13)	ECG machine
13)	Short wave diathermy	14)	Soiled linen cart stainless steel
14)	Walking bars—adult/paediatric	15)	Patient record holder
15)	Rowing machine	16)	Dirty disposal bins (set of 3)
16)	Static exercise unit	17)	Fresh linen cart
vi)	<b>Surgical-cum-Obstetrical Suite:</b>	18)	Syringe/needle destroyer
1)	EHOR table	19)	X-ray View Box
2)	Hydraulic OR table	viii)	<b>Intensive Care Unit:</b>
3)	Ceiling light twin dome	1)	Intensive care beds
4)	Anaesthesia workstation	2)	Bed side lockers
5)	Aneasthesia machine with monitor	3)	Over bed food trollies
6)	Emergency cart with defibrillator	4)	Ceiling curtain cubicle system
7)	Medication cart	5)	Kick bucket stainless steel mobile
8)	Resuscitation kit	6)	Pick station single module
9)	Scrub station double bay	7)	Medication cart
10)	IV stand	8)	Medical storage cupboard
11)	Infusion pump	9)	BP and stethoscope
12)	Bowl stand	10)	Nebuliser
13)	Electrosurgical unit	11)	Instrument trolley
14)	Surgeon hydraulic stool	12)	Dressing drums
15)	Orthopaedic Instrument set	13)	ECG machine
16)	Plate and screw set	14)	Soiled linen cart stainless steel
17)	Minor surgery set	15)	Patient record holder
18)	General surgery instrument set	16)	Dirty disposal bins (set of 3)

Table 3 (Concluded)

SI No. (1)	Instruments and Equipments (2)	SI No. (1)	Instruments and Equipments (2)
17)	Fresh linen cart	8)	Storage rack
18)	Syringe/needle destroyer	9)	Modular trolley
19)	X-ray view box	10)	Working table with basin
<b>Administrative Unit, Non-clinical, and Engineering Services:</b>		11)	Potato peeler
ix)	<b>Administrative Unit:</b>	12)	Utensils
1)	Executive Office tables	13)	Food tray
2)	Executive Office chairs	14)	Food trolley electric
3)	Office tables	15)	Tea snack service trolley
4)	Office chairs	16)	Oven twin chamber
5)	Visitor chairs	17)	Bulk boiler
6)	Storage Almira's	18)	Deep fryer
7)	Filing cabinets	19)	Mixer/juicer
8)	Computers	20)	Microwave oven
9)	Waste receptacles	xii)	<b>Laundry:</b>
<b>Non-clinical services</b>		1)	Sluicing machine
x)	<b>Sterilization:</b>	2)	Washing machine
1)	Sluicing table	3)	Hydro extractor
2)	Sterile packing table	4)	Drying tumbler
3)	Autoclave instruments/sundries	5)	Pressing table with iron
4)	Sterile storage mesh units	xiii)	<b>Stores:</b>
5)	Sterilising drums stainless steel — big	1)	Storage cabinets
6)	Sterilising drums stainless steel — medium	2)	Storage racks stainless steel
7)	Sterilising drums stainless steel — small	3)	Storage rack steel
xii)	<b>Dietary:</b>	4)	Mesh mobile
1)	Refrigerator	5)	Closed transport cart
2)	Deep freezer	6)	Instruments cabinets
3)	Kitchen burners	7)	Waste receptacle
4)	Double side working table	8)	Weighing scale
5)	Food table	xiv)	<b>Engineering Services:</b>
6)	storage cabinets	1)	Office tables
7)	Utility rack	2)	Office chairs
		3)	Storage racks

procedures shall guide the handling and disposal of infectious and hazardous materials. Further the laboratory personnel shall be appropriately trained in safe practices and shall be provided with appropriate safety equipment/devices.

**8.1.10** Imaging services shall be provided as per the requirements of the patients and shall comply with legal and other requirements. The scope of the imaging services shall commensurate with the services provided by the nursing home. Adequately qualified and trained personnel shall perform and/or supervise and interpret the investigations. Those imaging tests, which are not available in the nursing home, shall be outsourced to other agency based on their quality assurance system.

**8.1.11** Written policies and procedures shall guide the handling and disposal of hazardous materials. Imaging personnel shall be provided with appropriate radiation safety devices, which shall be periodically tested and documented. Personnel shall be trained in radiation safety measures. The imaging signage shall be prominently displayed in all appropriate locations.

**8.1.12** During all phases of care, there shall be an identified qualified person responsible for the patient. Care of patient shall be coordinated in all care settings within the nursing home. Information about the

patient's care and response to treatment shall be shared among medical, nursing and other care providers. The information shall be exchanged and documented during each staffing shift, between shifts and during transfers between units/departments. Patient's record(s) shall be available to the authorized care providers to facilitate the exchange of information.

**8.1.13** Policies and procedures shall exist for coordination of various departments and agencies involved in the discharge process (including medico-legal cases). Policies shall be in place for patients leaving against medical advice. A discharge summary shall be given to all the patients leaving the nursing home (including patients leaving against medical advice).

**8.1.14** Nursing home shall define the content of the discharge summary, which shall be provided to the patients at the time of discharge. Discharge summary shall contain follow-up advice, medication and other instructions in an understandable manner and incorporate instructions about when and how to obtain urgent care.

**8.1.15** In case of death, the summary of the case shall also include the cause of death and may be given to the next of kin on demand.

**8.1.16** The patient records shall contain a copy of the discharge/case summary.

## **8.2 Patient's Rights and Education**

**8.2.1** The nursing home facilities shall protect patient's and family's rights during care. There shall be a documented process for obtaining patient and/or family's consent for informed decision making, about their care. This shall also include general consent at the time of patient's admission.

**8.2.2** Patients and families shall have a right to information and education about their healthcare needs in a language and manner that is understood by them. They have a right to information on expected costs.

## **8.3 Care of Patients**

**8.3.1** The care of patients shall be uniform in different treatment settings and shall be guided by the applicable laws, rules and regulations. The care and treatment orders shall be signed, named, timed and dated by the concerned doctor and shall be countersigned by the clinical in-charge of the patient within 24 h. Evidence based medicine and clinical practice guidelines shall be adopted for patient care wherever available.

**8.3.2** Emergency services shall be guided and documented by policies, procedures and applicable laws and regulations. These shall also address handling of medico-legal cases and the patients shall receive care in consonance with the policies.

**8.3.3** The ambulance services, if available shall commensurate with the scope of the services provided by the Nursing Home. There shall be adequate access and space for the ambulance. These shall be appropriately equipped, manned by the trained personnel and shall have proper communication system.

**8.3.4** There shall be a checklist of all the equipments and emergency medications. Equipments shall be checked on a daily basis. Emergency medications shall be checked daily and prior to dispatch.

**8.3.5** If the cardiac facility available in the nursing home, then all the staff providing patient care shall be trained and periodically updated in cardio-pulmonary resuscitation. The events during a cardio-pulmonary resuscitation shall be recorded.

**8.3.6** A post-event analysis of all cardiac arrests shall be done by a multidisciplinary committee. Corrective and preventive measures shall be taken based on the post-event analysis.

**8.3.7** There shall be documented policies and procedures to define rational use of blood and blood products. The applicable laws and regulations shall govern the transfusion services. The consent shall be

obtained for donation and transfusion of blood and blood products. The staff shall be trained to implement the policies and procedures. Transfusion reactions shall be analyzed for preventive and corrective actions.

**8.3.8** There shall be documented policies and procedures to guide the care of patients in the intensive care and high dependency units. The nursing home facilities shall have documented admission and discharge criteria for these units. The staff shall be trained to apply these criteria.

**8.3.9** Adequate staff and equipment shall be available in intensive care and high dependency units. A quality assurance programme and infection control practices shall be implemented. The policies shall have defined procedures to handle situation of bed shortage in these units.

**8.3.10** There shall be documented policies and procedures for the care of vulnerable patients (elderly, physically and/or mentally challenged and children). These shall be in accordance with the prevailing laws and the national and international guidelines. Staff shall be trained to care for this vulnerable group. A documented procedure shall exist for obtaining informed consent from the appropriate legal representative.

**8.3.11** There shall be documented policies and procedures for the care of paediatric patients. The nursing home shall define and display the scope of its paediatric services.

**8.3.12** The policy for care of neo-natal patients shall be in consonance with the national/international guidelines and those who care for children shall have age specific competency. There shall be provisions for special care of children including facility for breast feeding.

**8.3.13** For nursing home catering to neonatal care, there shall be policies and procedures to prevent child/neonate abduction and abuse. The children's family members shall be educated about nutrition; immunization and safe parenting and this shall be documented in the medical record.

**8.3.14** There shall be policies and procedures to guide the care of patients undergoing moderate sedation. Competent and trained persons shall perform sedation. The person administering and monitoring sedation shall be different from the person performing the procedure/surgery.

**8.3.15** Intra-procedure monitoring shall include at least the heart rate; cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and level of sedation. Patients shall be monitored after sedation. Criteria shall

be specified and used before transferring out the patient from the recovery area.

**8.3.16** Equipment and manpower shall be available to rescue patients from a deeper level of sedation than that intended. All patients for anaesthesia shall have a pre-anaesthesia assessment by a qualified individual, which shall result in formulation of documented anaesthesia plan.

**8.3.17** The anaesthesiologist shall obtain informed consent for administration of anaesthesia. During anaesthesia, monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and potency and level of anaesthesia.

**8.3.18** The surgical patients shall have a preoperative assessment and a provisional diagnosis documented prior to surgery. The treating surgeon shall obtain informed consent prior to the procedure. Persons qualified by law shall be permitted to perform the surgical procedures. The operating surgeon shall also document the post-operative plan of care. There shall be a quality assurance program followed for the surgical services, which includes surveillance of the operation theatre environment and monitoring of surgical site infection rates. . The staff shall receive training and periodic updating in control and restraint techniques.

**8.3.19** For nursing home conducting research, patient's informed consent shall be obtained before entering them in research protocols. They shall be informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal.

**8.3.20** Patients shall receive food according to their clinical needs and shall have a written order for the diet, if dietary services are available in the nursing home. When families provide food, they shall be educated about the patient's diet limitations. Food shall be prepared, handled, stored and distributed in a safe manner.

#### **8.4 Management of Medication**

**8.4.1** There shall be documented policies and procedures to guide the nursing home of pharmacy services, storage and usage of medication. There shall be a defined process for acquisition of these medications and a process to obtain medications not listed in the formulary. Medications shall be stored in a clean, well-lit and ventilated environment. Sound inventory control practices shall guide storage of the medications and shall be protected from loss or theft. Emergency medications shall be available all the time and replenished in a timely manner when used.

**8.4.2** There shall be documented policies and procedures for prescription of medications. The Nursing Home shall define a list of high-risk medication, which shall be verified prior to dispensing.

**8.4.3** There shall be defined and documented procedures for medication administration and must be administered by those who are permitted by law to do so. There shall also be documented policies and procedures to govern patient's self-administration of medications and also patient's medications brought from outside the nursing home.

**8.4.4** There shall be documented policies and procedures to govern/guide procurement, handling, storage, distribution, usage and replenishment of medical gases. These shall address the safety issues at all levels and appropriate records shall be maintained in accordance with the policies, procedures and legal requirements.

#### **8.5 Infection Control**

**8.5.1** The nursing home shall have a well-designed, comprehensive, coordinated and an effective documented infection control programme, aimed at reducing/eliminating risks to patients, visitors and providers of care. It shall have a multi-disciplinary infection control committee, an infection control team shall have designated and qualified infection control nurse(s) for this activity. The infection control programme shall be documented. It shall include equipment cleaning and sterilization practices. There shall be an appropriate antibiotic policy, which shall be established and implemented. It shall also include laundry and linen management processes, kitchen sanitation and food handling issues.

**8.5.2** Appropriate feedback regarding nursing home's associated infection rates shall be provided on regular basis to medical and nursing staff.

**8.5.3** Proper facilities and adequate resources shall be provided to support the infection control programme. Facilities like hand washing shall be accessible to healthcare providers in all patient care areas and compliance with proper hand washing shall be monitored regularly. Isolation/barrier nursing facilities shall be available, adequate gloves, masks, soaps, disinfectants etc shall be available and used correctly.

**8.5.4** There shall be documented procedures for sterilization activities in the nursing home and there shall be adequate space available for sterilization activities. Regular validation tests for sterilization shall be carried out and documented.

**8.5.5** The infection control programme shall be supported by the nursing home's management and

includes training of staff and employee's health. Nursing home's management shall make available resources required for the infection control programme. The nursing home facility shall regularly earmark adequate funds from its annual budget in this regard.

**8.5.6** The nursing home shall conduct regular pre-induction training for appropriate categories of staff before joining concerned department(s). It shall also conduct regular 'in-service' training sessions for all concerned categories of staff at least once in a year. Appropriate pre and post-exposure prophylaxis shall be provided to all concerned staff members.

### **8.6 Continuous Quality Improvement**

**8.6.1** There shall be a documented structured quality assurance and continuous improvement programme developed, implemented and maintained by a multi-disciplinary committee within the nursing home (*see* IS 15195 and IS 15461).

**8.6.2** The nursing home shall identify key indicators to monitor the managerial structures, processes and outcomes which shall include procurement of medication essential to meet patient needs, reporting of activities as required by laws and regulations, risk management and utilization of facilities. Further monitoring shall include patient satisfaction, employee satisfaction, adverse events, data collection to support further study for improvements and data collection to support evaluation of the improvements and its evaluation.

### **8.7 Responsibilities of Management**

**8.7.1** The nursing home shall comply with the applicable legislations and regulations. Those responsible for governance shall address the Nursing Home's social responsibility.

**8.7.2** The nursing home shall be managed by the leaders in an ethical manner. The leaders shall make public the mission and shall establish its ethical management. It shall honestly portray the services, which it can and cannot provide. The nursing home shall accurately bill for its services based on a standard billing tariff. A suitably qualified and experienced individual shall head the nursing home. The designated individual shall have requisite and appropriate administrative qualifications and experience.

**8.7.3** Management shall ensure implementation of systems for internal and external reporting of system and process failures and shall provide resources for proactive risk assessment and risk reduction activities. The nursing home shall be aware of and shall comply with the relevant rules and regulations, laws, bye-laws and requisite facility inspection requirements.

### **8.8 Facility Management and Safety**

**8.8.1** The nursing home's environment and facilities shall operate to ensure safety of patients, their families, staff and visitors (*see* IS/ISO 14001).

**8.8.2** Up-to-date drawings shall be maintained which detail the site layout, floor plans and fire escape routes. The provision of space shall be in accordance with the available literature on good practices, Indian Standards or International Standards, enacted legislation (wherever applicable) and directives from government agencies. There shall be a documented operational and maintenance (preventive and breakdown) plan.

**8.8.3** There shall be designated individuals responsible for the maintenance of all the facilities and maintenance staff shall be contactable round the clock for emergency repairs. Response times shall be monitored from reporting to inspection and implementation of corrective actions.

**8.8.4** The nursing home shall have a programme for clinical and support service equipment management in accordance with its services and strategic plan. A collaborative process shall select equipment and all equipment shall be inventoried and proper logs are maintained as required.

**8.8.5** Qualified and trained personnel shall operate and maintain the clinical and support service equipments. These equipments shall be periodically inspected and calibrated for their proper functioning.

**8.8.6** The nursing homes shall have provisions for safe water, electricity, medical gases and vacuum systems. Potable water and electricity shall be available round the clock with alternate sources, which shall be tested on regular basis.

**8.8.7** The nursing home shall plan for handling community emergencies, epidemics and other disaster and shall identify potential emergencies. The nursing home facilities shall have a documented disaster management system.

**8.8.8** Provision shall be made for availability of medical supplies, equipment and materials during such emergencies and the staff shall be trained in the nursing home's disaster management plan. This plan shall be tested at least once in a year.

**8.8.9** The nursing home may have documented plans for fire and non-fire emergencies with plans for early detection, abatement and containment of the same.

**8.8.10** The nursing home facilities may have a documented safe exit plan in case of fire and non-fire emergencies and staff shall be trained for their role in case of such emergencies. Mock drills shall be held at least once in a year.

**8.8.11** The nursing home shall have a defined policy on smoking as per the Government's regulation/guidelines.

**8.8.12** The nursing home shall have a well defined and documented plan for management of hazardous materials and such materials shall be identified within the nursing home. The nursing home shall implement processes for sorting, handling, storage, transporting and disposal of hazardous material. There shall be a plan for managing spills of hazardous materials and staff shall be educated and trained for handling such materials.

**8.8.13** Statutory provisions with regard to bio-medical waste management shall be complied with. Bio-medical waste treatment facility shall be managed as per statutory provisions (if in-house) or outsourced to authorized contractor(s). Requisite fees, documents and reports shall be submitted to competent authorities on stipulated dates. Appropriate personal protective measures shall be used by all categories of staff handling bio-medical waste.

**8.8.14** The nursing home shall have a safety committee to identify the potential safety and security risks. This committee shall coordinate development, implementation, and monitoring of the safety plan and policies (*see* IS 18001).

**8.8.15** Facility inspection rounds, to ensure safety, shall be conducted at least twice in a year in patient care areas and at least once in a year in non-patient care areas. Inspection reports shall be documented and corrective and preventive measures shall be undertaken. Further there shall be a safety education programme for all staff.

## **8.9 Human Resource Management**

**8.9.1** The nursing home shall have a documented system of human resource planning.

**8.9.2** The nursing home should maintain an adequate number of staff to meet the care, treatment and service needs of the patient as per the norms wherever available. The required job specifications and job description shall be well defined for each category of staff. The nursing home shall verify the antecedents of the potential employee with regards to criminal/negligence background.

**8.9.3** All employees shall be educated with regard to patient's rights and responsibilities and shall be oriented to the service standards of the nursing home.

**8.9.4** There shall be a documented on-going programme for professional training and development of the staff. Training shall also be given when job responsibilities change/new equipment is introduced.

There shall be a feedback mechanism for assessment of training and development programme.

**8.9.5** Staff members, students and volunteers shall be adequately trained on specific job duties or responsibilities related to safety. All staff shall be trained on the risks within the nursing home environment.

**8.9.6** Staff members shall be able to demonstrate and take actions to report, eliminate/minimize risks. Staff members shall be made aware of procedures to follow in the event of an incident. Reporting processes for common problems, failures and user errors shall exist.

**8.9.7** There shall be a documented appraisal system for evaluating the performance of an employee as an integral part of the human resource management process. The employees shall be made aware of the system of appraisal at the time of induction. Performance shall be evaluated based on the performance expectations described in job description. The appraisal system shall be used as a tool for further development. Performance appraisal shall be carried out at pre-defined intervals and shall be documented.

**8.9.8** The nursing home shall have a well-documented disciplinary procedure and shall have a written statement of the policy in place. The disciplinary policy and procedure shall be based on the principles of natural justice.

**8.9.9** The policy and procedure shall be known to all categories of employees of the nursing home and the disciplinary procedure shall be in consonance with the prevailing laws. There shall be a provision for appeals in all-disciplinary cases.

**8.9.10** There shall be a grievance handling mechanism in the nursing home. The employees shall be aware of the procedure to be followed in case they feel aggrieved. The redress procedure shall address the grievance. Actions shall be taken to redress the grievance.

**8.9.11** The nursing home shall address the health needs of the employees. A pre-employment medical examination shall be conducted on all the employees. Health problems of the employees shall be taken care of in accordance with the nursing home's policy. Regular health checks of staff dealing with direct patient care shall be done at least once in a year and the findings/results shall be documented. Occupational health hazards shall be adequately addressed.

**8.9.12** There shall be a documented personal record for each staff member. Personal files shall be maintained in respect of all employees. The personal files shall contain personal information regarding the employee's qualification, disciplinary

background and health status. All records of in-service training and education shall be contained in the personal files. Personal files shall contain results of all evaluations.

**8.9.13** There shall be a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of medical professionals permitted to provide patient care without supervision.

**8.9.14** Medical professionals permitted by law, regulation and the nursing home to provide patient care without supervision shall be identified. The education, registration, training and experience of the identified medical professionals shall be documented and updated periodically. All such information pertaining to the medical professionals shall be appropriately verified whenever possible and necessary.

**8.9.15** There shall be a process for authorizing all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications training, registration and as per the laid down policies and authorization procedures of the nursing home. The requisite services to be provided by the medical professionals shall be known to them as well as the various departments/units of the nursing home.

**8.9.16** There shall be documented process for collecting, verifying and evaluating the credential (education, registration, training and experience) of nursing staff. It shall be updated periodically. All such information pertaining to the nursing staff shall be appropriately verified wherever possible and necessary.

**8.9.17** There shall be a process to identify job responsibilities and make clinical work assignments to all nursing staff members to commensurate with the qualifications, training and registration and any other regulatory requirements. The services provided by nursing staff shall be in accordance with the prevailing laws and regulations. The requisite services to be provided by the nursing staff shall be known to them as well the various departments/units of the nursing home.

## **8.10 Information Management System**

**8.10.1** There shall be documented policies and procedures to meet the information needs. These shall be in compliance with the prevailing laws and regulations.

**8.10.2** All information management and technology acquisitions shall be in accordance with the policies and procedures. The nursing home shall contribute to external databases in accordance with the prevailing laws and regulations.

**8.10.3** The nursing home shall have processes in place for effective management of data. Formats for data collection shall be standardized. Necessary resources shall be available for analyzing data. Documented procedures shall exist for storing, retrieving and timely and accurate dissemination of data. These shall also cover selection of appropriate clinical and managerial staff in selecting, integrating and using data.

**8.10.4** The nursing home shall have a complete and accurate medical record for every patient. Every medical record shall have a unique identifier.

**8.10.5** The nursing home policy shall identify those authorized to make entries in medical record and every medical record entry shall be dated and timed. The recorder of the entry can be identified and contents of medical record shall be identifiable and documented. These records shall help in providing an up-to-date and chronological account of patient care.

**8.10.6** The medical record shall reflect continuity of care and shall contain information regarding reasons for admission, diagnosis and plan of care. Operative and other procedures performed shall be incorporated in the medical record.

**8.10.7** When patient is transferred to another healthcare facility, the medical record shall contain the date of transfer, the reason for the transfer, the name of receiving healthcare facility and a copy of the discharge note duly signed by appropriate and qualified personnel.

**8.10.8** The nursing home shall have access to current and past medical record. In case of death, the medical record shall contain a copy of the death certificate indicating the cause, date and the time of death.

**8.10.9** There shall be documented policies and procedures in place for maintaining confidentiality, integrity and security of information. These shall be in consonance with the applicable laws and shall incorporate safeguarding of data/record against loss, destruction and tampering.

**8.10.10** The nursing home shall have an effective process of monitoring compliance of the laid down policy. The nursing home shall use developments in appropriate technology for improving confidentiality, integrity and security.

**8.10.11** There shall be documented policies and procedures for retention time of patient's clinical records, data and information. These policies and procedures shall be in consonance with the local and national laws and regulations. The retention process shall provide expected confidentiality and security. The destruction of medical records, data and



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information shall be in accordance with the laid down policy.

**8.10.12** The nursing home shall regularly carry out medical audits. Medical records shall be reviewed periodically. Reviewing shall use a representative sample based on statistical principles. The review shall be

conducted by identified care providers and shall focus on the timeliness, legibility and completeness of the medical records. The review process shall include records of both active and discharged patients and shall mention any deficiencies in records. Appropriate corrective and preventive measures undertaken shall be documented.

## ANNEX A

(Foreword)

### LIST OF INDIAN STANDARDS RELATED TO HOSPITALS

<i>IS No.</i>	<i>Title</i>	<i>IS No.</i>	<i>Title</i>
10905	Recommendations for basic requirements of general hospital buildings:	(Part 1) : 1993	Out-patient department (OPD) and emergency services
(Part 1) : 1984	Administrative and hospital services department buildings	(Part 2) : 1993	Diagnostic and blood transfusion services
(Part 2) : 1984	Medical services department buildings	(Part 3) : 1995	Wards, nursing services and operation theatre
(Part 3) : 1984	Engineering services department buildings	(Part 4) : 1996	Hospital support services
12377 : 1988	Classification and matrix for various categories of hospitals	(Part 5) : 1996	Hospital equipment management
13808	Quality management for hospital services (up to 30-bedded hospitals) — Guidelines:	15551 : 2003	Quality management systems — Guidelines for process improvements in health service organization
		15579 : 2005/	Medical devices — Quality management systems —
		ISO 13485 : 2003	Requirements for regulatory purposes

## ANNEX B (Foreword)

### COMMITTEE COMPOSITION

#### Hospital Planning Sectional Committee, MHD 14

<i>Organization</i>	<i>Representative(s)</i>
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Artificial Limbs Manufacturer Corporation of India, Kanpur	DR H. N. SHARMA SHRI B. L. WADHWANI ( <i>Alternate</i> )
Batra Hospital & Medical Research Centre, New Delhi	DR (SHRIMATI) M. SHARMA ADDITIONAL MEDICAL SUPERINTENDENT ( <i>Alternate</i> )
Christian Medical College & Hospital, Vellore	DR SELVAKUMAR
Defence Research and Development Organization, New Delhi	DR R. P. TRIPATHI. DR M. C. GUPTA ( <i>Alternate</i> )
Directorate General of Armed Forces Medical Services, New Delhi	DR (COL) PAWAN KAPOOR LT COL U. S. SEN ( <i>Alternate</i> )
Directorate General of Health Services, New Delhi	DR R. N. SALHAN DR A. N. SINHA ( <i>Alternate</i> )
Directorate General of Quality Assurance, New Delhi	SHRI RAJESH SRIVASTAVA SHRI DHIRENDRA SHUKLA ( <i>Alternate</i> )
Directorate of Architecture, New Delhi	SHRI N. B. SHELAR DR (SMT) UPINDER KAUR ( <i>Alternate</i> )
Directorate of Health Services, Delhi	DR ANIL MEHRA DR S. MIGLANI ( <i>Alternate</i> )
Employees State Insurance Corporation, New Delhi	DR S. K. JAIN SHRI ANIL AGGARWAL ( <i>Alternate</i> )
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Health Care Human Services and Family Welfare Department, Gangtok	DR (KUMAR) BHANDARI DR R. L. SHARMA ( <i>Alternate</i> )
Holy Family Hospital, New Delhi	DR EDWARD DAVID
Hospital Management Planning Consultants, New Delhi	SHRI LEKH RAJ LALLA
Hospital Services Consultancy Corporation (India) Ltd, Noida	SHRI SANJIV SOOD SHRI R. K. KHAITAN ( <i>Alternate</i> )
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<i>Organization</i>	<i>Representative(s)</i>
National Accreditation Board for Hospital, New Delhi	DR (COL) PAWAN KAPOOR DR B. K. RANA ( <i>Alternate</i> )
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### Amendments Issued Since Publication

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